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

Department of _____

Academic Year:20XX-20XX

Semester : Odd/Even



Course code &Name :

Class / Sec:

Sl. No	Project No	Roll No	Student Name	Project Title	Project done at	Type of Project	Mapped PO's	SDG	Name and Signature of the Supervisor
1.	A1								
2.									
3.									
4.									
5.	A2								
6.									
7.									
8.	A3								
9.									
10.									
11.									

Project Coordinator

HOD

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

Department of _____

Academic Year:20XX-20XX

Semester: Odd/Even

Subject code & Name:

Class / Sec:

(REVIEW I)

EVALUATION CRITERIA	Marks assigned			

(REVIEW II)



EVALUATION CRITERIA	Marks assigned			

REVIEW III

EVALUATION CRITERIA	Marks assigned			

Project Coordinator

HOD

 Estd : 1984	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL	
	Project Report Check List	

Department of _____



Academic Year:20XX-20XX

Semester:

Course code & Name:

Class / Sec:

1.	Code No:				
2.	Title of the Project				
3.	Roll Nos	Name(s) of the Student(s)			
4.	Name of the Supervisor (internal)				
5.	Name of the Supervisor(External)				
6.	Name of the Industry (if Industry)				
7.	Type of Project				
8.	Nature of the Project	New Project / Continuation			
9.	If Continuation, Code number of the Previous Project :				
10.	Submission of monthly reports in time (put tick mark):	Review -1	Review- 2	Review -3	End Sem
11.	Approval of the Report	Yes/ No			
12.	Outcome of the project	Paper accepted / Patent applied/others			
13.	Details of Outcome				
14.	Receipt of 2 copies of Report				
		Co-ordinator			
	Supervisor signature	HOD			

 Estd : 1984	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL	
	Project Review Report	

Department of _____

Academic Year:20XX-20XX

Semester :

Course code &Name :

Class / Sec:

S. NO	ROLL .NO	STUDENT NAME	PROJECT			REVIEWS (DATE AND MARK)			TOTAL MARKS	Signature of the Supervisor
			Title	Organization	Supervisor	-I-	-II-	III (for VI sem UG/ PG		

Project Coordinator

HOD