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

Department of _____

Academic Year :20XX-20XX
 Course code & Name :



Semester : Odd/Even
 Class / Sec:

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

Project Coordinator

Academic Co-ordinator

HOD

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

Department of _____

Academic Year: 20XX-20XX

Subject code & Name:

Semester: Odd/Even

Class / Sec:

(REVIEW I)

EVALUATION CRITERIA	Marks assigned			

(REVIEW II)

EVALUATION CRITERIA	Marks assigned			



REVIEW III

EVALUATION CRITERIA	Marks assigned			

Project Coordinator

Academic Co-ordinator

HOD



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

Department of _____

Academic Year: 20XX-20XX
 Course code & Name:

Semester: Odd/Even
 Class / Sec:

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

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

Department of _____

Academic Year :20XX-20XX

Course code & Name :

Semester : Odd/Even

Class / Sec:

S.No.	ROLL. No.	STUDENT NAME	PROJECT			REVIEWS (DATE AND MARK)			TOTAL MARKS	Signatu re of the Supervi sor
			Title	Organisation	Supervisor	-I-	-II-	III(for VI sem UG/ PG		

Project Coordinator

Academic Co-ordinator

HOD