
 Estd : 1984	<b>KONGU ENGINEERING COLLEGE</b> <b>(Autonomous)</b> <b>PERUNDURAI – 638060</b> <b>INTERNAL QUALITY ASSURANCE CELL</b>	
<b>Course Coordinator Meeting Agenda</b>		

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

Date:



<b>Academic Year:20XX-20XX</b>		<b>Semester</b>	<b>Odd/Even</b>
<b>Programme &amp; Department of the Students</b>		<b>Semester of Study &amp; Section</b>	
Course Code		Course Name	
Meeting Number:		Date & Time:	
Members to be present		Venue:	

Points to be discussed

1. Lecture plan and syllabus coverage
2. Teaching methodology/tools used/to be used
3. Encouragement/introduction of activities related to the course like open book test, tutorial, assignment, discussion, seminar, quiz technical papers etc.,
4. Assessment/Attainment of CO and PO
5. Review of feedback comments from CMC if any
6. Any Others

**Course Coordinator**

**Academic Coordinator**

 Kongu Engineering College Estd : 1984	<b>KONGU ENGINEERING COLLEGE</b> (Autonomous) <b>PERUNDURAI – 638060</b> <b>INTERNAL QUALITY ASSURANCE CELL</b>	
	<b>Course Coordinator Meeting Minutes</b>	

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



<b>Academic Year:20XX-20XX</b>		<b>Semester</b>	<b>Odd/Even</b>
<b>Programme&amp; Department of the Students</b>		<b>Semester of Study &amp; Section</b>	
Course Code		Course Name	
Meeting Number:		Date & Time:	
Members to be present		Venue:	

S. No.	Points Discussed	Action Plan	Responsibility	Target Date

Members

Course Coordinator

Academic Coordinator

 Estd : 1984	<b>KONGU ENGINEERING COLLEGE</b> (Autonomous) <b>PERUNDURAI – 638060</b> <b>INTERNAL QUALITY ASSURANCE CELL</b>	
	<b>Course Plan – Theory Course</b>	

<b>Name of the Faculty, Designation &amp; Dept.</b>		<b>Programme&amp; Department of the Students</b>	
<b>Course Code &amp; Name</b>		<b>Academic Year, Semester &amp; Section</b>	

### 1. COURSE PLAN

S. No.	Intended Learning Outcomes (ILOs)	CO(s) Mapped	BT Level	Planned		Actual	
				Date	Period	Date	Period
1.							
2.							

### 2. Innovative Teaching Learning Methodology

S. No.	Course Outcomes	Topics	* TL Methods	Planned	Actual	
				Week	Date	Period
1.						
2.						

**Note: Minimum One Activity per Course Outcome**



**\*Methods:** Industrial Expert Lecture, ICT usage, Field Visit, Guest Lecture, Online Quiz, Hands-on training, Activity based learning, Assignment, Seminar, Mini projects, etc.,

Course Faculty

Course Coordinator

Academic Coordinator

HOD

 KONGU ENGINEERING COLLEGE PERUNDURAI – 638060 Estd : 1984	<b>KONGU ENGINEERING COLLEGE</b> <b>(Autonomous)</b> <b>PERUNDURAI – 638060</b> <b>INTERNAL QUALITY ASSURANCE CELL</b>	
	<b>Laboratory session Schedule</b> <b>(Team wise Experiments )</b>	

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

Department of the Student :

Class and Section :

Faculty in-charge :

Course Code & Name :

Batch Number :

Proposed Date	Experiment Number										Actual Date
	1	2	3	4	5	6	7	8	9	10	
	I	II	III	IV	V						
						I	II	III	IV	V	

Team	Roll Number	Name of the Students
I		
II		
III		
IV		
V		

**List of Experiments- (Title of the Experiments)**

- 1
- 2 -

Additional Experiments / Mini projects planned (if any)



- 1-
- 2-

**Course Faculty**

**Course Coordinator**

**Academic Coordinator**

**HOD**

 Estd : 1984	<b>KONGU ENGINEERING COLLEGE</b> (Autonomous) <b>PERUNDURAI – 638060</b> <b>INTERNAL QUALITY ASSURANCE CELL</b>	
	<b>Laboratory session Schedule</b> <b>(Batch wise Experiments)</b>	

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

Department of the Student :

Class and Section :

Faculty in-charge :

Course Code & Name :

Batch Number :

EXPERIMENT No.	EXPERIMENT NAME	Proposed date		Actual date	
		BATCH –I	BATCH –II	BATCH –I	BATCH –II

**BATCH - I**

S.No.	ROLL No.	NAME

**BATCH – II**

S. No.	ROLL No.	NAME

**LIST OF EXPERIMENTS**

- 1.
- 2.

