KONGU ENGINEERING COLLEGE
(Autonomous)
PERUNDURAI – 638060
INTERNAL QUALITY ASSURANCE CELL

Faculty Training Need Identification (Competency Matrix)

Department of _____

Academic Year:20XX-20XX   **Semester: Odd/Even**

S.No	Details of Faculty			Course Details / Rating (Self evaluation Strong-3, Moderate-2, Weak-1)											
	Name	Years of Experience	Specialization	Course Code with Name	Course Code with Name	Course Code with Name	Course Code with Name	Course Code with Name	Course Code with Name	Course Code with Name	Course Code with Name	Course Code with Name	Course Code with Name	Course Code with Name	Course Code with Name

Time Table In-charge   **Academic Coordinator**   **HoD**

Note: Copy to HRD Cell

KONGU ENGINEERING COLLEGE
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Course Allocation

Department of _____

Academic Year: 20XX-20XX   **Semester: Odd/Even**

S.No.	Name of Faculty Member	Course-1	Course-2	Course-3	Course-4	Signature

Time Table In-charge   **Academic Coordinator**   **HoD**

KONGU ENGINEERING COLLEGE
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INTERNAL QUALITY ASSURANCE CELL

Estd : 1984

List of Course Coordinators

Department of _____

Academic Year: 20XX-20XX   **Semester: Odd/Even**

S. No	Year of Study	Course Code	Name of the Course	Name of the faculty				Course Coordinator
				A Sec	B Sec	C Sec	D Sec	
1.								

Time-Table In-charge   **Academic Coordinator**   **HOD**

KONGU ENGINEERING COLLEGE
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PERUNDURAI – 638060
INTERNAL QUALITY ASSURANCE CELL
Class Time Table

Academic Year: Semester:

Department :	Classroom No. :
Programme :	WEF :
Branch :	Name of the Class Advisor(s) with Mobile No.:
Class :	1.
Section :	2.

Days	8.45 am to 9.40 am	9.40 am To 10.25 am	Break	10.45 am to 11.30 am	11.30 am to 12.15 pm	Lunch	1.15 pm to 2.00 pm	2.00 pm to 2.45 pm	Break	3.00 pm to 3.45 pm	3.45 pm To 4.30 pm
MON											
TUE											
WED											
THU											
FRI											
SAT											

S. No.	Course Abbre-viation	Course Code & Name of the Theory Subject & Lab / Others [SPD, Seminar, etc.]	Name of the Faculty Member(s)	Faculty Mobile Number and Location	Class Room Number	No. of Hours Per Week

Timetable In charge   BOS Coordinator   HOD

KONGU ENGINEERING COLLEGE
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PERUNDURAI – 638060
INTERNAL QUALITY ASSURANCE CELL
Faculty Time Table

Department of _____

Academic Year & Semester : 20XX-20XX   **Semester: Odd/Even**
Name of the Faculty: **w.e.f:**

DAYS	--:--AM to --:--AM		Break (--:-- AM to --:-- AM)			Lunch (--:-- PM to --:-- PM)			Break (--:-- PM to --:-- PM)		
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											

S.No.	Course Abbreviation	Course Code & Name of the Theory Subject & Lab / Others [SPD, Seminar, etc.]	Class (Year & Section)	Class Room No.	No. of Hours Per Week

Other Responsibilities:

Department level:	(i)	
	(ii)	
Institute Level:	(i)	
	(ii)	

Time-Table In-charge   **HOD**

KONGU ENGINEERING COLLEGE
(Autonomous)
PERUNDURAI – 638060
INTERNAL QUALITY ASSURANCE CELL
Laboratory Time-Table

Department of _____

Academic Year: 20XX-20XX　　　　　　　　**Semester: Odd/Even**

Name of the Laboratory:　　　　　　　**Name of the Lab In-charge:**

Name of the Technical Assistant:　　**Room No. :**　　　**w.e.f:**

DAYS	--:--AM to --:--AM		Break (--:-- AM to --:-- AM)			Lunch (--:-- PM to --:-- PM)			Break (--:-- PM to --:-- PM)	
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										

Sl.No.	Course Abbreviation	Course Code & Name of the Laboratory Course	Class (Year & Section)	Name of the Faculty Member(s)	No. of Hours Per Week
1					

Time-Table In-charge　　　　　　　　　　　　　　**HOD**

KONGU ENGINEERING COLLEGE
(Autonomous)
PERUNDURAI – 638060
INTERNAL QUALITY ASSURANCE CELL

Master Time-table

Estd : 1984

ISO 9001

Department of _____

Academic Year: 20XX-20XX   **Semester: Odd/Even**

Name of the faculty	Hour	ABC									XYZ
MONDAY	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
. . . . .	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
Saturday	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
Hours / week											

Time-Table In-charge   **HOD**