

 ESTD : 1984	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL Course Coordinator Meeting Agenda	
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Department of _____

Date:

Academic Year:20XX-20XX		Semester	Odd/Even
Programme& Department of the Students		Semester of Study & Section	
Course Code		Course Name	
Meeting Number:		Date & Time:	
Members to be present		Venue:	

Points to be discussed

1. Lecture plan and syllabus coverage
2. Teaching methodology/tools used/to be used
3. Encouragement/introduction of activities related to the course like open book test, tutorial, assignment, discussion, seminar, quiz technical papers etc.,
4. Assessment/Attainment of CO and PO
5. Review of feedback comments from CMC if any
6. Any Others

Course Coordinator

HOD

 Estd : 1984	<p style="text-align: center;">KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p> <p style="text-align: center;">Course Coordinator Meeting Minutes</p>	
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Department of _____

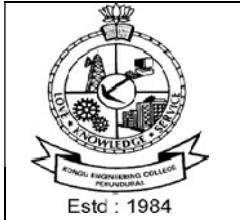
Academic Year:20XX-20XX		Semester	Odd/Even
Programme& Department of the Students		Semester of Study & Section	
Course Code		Course Name	
Meeting Number:		Date & Time:	
Members to be present		Venue:	

S. No.	Points Discussed	Action Plan	Responsibility	Target Date

Members

Course Coordinator

HOD



Name of the Faculty, Designation & Dept.		Programme& Department of the Students	
Course Code & Name		Academic Year, Semester & Section	

1. COURSE PLAN

S. No.	Intended Learning Outcomes (ILOs)	CO(s) Mapped	BT Level	Planned		Actual	
				Date	Period	Date	Period
1.							
2.							

2. INNOVATIVE TEACHING LEARNING METHODOLOGY

S. No.	Course Outcomes	Topics	* TL Methods	Planned		Actual	
				Week	Date	Week	Period
1.							
2.							

Note: Minimum One Activity per Course Outcome

*Methods: Industrial Expert Lecture, ICT usage, Field Visit, Guest Lecture, Online Quiz, Hands-on training, Activity based learning, Assignment, Seminar, Mini projects, etc.,

3. TERM WORK(TW) / SELF LEARNING(SL)

S. No.	Course Outcomes	Topics	#TW/SL Methods	Planned		Actual	
				Week	Hrs	Week	Hrs
1.							
2.							

as per the CDC circular regarding TW/SL based on grouping of the course

Course Faculty

Course Coordinator

HOD

 ESTD : 1984	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL PTM for Slow learners	 ISO 9001
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Department of _____

Academic Year:20XX-20XX

Semester: Odd/Even

Class / Sec:

Total no of courses:

CAT: 1/2/3/ESE

S. No.	Roll Number of students	Name of the student	No of subjects failed	Parents physically meet the YC/CA (Yes/No)	Date of visit	Remedial Measures Discussed	Parent signature

Within 15 working days after CAT

Class advisor
(Signature with Name)

Year Coordinator
(Signature with Name)

HOD



KONGU ENGINEERING COLLEGE
(Autonomous)
PERUNDURAI – 638060
INTERNAL QUALITY ASSURANCE CELL
Laboratory session Schedule



Department of

Department of the Student :

Class and Section :

Faculty in-charge :

Course Code & Name

Batch Number

Team	Roll Number	Name of the Students
I		
II		
III		
IV		
V		

List of Experiments- (Title of the Experiments)

1
2 -

Additional Experiments / Mini projects planned (if any)

1-
2-

Course Faculty

Course Coordinator

HOP

 Estd : 1984	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL Laboratory session Schedule (Batch wise Experiments)	
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Department of _____

Department of the Student :
 Class and Section :
 Faculty in-charge :
 Course Code & Name :
 Batch Number :

EXPERIMENT No.	EXPERIMENT NAME	Proposed date		Actual date	
		BATCH -I	BATCH -II	BATCH -I	BATCH -II

BATCH - I

S.No.	ROLL No.	NAME

BATCH – II

S. No.	ROLL No.	NAME

LIST OF EXPERIMENTS

- 1.
- 2.

Additional Experiments / Mini projects planned (if any)

- 1-
- 2-

Course Faculty

Course Coordinator

HOD

	<p style="text-align: center;">KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p> <p style="text-align: center;">Laboratory Assessment Rubrics</p>	
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Department of _____

Academic Year:20XX-20XX

Semester: Odd/Even

Course code & Name:

Class / Sec:

Conduct of Experiment							
Criteria/Mar ks assigned							
Observation/Record							
Criteria/Mar ks assigned							
VIVA							
Criteria/Mar ks assigned							

Course Faculty

Course Coordinator

HOD

 KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL <i>ESTD : 1984</i>	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL Identification of Fast / Slow Learners	 TÜV SUD <small>ISO 9001</small>
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Department of _____

Academic Year:20XX-20XX

Semester: Odd/Even

Class / Sec:

S. No.	Roll Number	Name of the Student	Previous Semester GPA	CGPA	Number of Arrears (if any)	Identified as Fast/ Slow Learners

Class Advisor

Year Coordinator

HOD



**KONGU ENGINEERING COLLEGE
(Autonomous)
PERUNDURAI – 638060
INTERNAL QUALITY ASSURANCE CELL**



Remedial Measures for Weak / Failed candidates

Department of _____

Name of the Faculty, Designation & Dept.		Programme & Department of the Students		
Course Code & Name		Academic Year, Semester & Section		

