
 Estd : 1984	<p align="center">KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	
<p align="center">Continuous Assessment Test Time-table</p>		

Department of _____

Academic Year : 20XX-20XX

Semester : Odd/Even

Class : I / II / III / IV

Date :

S.No	Date	Session Time	Course Code	Course Name
1				
2				
3				



Instructions:

1. The Students should be inside the test hall before the commencement of the test. Late entry and early exit are not allowed.
2. Students should follow the dress code and should wear the original ID card .
3. The students should sit only in the seat allotted to them.
4. The students should write their Register Number, Course Code, Course Name, etc., clearly on the first page of the answer book.
5. The student should also write their register number on the question paper.
6. Possessing of any kind communication devices including mobile phones and any incriminating materials (like bit paper, photocopy, etc.,) are not allowed inside the test hall.
7. Punishments will be imposed on the students who indulge in malpractices in the tests as per the circular vide KEC/PRL/CIR-272/2022-23 dated March 20, 2023, issued by the Principal. Copy enclosed.
8. Only permitted data books and permitted models of non-programmable calculators are allowed inside the examination hall.

Test Coordinator

Academic Coordinator

HOD

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

Department of _____

Academic Year : 20XX-20XX

Semester : Odd/Even

Class : I / II / III / IV



Date :

S. No.	Question paper Submission Date	Scrutiny Date	Submission Date to COE
1	Test 01		
2	Test 02		
3	Test 03		

Test Coordinator



Academic Coordinator

HOD

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL Estd : 1984</p>	<p align="center">CONTINUOUS ASSESSMENT TEST - QUESTION PAPER SCRUTINY REPORT</p>	

Month and Year of Examination:			
Regulations:	Programme:	Branch:	Semester:
Course Code:		CAT : I / II / III	
Course Name:			
Name, Designation and Department of the Scrutiniser:			
S.No	Description	QP. Set1	QP.Set2
1.	Regulations, Programme, Branch, Semester, Course Code and Course Name are verified	Yes / No	Yes / No
2.	Question paper conforms to syllabus and Question paper format	Yes / No	Yes / No
3.	The Knowledge level is maintained as per the assessment pattern	Yes / No	Yes / No
4.	The syllabus of this course is included in the GATE syllabus	Yes / No	Yes / No
	If yes, % of questions asked from previous GATE examinations		
5.	The questions are distributed as per question paper format	Yes / No	Yes / No
6.	The questions are equally distributed covering the syllabus with respect to CAT	Yes / No	Yes / No
7.	The marks assigned to each division / subdivisions are mentioned against each question.	Yes / No	Yes / No
8.	The CO and Bloom's level are mentioned against each question	Yes / No	Yes / No
9.	The same Bloom's Taxonomy level are maintained in either / or questions with same mark weightage.	Yes / No	Yes / No
10.	All datas, symbols and diagrams are checked	Yes / No	Yes / No
11.	Grammatical errors, Spellings are checked	Yes / No	Yes / No
12.	The list of permitted data books, data sheets etc., and instructions to the candidates if any are indicated in the Question Paper	Yes / No	Yes / No
13.	Repetition of Questions checked	Yes / No	Yes / No
14.	The modification are mentioned in the question paper (if any)	Yes / No	Yes / No
15.	Overall standard of the question paper after scrutiny: Below average / Average / High		
Remarks about the question paper and suggestion for improvement:			
Date:		Signature of the Scrutiniser	
Certify that the Scrutinised question paper is correct in all respects. I also certify that none of my wards / relatives not appearing for this examination. (To be certified after final proof reading)			
Date:		Signature of the Scrutiniser	

Controlled Copy

 KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL Estd : 1984	Seating Arrangement	

Department of _____

Academic Year : 20XX-20XX

Semester : Odd/Even

Class : I / II / III / IV

Date :

Gist of Hall arrangement

S. No.	Date and Session	Total no. of Students	No. of Students			Total no. of halls
			Hall-01	Hall-02	Hall-03	
1						
2						
3						

Test Coordinator

Academic Coordinator

HOD

Hall arrangement

Date



Session

Hall no:

Roll no				

Test Coordinator

Controlled Copy

 Estd : 1984	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL	
	CAT Hall Supervisor List	

Department of _____

Academic Year : 20XX-20XX

Semester : Odd/Even

Class : I / II / III / IV

Date :

Test Name		01/02/03
Time Slot - I		
Time Slot - II		

Hall Number	Date:		Date:		Date:	
	Slot-I	Slot-II	Slot-I	Slot-II	Slot-I	Slot-II

Faculty Name



Squad Duty

S.no	Date	Hall no	Faculty name

Test Coordinator

Academic Coordinator

HOD

 Estd : 1984	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL	
	ABSENTEES STATEMENT	

Academic Year : 20XX-20XX

Semester : Odd/Even

Class : I / II / III / IV

Date :

Test : CONTINUOUS ASSESSMENT TEST – I / II / III						
Programme :					Date :	
Branch :					Time :	
Sem	Number of students in the class	No. of Students		Roll No of Absent	Class Advisor Sign	Reason for Absent
		Present	Absent			

Test Coordinator

Academic Coordinator

HOD