Additional Experiments / Mini projects planned (if any)



- 1-
- 2-

**Course Faculty**

**Course Coordinator**

**Academic Coordinator**

**HOD**

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

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

**Academic Year:20XX-20XX**

**Semester: Odd/Even**

**Course code & Name:**

**Class / Sec:**



Conduct of Experiment							
Criteria/Marks assigned							
Observation/Record							
Criteria/Marks assigned							
VIVA							
Criteria/Marks assigned							

**Course Faculty**

**Course Coordinator**

**Academic Coordinator**

**HOD**

 Kongu Engineering College Perundurai Estd : 1984	<b>KONGU ENGINEERING COLLEGE</b> (Autonomous) <b>PERUNDURAI – 638060</b> <b>INTERNAL QUALITY ASSURANCE CELL</b>	
	<b>Identification of Fast / Slow Learners</b>	

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

Academic Year: 20XX-20XX

Semester: Odd/Even



Class / Sec:

S. No.	Roll Number	Name of the Student	Previous Semester GPA	CGPA	Number of Arrears (if any)	Identified as Fast/ Slow Learners

Class Advisor

Academic Coordinator



HOD

 <p>Kongu Engineering College Perundurai Estd : 1984</p>	<p align="center"><b>KONGU ENGINEERING COLLEGE</b> (Autonomous) <b>PERUNDURAI – 638060</b> <b>INTERNAL QUALITY ASSURANCE CELL</b></p>	
	<p><b>Remedial Measures for Weak / Failed candidates</b></p>	

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

<b>Name of the Faculty, Designation &amp; Dept.</b>				<b>Programme &amp; Department of the Students</b>			
<b>Course Code &amp; Name</b>				<b>Academic Year, Semester &amp; Section</b>			
<b>Follow-up Actions for Weak / Failed Candidates in Continuous Assessment Test (CAT)</b>							
Sl. No.	Test Name	Percentage of Failure	*Remedial Measures for Weak / Failed candidates (Assignments, Special Session, Special Tests etc..)	Signature of Course Faculty	Signature of Course Coordinator	Signature of Academic Coordinator	Statements / Suggestions - by HOD about measures taken and Signature
1.	CAT - I						
2.	CAT - II						
3.	CAT -III						
4.	End Semester						



 Estd : 1984	<b>KONGU ENGINEERING COLLEGE</b> (Autonomous) <b>PERUNDURAI – 638060</b> <b>INTERNAL QUALITY ASSURANCE CELL</b>	
	<b>Outcome Based Teaching Learning Report</b>	

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



<b>Academic Year &amp; Semester</b>		<b>Year of Study &amp;Section</b>	
<b>Name of the course</b>		<b>Course Code</b>	
<b>Course Outcome involved</b>		<b>No of Students benefited</b>	

Name of the Activity	
Description	
Drive Link	
Geo Tagged Photo	
Outcome	

**Course Faculty**

**Course Coordinator**

**Academic Coordinator**

 <p><b>KONGU ENGINEERING COLLEGE</b> (Autonomous) PERUNDURAI – 638060 <b>INTERNAL QUALITY ASSURANCE CELL</b></p>	<p align="center"><b>Impact of Remedial Action</b></p>		

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

**Academic Year: 20XX-20XX**

**Semester: Odd/Even**

**Class / Sec:**

**Subject faculty:**

**Course code and Name:**

**Class performance**

	CAT-1	CAT-2	CAT-3	ESE
Class Students Strength				
No. of students Absent				
No. of students Pass				
No. of students Fail				
Pass Percentage (%)				

S. No.	Roll Number of students failed in Exam	Name of the students	CAT-1 (Marks)	CAT-2 (Marks)	CAT-3 (Marks)	ESE (Grade)

**Remedial Action:**

- 1.
- 2.
- 3.
- 4.



**Impact Analysis:**

- 1.
- 2.
- 3.
- 4.

**Course Faculty**

**Academic Coordinator**

**HOD**

 Kongu Engineering College Perundurai Estd : 1984	<b>KONGU ENGINEERING COLLEGE</b> (Autonomous) <b>PERUNDURAI – 638060</b> <b>INTERNAL QUALITY ASSURANCE CELL</b>	
	<b>Impact Analysis of Remedial Action Taken</b>	

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

**Academic Year: 20XX-20XX**

**Semester: Odd/Even**

**Class / Sec:**

**Subject faculty:**

**Course code and Name:**

**CAT: 1 / 2 / 3**

S. No.	Roll Number of students failed in Exam	CAT-1/2/3 (Marks)	Action taken (Assignments, Special Session, Special Tests etc..)	Assessment	Impact Analysis

**Course Faculty**

**Academic Coordinator**

**HOD**