



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



Project Details

Department of _____

Academic Year :20XX-20XX

Semester : Odd/Even

Course code & Name :



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

Semester: Odd/Even

Subject code & Name:

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

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	<p align="center">Project Report Check List</p>		

Department of _____



Academic Year:20XX-20XX

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Course code & Name:

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				
		Co-ordinator			
	Supervisor signature	HOD			

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

Department of _____

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S. NO	ROLL .NO	STUDENT NAME	PROJECT			REVIEWS (DATE AND MARK)			TOTAL MARKS	Signature of the Supervisor
			Title	Organization	Supervisor	-I-	-II-	III (for VI sem UG/ PG)		

Project Coordinator

Academic Co-ordinator

HOD