


 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p> <p>Estd : 1984</p>	<p>PHYSICAL EDUCATION</p>	
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S. No	Format Name	Format. No	Rev. No	Date
1.	Department activities planned for the year	PD-01	0	01.07.2025
2.	Selection trails for Sports Quota	PD-02a	0	01.07.2025
3.	List of admitted students in sports quota	PD-03	0	01.07.2025
4.	Undertaking for adherence of rules and regulations for sports quota students	PD-04	0	01.07.2025
5.	College Team Selection trials	PD-05	0	01.07.2025
6.	Approval for participation in tournament	PD-06	0	01.07.2025
7.	Attendance certificate I	PD-07	0	01.07.2025
8.	Department activities conducted in the year	PD-09	0	01.07.2025
9.	List of coaches in the academic year	PD-10	0	01.07.2025
10.	Budget Proposed and Sanctioned	PD-11	0	01.07.2025
11.	Imprest Money Utilization Register	PD-12	0	01.07.2025
12.	Consumable issue Register	PD-12b	0	01.07.2025
13.	Preventive Maintenance Schedule	PD-12c	0	01.07.2025
14.	Preventive Maintenance Record	PD-12d	0	01.07.2025
15.	Expenditure Form - TA/DA	PD-13	0	01.07.2025
16.	Tournament Participation Report	PD-14	0	01.07.2025
17.	Tournament Performance Record	PD-15	0	01.07.2025

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL Estd : 1984</p>	<p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	
<p>DEPARTMENT ACTIVITIES PLANNED FOR THE YEAR</p>		

Department of Physical Education



Academic Year:

S.No	Proposed Date	Name of the activity planned

Faculty In-charge

Director of Physical Education

Professor In-charge

 <p>Kongu Engineering College Perundurai Estd : 1984</p>	<p align="center">KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	
	<p align="center">SPORTS QUOTA SELECTION TRIALS</p>	

Department of Physical Education

Academic Year:

Name of the event:

Venue:



Date:

S.No.	Name of the Student	Gender Male/Female	School name	Position/Event	DOB	Phone number	Previous achievement	Remarks

Committee members

Director of Physical Education

Professor In-charge

 Estd : 1984	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL	
	LIST OF ADMITTED STUDENTS IN SPORTS QUOTA	

Department of Physical Education

Academic Year:



S.No.	Name of the Student	Gender	Regular or Lateral entry	Branch of selection	Event name	Previous achievements

Committee members

Director of Physical Education

Professor In-charge

Principal

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL Estd : 1984</p>	<p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p> <hr/> <p>UNDERTAKING FOR ADHERENCE OF RULES AND REGULATIONS FOR SPORTS QUOTA STUDENTS</p>	
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Dear Sir/Madam,

I, student ofroll number, and sports quota student at Kongu Engineering College, Perundurai, hereby undertake and agree to abide by the following rules and regulations set forth by the college:

- I shall practice regularly during both morning and evening sessions and report my attendance to the Director of Physical Education.
- I shall not take any leave during practice sessions without a valid reason that is approved by the Director of Physical Education.
- I shall maintain 90% attendance in regular practice sessions each semester.
- I shall be punctual for all the practice sessions.
- I shall represent the college teams in all suggested tournaments during my period of study.
- I shall not refuse to participate in tournaments without a valid reason approved by the Director of Physical Education.
- I shall maintain discipline and decorum of the college at tournament venues.
- I understand that I am strictly prohibited from playing for or representing any other club teams in any open or club tournaments without prior permission from the Director of Physical Education (DPE) and the Principal.
- I shall maintain a decent academic performance in my studies.
- I shall adhere to all the rules and regulations set forth by the college.
- I shall not engage in any immoral activities during my period of study.
- I shall submit my performance reports at the end of each semester.
- I understand that the management will review sports concessions every year based on my performance and behaviour.

I fully understand that failing to comply with the above-mentioned rules and regulations may result in the withdrawal of my sports quota privileges and other disciplinary actions as deemed appropriate by the college authorities.

Thank you.

Date:

Yours sincerely,

Place:

[Student's Name]



ACCEPTANCE BY PARENTS

I hereby confirm that I understand and accept the above said rules and regulations of the sports quota students. In this regard I assure that, my son / daughter will follow the rules and regulations.

Date:

Place:

Parent's signature

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL Estd : 1984</p>	<p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	
	<p>COLLEGE TEAM SELECTION TRIALS</p>	

Department of Physical Education

Academic Year:

Name of the Event:



Venue:

S.No.	Roll No	Name of the Student	Branch	Gender	Phone number	Event Name	Achievements

Coach

Faculty In-charge

Director of Physical Education

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	<p align="center">APPROVAL FOR PARTICIPATION IN TOURNAMENT</p>		

Date :

To
The Principal
Kongu Engineering College,
Perundurai, Erode – 638 060

Respected Sir

Exemption may be Sanctioned for the following students who are representing..... in the

.....

to be held at on the
dates and time specified below.



