

Name of the Institute \_\_\_\_\_

Name of the Faculty Member \_\_\_\_\_

Dr./Prof/Mr/Ms \_\_\_\_\_ (Fulltime/Adjunct/Visiting)

Dr./Prof/Mr/Ms \_\_\_\_\_ (Fulltime/Adjunct/Visiting)

Dr./Prof/Mr/Ms \_\_\_\_\_ (Fulltime/Adjunct/Visiting)

(When the course is conducted by more than one faculty member, this form needs to be jointly submitted by the lead faculty member/full time faculty member as the case may be)

### Part I: Teaching

Name of the Programme	
Nature of the Programme (Undergraduate/Postgraduate)	
Semester and Batch	
Name of the Course with Code	
Credits	
Number of Hours/Sessions Allotted	
Number of Hours/Sessions Conducted	
Remarks for shortage/excess of Hours/Sessions	

### Part II: Internal Assessments

Internal Assessments	Number of Planned Assessments				Number of Conducted Assessments			
Type of Evaluation:	Quiz	( )	Assignment	( )	Quiz	( )	Assignment	( )
Please specify the number within the brackets.	Class Test	( )	Presentation	( )	Class Test	( )	Presentation	( )
	Lab Test	( )	Mini Project	( )	Lab Test	( )	Mini Project	( )
(Please use blank spaces for different Internal Assessments that are not mentioned herein.)	Case Study	( )	White Paper	( )	Case Study	( )	White Paper	( )
	_____	( )	_____	( )	_____	( )	_____	( )
	_____	( )	_____	( )	_____	( )	_____	( )
	_____	( )	_____	( )	_____	( )	_____	( )
	_____	( )	_____	( )	_____	( )	_____	( )
	_____	( )	_____	( )	_____	( )	_____	( )

**Part III: Declaration of Results of Internal Assessments**

Result of Internal Assessment Disclosed to Students

Yes ☐ No ☐

Number of Days for Declaration of Internal Assessment Result ( $\leq 15$  Days)

Yes ☐ No ☐

Remarks for Late Declaration of Internal Assessment Results (if declared after 15 days)

**Declaration by the Faculty Member(s)**

I, hereby, certify that the above mentioned details are true to the best of my knowledge and belief.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Signature of the Faculty Member(s)

(Any faculty member may sign)

**Observations (For Use of Academic Audit Team Only)**

S No	Observation	Tick the Applicable Observation
1.	Verified and found fully complied with	
2.	Verified and found partially complied with	
3.	Verified and found not complied with	

Remarks \_\_\_\_\_

Signature of the Audit Team Members 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

(Any one member may sign)

Name of the Audit Team Members 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_