
 Kongu Engineering College Perundurai Estd : 1984	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL	
	Association/Club /Cell Events Plan	

Department of _____



Academic Year:20XX-20XX

Semester: Odd/Even

S.No.	Name of the Event	Planned on (Week, Month & Year)	Self- supported / Sponsored

Faculty In-charge

HOD

 <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>Association/Club /Cell Events Report</p>	

Department of _____

Academic Year:20XX-20XX



Semester: Odd/Even

S.N o.	Type of Event	Guest Name	Guest Organiza tion / Company Details	Date	Venue	Topic	Numbe r of Particip ants

Write up for two pages with geophotos

Faculty In-charge

HOD

 <p>Kongu Engineering College Perundurai Estd : 1984</p>	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL Association/Club /Cell Events Feedback Sheet	
---	---	---

Department of _____

Academic Year:20XX-20XX

Semester: Odd/Even

1.0 Name of the Participant (Optional):

2.0 Event title

3.0 Date of the program

4.0 Please rate the following parameters as per points given below.



	10 - Excellent	8 - Good	6 - Average	4 - Below average	2 - Poor
a) The overall rating of the course	10	8	6	4	2
b) Course delivery	10	8	6	4	2
c) Communication	10	8	6	4	2
d) Course material	10	8	6	4	2
e) Arrangements	10	8	6	4	2
f) Ability to clear doubts	10	8	6	4	2
g) Practical sessions	10	8	6	4	2
h) Hospitality	10	8	6	4	2

i) Examination (if conducted) 10 8 6 4 2

Please also give your suggestion for improvement

Signature of the Participant

Controlled Copy

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL Association/Club /Cell Events Participants Details</p>	

Department of _____

Academic Year:20XX-20XX

Semester: Odd/Even

- i. Type of Event
- ii. Guest Name
- iii. Guest Organization / Company Details
- iv. Date
- v. Venue
- vi. Topic

Programme: Internal / External

S. No.	Participant Roll No.	Participant Name	Department	Year of Study	Institute

Faculty In-charge

HOD