

**Monthly work done Report by Faculty**

**Month & Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Name of the Faculty member and Faculty ID** |  | |  |
| --- | --- | --- | --- |
| **Designation & Department** |  | | |
| No. of CLs availed during the month & No. of remaining CLs |  |  | |
| No. of ALs availed during the month & No. of remaining ALs |  |  | |
| No. of ODs availed during the month |  | | |
| No. of CCLs availed during the month |  | | |
| No. of working days in this month |  | | |
| No. of days present in this month |  | | |

| **Regular academic activity** | | | |
| --- | --- | --- | --- |
| **Theory Courses** | **Course-I** | **Course-II** | **Course-III** |
| Class, Semester and Section |  |  |  |
| Name of the Course handling |  |  |  |
| Actual No. of classes scheduled in the month(as per the lesson plan) |  |  |  |
| No. of Classes taken in the month (as per the attendance register) |  |  |  |
| No. of units covered so far |  |  |  |
| Google classroom link |  |  |  |
| **Laboratory Courses** | **Course-I** | **Course-II** | **Course-III** |
| Class, Semester and Section |  |  |  |
| Name of the Laboratory Course handling |  |  |  |
| Actual No. of classes scheduled in the month(as per the lesson plan) |  |  |  |
| No. of Classes taken in the month (as per the attendance register) |  |  |  |
| No. of experiments covered so far |  |  |  |
| No. of additional experiments done |  |  |  |

\* Give the details separately for each section

| **Value addition Activity** | | | |
| --- | --- | --- | --- |
| **Aspect** | **Course-I** | **Course-II** | **Course-III** |
| Topics covered beyond the syllabus |  |  |  |
| Innovative teaching methodology used |  |  |  |
| No. of Remedial Classes taken |  |  |  |
| Topics covered in Remedial Classes |  |  |  |
| No. of Tutorial Classes taken |  |  |  |
| Topics covered in Tutorial Classes |  |  |  |
| No. of lecture videos made |  |  |  |

**Details of Pass percentage of the subjects handled:**

**(if results are announced in this month)**

| **Aspect** | **Course-I** | **Course-II** |
| --- | --- | --- |
| Name of the Subject handled in the previous Semester |  |  |
| Total No. of students appeared for exam |  |  |
| No. of students cleared the subject |  |  |
| Pass % |  |  |

**Details of Certification Courses/FDPs/STTPS/Workshops/Conferences/ Faculty Exchange/Journal Publications/Patents/Consultancy …etc if any**

|  |
| --- |

\*attach xerox copies of certificates of all the activities attended

**Counseling activity:**

(Minimum one time interaction with student and parent is mandatory)

| No. of students allotted for Counseling activity (Year, Semester, Branch, Section & No. of students) |  |
| --- | --- |
| List of students got less than 75% of attendance  (Give the list of students along with their attendance) |  |
| List of students who have got less than 65% of attendance  (Give the list of students along with their attendance) |  |
| List of not interacted students and reason |  |
| List of not interacted parents and reason |  |

\* attach the counseling activity report from ECAP

**Any other works or activities carried out during the month:**

|  |
| --- |

\*attach feedback form to this monthly report

**Signature of the faculty member**