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

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

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

Academic Year:20XX-20XX



Semester: Odd/Even

S. No	Type of Event	Guest Name	Guest Organization / Company Details	Date	Venue	Topic	Number of Participants

Write up for two pages with Geo photos

Faculty In-charge

HOD

 Estd : 1984	<b>KONGU ENGINEERING COLLEGE</b> (Autonomous) <b>PERUNDURAI – 638060</b> <b>INTERNAL QUALITY ASSURANCE CELL</b>	
	<b>Association/Club /Cell Events Feedback Sheet</b>	

**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

 Estd : 1984	<b>KONGU ENGINEERING COLLEGE</b> <b>(Autonomous)</b> <b>PERUNDURAI – 638060</b> <b>INTERNAL QUALITY ASSURANCE CELL</b>	
	<b>Association/Club /Cell Events Participants Details</b>	

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

Academic Year:20XX-20XX

Semester: Odd/Even

- I. Type of Event (Internal / External)
- II. Guest Name
- III. Guest Organization / Company Details
- IV. Date
- V. Venue
- VI. Topic

Programme :

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

Faculty In-charge

HOD