Follow-up Actions for Weak / Failed Candidates in Continuous Assessment Test (CAT)

Sl. No.	Test Name	Percentage of Failure	*Remedial Measures for Weak / Failed candidates (Assignments, Special Session, Special Tests etc..)	Signature of Course Faculty	Signature of Course Coordinator	Signature of Year Coordinator	Statements / Suggestions - by HOD about measures taken and Signature
1.	CAT - I						
2.	CAT - II						
3.	CAT -III						
4.	End Semester						

 Estd : 1984	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL Outcome Based Teaching Learning Report	 ISO 9001
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Department of _____

Academic Year & Semester		Year of Study & Section	
Name of the course		Course Code	
Course Outcome involved		No of Students benefited	

Name of the Activity	
Description	
Drive Link	
Geo Tagged Photo	
Outcome	

Course Faculty

Course Coordinator

 KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL MENTOR-MENTEE DETAILS	
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Batch:

Class:

Section:

S.No	Mentor Name	Batch	Mentee Roll. No	Mentee Name
1				
2				
3				

Year Coordinator

HOD



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

MENTEE PERSONAL AND ACADEMIC DETAILS
(FOR INDIVIDUAL STUDENTS / TEAM)



Details

Name of the student			
Roll Number			
Contact Number			
E-Mail Id			
Date of Birth			
Blood Group			
Name of the Father & Occupation			
Name of the Mother & Occupation			
Local Guardian if any			
Communication Address with Pin code (Permanent address)			
Communication Address with Pin code (Temporary address)			
Mode of Admission (Counselling / Management / Sports Quota / Others)			
Accommodation Details (Day scholar / Hosteller)			
Exam passed			
	Name and Address of the Institution, Board / University	Mark Secured	Year of passing
% Marks in SSLC			
% Marks in HSC			
% Marks in Diploma / UG			
Mentee Signature with Date :			
Mentor Name & Signature with Date :			

Disciplinary action if any

Semester	Number of Arrear	GPA	CGPA
I Sem			
II Sem			
III Sem			
IV Sem			
V Sem			
VI Sem			
VII Sem			
VIII Sem			

 KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL SEMESTER WISE CURRICULAR, CO-CURRICULAR AND EXTRA CURRICULAR ACTIVITIES	
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Details	Mentee 1	Mentee 2	Mentee 3
Name of the Student			
Roll No.			

Curricular Activities (Credit Courses/ Online Courses/VAC/Training/Internship)			
Co-curricular Activities (Paper & Project Presentation Inside / Outside KEC)			
Extra-curricular Activities (Sports /Cultural / Multimedia/ Club Activities / Social Activities)			
Mentor Name & Signature with Date			

 KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL <i>KNOWLEDGE & LEARNERS</i> <small>KONGU ENGINEERING COLLEGE PERUNDURAI, Estd : 1984</small>	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL SEMESTER WISE ACADEMIC PERFORMANCE	 TÜV SUD ISO 9001
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Details	Mentee 1	Mentee 2	Mentee 3
Name of the Student			
Roll No.			

TEST PERFORMANCE		MARKS														
Course Code	Course Name	CAT 1	CAT 2	CAT 3	Internal	ESE	CAT 1	CAT 2	CAT 3	Internal	ESE	CAT 1	CAT 2	CAT 3	Internal	ESE
No. of Courses Scored < 50																
No. of Courses Scored > 80																
Cause Analysis (continuous monitoring)																
Plan of Action (both for slow learner and fast learner)																
Mentee Signature with Date																
Mentor Signature with Date																

*Attach addition pages as needed

 <small>ESTD : 1984</small>	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL	
STUDENT COUNSELING FORM (INDIVIDUAL)		

Name of the student		Roll Number:
Date of Counselling		
Class (Year & Section)		
Reason for Counselling		
Issues identified after discussion		
Suggestions given by the mentor		
Geo tagged photo		

Student Signature

Mentor Signature with Name

 Estd : 1984	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL Impact of Remedial Action	
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Department of _____**Academic Year:20XX-20XX****Semester: Odd/Even****Class / Sec:****Subject faculty:****Course code and Name:****Class performance**

	CAT-1	CAT-2	CAT-3	ESE
Class Students Strength				
No. of students Absent				
No. of students Pass				
No. of students Fail				
Pass Percentage (%)				

S. No.	Roll Number of students failed in Exam	Name of the students	CAT-1 (Marks)	CAT-2 (Marks)	CAT-3 (Marks)	ESE (Grade)

Remedial Action:

- 1.
- 2.
- 3.
- 4.

Impact Analysis:

- 1.
- 2.
- 3.
- 4.

Course Faculty**Year Coordinator****HOD**

 KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL <small>Estd : 1984</small>	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL Impact Analysis of Remedial Action Taken	 TÜV SUD <small>ISO 9001</small>
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Department of _____

Academic Year:20XX-20XX

Semester: Odd/Even

Class / Sec:

Subject faculty:

Course code and Name:

CAT: 1 / 2 / 3

S. No.	Roll Number of students failed in Exam	CAT-1/2/3 (Marks)	Action taken (Assignments, Special Session, Special Tests etc..)	Assessment	Impact Analysis

Course Faculty

Year Coordinator

HOD