S. No.	Roll No	Name	Department	Year of study	Date & Time Exemption
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Director of Physical Education

Professor In-charge

Principal

Note: Attendance Certificate will be issued after the completion of the tournament to claim their on duty.

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	<p align="center">ATTENDANCE CERTIFICATE I</p>		



Date:

This is to certify that the following students has represented our College team and participated in held at on / from we hereby request you to treat his/her/their absence as, on duty from to (No. of days).

S. No.	Roll No	Name	Department	Year of study	Date & Time Exemption
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Faculty In-charge

Director of Physical Education

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	<p>DEPARTMENT ACTIVITIES CONDUCTED IN THE YEAR</p>	
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Department of Physical Education



Academic Year:

S.No	Date	Name of the activity conducted	Number of Participants	Geo-tagged photo link / Video link	Image description

Faculty- In Charge

Director of Physical Education

Professor In-Charge

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	<p>LIST OF COACHES IN THE ACADEMIC YEAR</p>	
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Department of Physical Education

Academic Year:



S.No	Name of the coach	Full Time/Part Time	Event name

Faculty In-Charge

Director of Physical Education

Professor In-charge

Principal

 <p>Kongu Engineering College Perundurai Estd : 1984</p>	<p align="center">KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	
	<p align="center">BUDGET PROPOSED AND SANCTIONED</p>	

Department of Physical Education



Academic Year:

S. No.	Name of the equipment or service	Proposed in Rs.		Total Proposed in Rs.	Sanctioned in Rs.		Total Sanctioned in Rs.
		Non-recurring	Recurring		Non-recurring	Recurring	
Total							

Faculty In-charge

Director of Physical Education

Professor In-Charge

 <p>Kongu Engineering College Estd : 1984</p>	<p align="center">KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	
	<p align="center">IMPREST MONEY UTILIZATION REGISTER</p>	

Department of Physical Education

Academic Year:

Month	Amount Spent in Rs.
June	
July	
August	
September	
October	
November	
December	
January	
February	
March	
April	
May	
Total	

Faculty- In charge

Director of Physical Education

Professor In-Charge



KONGU ENGINEERING COLLEGE
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PERUNDURAI – 638060
INTERNAL QUALITY ASSURANCE CELL



CONSUMABLE ISSUE REGISTER



Department of Physical Education

Academic Year:

Student			Item		Student's Signature	Returned Quantity	Technical Assistant Signature	Faculty Signature	Remarks
Roll No.	Name	Phone number	Description	Given Quantity					

Faculty In-charge

Director of Physical Education

 <p>Kongu Engineering College Perundurai Estd : 1984</p>	<p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	
	<p>PREVENTIVE MAINTENANCE SCHEDULE</p>	

Department of Physical Education



Academic Year:

S. No.	Facilities	Activities to be carried out	Frequency	Remarks

Faculty In-Charge

Director of Physical Education

Professor In-Charge

 Kongu Engineering College Perundurai Estd : 1984	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL	
	PREVENTIVE MAINTENANCE RECORD	

Department of Physical Education



Academic Year:

Facilities	Date of Preventive Maintenance		Preventive Maintenance carried out by	Signature of		Remarks
	Planned	Actual		Faculty in-charge	Director of Physical Education	

Faculty In-charge

Director of Physical Education

Professor In-Charge

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	<p>EXPENDITURE FORM - TA/DA</p>		

Department of Physical Education

Date:

Details of Expenditure incurred

during.....

.....match held

at.....

From.....to.....

Sl.No.	Name & Class	Bus / Train fare paid	D.A at Rs. per day for ---- days	Total amount	Signature

Captain

Director of Physical Education

Professor In-Charge

Administrative Officer



KONGU ENGINEERING COLLEGE
(Autonomous)
PERUNDURAI – 638060
INTERNAL QUALITY ASSURANCE CELL
TOURNAMENT PARTICIPATION REPORT



Date :

Name of the tournament			
Name of the Event(s)			
Venue			
Team Manager / Coach			
Tournament date			
No. of Students participated			
No. of Staff accompanied			
Performance of Our Team			
Results of the Tournament			
Winner	Runner	Third	Fourth
Account Details			
Advance received	Actual Expenditure	Accounts Status	
Suggestion / Feedback for further improvements			
Captain / Players			
Coach			
Team Manager			
Any inconvenience (specify)			



Team Manager / Coach

Faculty- In charge

Director of Physical Education

- Encl.: 1. Fixture
 2. List of Participants
 3. Geo tag photo with all contingent

Note: To be submitted within 3 days after completion of the tournament

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL TOURNAMENT PERFORMANCE RECORD</p>	

**INTERNATIONAL / NATIONAL / STATE / DIVISIONAL / DISTRICT & ZONAL LEVEL
TOURNAMENT**

Name of the Event							
Venue							
Date							
S. No	Name of the student	Year	Dept	Roll No.	Gender	Game/Event	Achievement

Faculty- In charge

Director of Physical Education