
 <p><b>KONGU ENGINEERING COLLEGE</b> (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	<p><b>Course Coordinator Meeting Agenda</b></p>	
	<p><b>Department of _____</b></p>	

Date: \_\_\_\_\_



<b>Academic Year:20XX-20XX</b>		<b>Semester</b>	<b>Odd/Even</b>
<b>Programme&amp; Department of the Students</b>		<b>Semester of Study &amp; Section</b>	
Course Code		Course Name	
Meeting Number:		<b>Date &amp; Time:</b>	
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

Academic Coordinator

 KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL Estd : 1984	<b>KONGU ENGINEERING COLLEGE</b> (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL	
	<b>Course Coordinator Meeting Minutes</b>	

Department of \_\_\_\_\_



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

S. No.	Points Discussed	Action Plan	Responsibility	Target Date

**Members**

**Course Coordinator**

**Academic Coordinator**

 Estd : 1984	<b>KONGU ENGINEERING COLLEGE</b> (Autonomous) <b>PERUNDURAI – 638060</b>	
	<b>Course Plan – Theory Course</b>	

<b>Name of the Faculty, Designation &amp; Dept.</b>		<b>Programme &amp; Department of the Students</b>	
<b>Course Code &amp; Name</b>		<b>Academic Year, Semester &amp; Section</b>	

### 1. COURSE PLAN

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

### 2. Innovative Teaching Learning Methodology

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

**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.,

Course Faculty

Course Coordinator

Academic Coordinator

HOD

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	<b>Laboratory session Schedule</b> <b>(Team wise Experiments )</b>	

Department of \_\_\_\_\_

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

Proposed Date	Experiment Number										Actual Date
	1	2	3	4	5	6	7	8	9	10	
	I	II	III	IV	V						
						I	II	III	IV	V	

Team	Roll Number	Name of the Students
I		
II		
.		
.		
.		

List of Experiments- (Title of the Experiments)

1  
 2 -  
 .  
 .

Additional Experiments / Mini projects planned (if any)



1-  
 2-

Course Faculty

Course Coordinator

Academic Coordinator

HOD

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	<b>Laboratory session Schedule</b> <b>(Batch wise Experiments)</b>	

**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**

**Academic Coordinator**

**HOD**

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

**Department of \_\_\_\_\_**

**Academic Year: 20XX-20XX**

**Semester: Odd/Even**

**Course code & Name:**

**Class / Sec:**



Conduct of Experiment							
Criteria/Marks assigned							
Observation/Record							
Criteria/Marks assigned							
VIVA							
Criteria/Marks assigned							

**Course Faculty**

**Course Coordinator**

**Academic Coordinator**

**HOD**

	<b>KONGU ENGINEERING COLLEGE</b> (Autonomous) PERUNDURAI – 638060 <b>INTERNAL QUALITY ASSURANCE CELL</b>	
	<b>Identification of Fast / Slow Learners</b>	

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

Academic Coordinator



HOD

 Estd : 1984	<b>KONGU ENGINEERING COLLEGE</b> (Autonomous) PERUNDURAI – 638060 <b>INTERNAL QUALITY ASSURANCE CELL</b>	
	<b>Remedial Measures for Weak / Failed candidates</b>	

Department of

Name of the Faculty, Designation & Dept.				Programme & Department of the Students			
Course Code & Name				Academic Year, Semester & Section			
<b>Follow-up Actions for Weak / Failed Candidates in Continuous Assessment Test (CAT)</b>							
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 Coordina tor	Signature of Academic Coordinator	Statements / Suggestions - by HOD about measures taken and Signature
1.	CAT - I						
2.	CAT - II						
3.	CAT -III						
4.	End Semester						



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	<b>Outcome Based Teaching Learning Report</b>	

Department of

<b>Academic Year &amp; Semester</b>		<b>Year of Study &amp;Section</b>	
<b>Name of the course</b>		<b>Course Code</b>	
<b>Course Outcome involved</b>		<b>No of Students benefited</b>	

Name of the Activity	
Description	
Drive Link	
Geo Tagged Photo	
Outcome	

Course Faculty

Course Coordinator

Academic Coordinator