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



Department of _____

Academic Year:

S.No.	Company Name and Address	Type of the Company (Core/IT/ITES others)	Date of Visit	No of Students Attended	No of Students Selected

Placement 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;">List of Eligible Students (Passing out Batch-wise)</p>	
--	---	---



Department of _____

Academic Year:

S.No.	Roll No.	Name of the Student	Passing Out Year	CGPA

Placement coordinator

HOD

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

Department of _____



Academic Year:

Sl. No	Name of the Skill Enhancement programme (Soft skills, Language and communication skills, Core Training etc.,)	Year/ Semester	Number of students Enrolled	Date of the Training Program		Number of Days	Name of the agencies/consultants involved with contact details, if any
				From	To		
1.							
2.							
3.							
4.							
5.							

*Any Unplanned Training may also be recorded

Placement coordinator

HOD

 <p>Kongu Engineering College Perundurai Estd : 1984</p>	<p align="center">KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	
	<p align="center">Internship Details</p>	



Department of _____

Academic Year:

S. No.	Roll No.	Name of the Student	Name of the Company	From Date	To Date	Number of days	Stipend Details	Only Internship / Internship with Job
1.								
2.								
3.								
4.								
5.								

Placement Coordinator

HOD

 <p>Kongu Engineering College Estd : 1984</p>	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL	
	Placement Record	

Department of _____

Academic Year:

Name of the Program:

Passing out Batch:

Sl. No	Roll Number	Name of the Student	Student Contact Details			Type of the Company (Core/ software/ others)	Name of the Company	Pay package at the time of appointment
			Designation and Address	Email ID	Phone Number			

Placement Coordinator

HOD