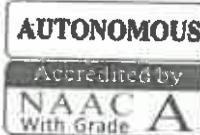


**2022-2023**



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22-23  
I - ①

**ACADEMIC AUDIT FINDING REPORT**

Date : 07-11-2022

Dept of audit: <u>Civil Engineering</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Faculty Published the papers of Main Projects of Final year students A.Y (22-23, II sem).</u>	
<u>Sample 1:</u> N.V. Subba Rao - Planning & designing environmentally Sustainable College Campus of DVR & Dr. HS MIC College of Technology. <u>Sample 2:</u> K. Prasad - Study on Manufacturing of Bricks by using Minerals Admixtures in Alternate solution.	
Name of the auditor: <u>B. Triveni</u>	Signature of the auditor <u>B. Triveni</u>
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee <u>K. Prasad</u>
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: <u>B. Triveni</u>	Date: <u>07-11-2022</u>
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: <u>B. Triveni</u>	Date: <u>07-11-2022</u>

CC: Auditor, Auditee

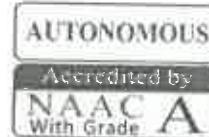
HOD/Date

KY  
Principal/Date



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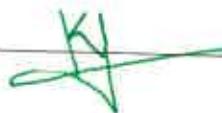
2 - 0

**ACADEMIC AUDIT FINDING REPORT**

Date : 07-11-2022

Dept of audit: Civil Engineering.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit:  After completion of lab intervals Dept reports lab wise performance of individual students with all the details <u>Sample 1:</u> R. HanumanSai (20H71A0106) : 10/15 (GT lab), <u>sample 2:</u> G. Narendra (22H71A0101) : 12/15 (CAD lab), <u>Sample 3:</u> B. Gopikrishna (19H71A0101) : 24/24 12/15 (ETABS lab)	
Name of the auditor: B. Triveni	Signature of the auditor 
Name of the auditee: K. Prasad.	Signature of the auditee 
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: 	Date: 07-11-2022
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: 	Date: 

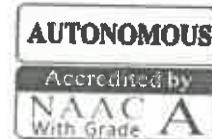
CC: Auditor, Auditee

 HOD/Date Principal/Date



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2 - 3

**ACADEMIC AUDIT FINDING REPORT**

Date : 07-11-2022

Dept of audit: <u>Civil Engineering</u>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit <u>Student Mentoring Books observed in the respective Department in 22-23 A.Y Sem 2.</u>	
<u>Sample 1:</u> 21H71H0103 : S. Danish, Attendance : (85% in 2sem)	
<u>Sample 2:</u> 22H75A0116 : V. Yawantik, Attendance : (75% in 2sem)	
Name of the auditor: <u>B. Triveni</u>	Signature of the auditor <u>B. Triveni</u>
Name of the auditee: <u>K. Praead.</u>	Signature of the auditee <u>K. Praead.</u>
Root cause for Non-Conformance – if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>B. Triveni</u>	Date: <u>07-11-2022</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit: <u>—</u>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <u>B. Triveni</u>	Date: <u>07-11-2022</u>

CC: Auditor, Auditee

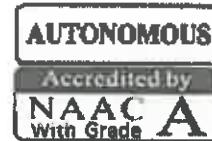
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HOD/Date

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Principal/Date



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L-4

**ACADEMIC AUDIT FINDING REPORT**

Date : 07-11-2022

Dept of audit: <u>Civil Engineering</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit:  <u>Internal Marks are Uploaded to Moodle for 22-23 A.Y. Sem-2.</u> <u>Sample 1: II/IV : 19H7IA0108 : 22/30 - WRE-II</u> <u>Sample 2: II/IV : 20H7IA0102 : 12/30 - DDCS</u> <u>Sample 3: II/IV : 21H7IA0106 : 17/30 - CT.</u>	
Name of the auditor: <u>B-Triveni</u>	Signature of the auditor <u>B.Triveni</u>
Name of the auditee: <u>K. Praaad</u>	Signature of the auditee <u>K.Praaad</u>
Root cause for Non-Conformance – if observed : -	
Corrective Action: -	
Signature of Auditee: <u>B</u>	Date: <u>07-11-2022</u>
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: <u>B.Triveni</u>	Date: <u>07-11-2022</u>

CC: Auditor, Auditee

07/11  
HOD/Date

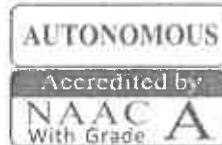
KY  
Principal/Date



22-23  
① Original

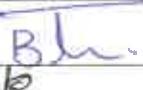
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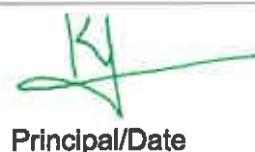
**ACADEMIC AUDIT FINDING REPORT**

Date : 07-11-2022

Dept of audit: <b>Civil Engineering.</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  Checked Syllabus coverage Monitoring Semester Wise Verified staff Attendance Registers	
Name of the auditor: <b>B. Triveni</b>	Signature of the auditor 
Name of the auditee: <b>K. Prasad</b>	Signature of the auditee 
Route cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: 	Date: 07-11-2022
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: 	Date: 07-11-2022

CC: Auditor, Auditee

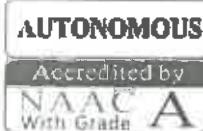
  
HOD/Date

  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 7-11-2022

Dept of audit: <b>EEE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<i>Class time-tables and individual faculty time-tables are unified - No deviations observed</i>	
Name of the auditor: <b>Mr A Nagi Pawm Kumar</b>	Signature of the auditor
Name of the auditee: <b>Mr AV Kavi Kumar</b>	Signature of the auditee
Root cause for Non-Conformance – if observed :	
Corrective Action:    	
Signature of Auditee:	Date: <b>2/11/2022</b>
Probable date of completion of work:    	
Date of follow-up audit:    	
Effectiveness of Corrective action verified (Report references):    	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>2/11/2022</b>

**CC: Auditor, Auditee**

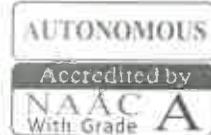
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ACADEMIC AUDIT FINDING REPORT

Date : 7-11-2022

Dept of audit: EEE

Category: Major  Minor

Description of audit:

Unified Shifting Industrial Visit and other related documents

Name of the auditor: Mr. A Naga PANAN Kumar Signature of the auditor

Name of the auditee: Mr. AVRAVI Kumar Signature of the auditee

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: 7/11/2022

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 7/11/2022

CC: Auditor, Auditee

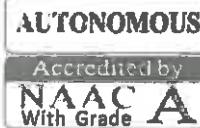
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KJ  
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**ACADEMIC AUDIT FINDING REPORT**

Date: 7/11/2022

Dept of audit: **EEE**

Category: Major  Minor

Description of audit:

Unified Lab maintenance records and  
other related documents

Name of the auditor: **Mr A Naga Pawan Tiwari**

Signature of the auditor

Name of the auditee: **Mr A V Ravit Kumar**

Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: 8/11/2022

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date:

CC: Auditor, Auditee

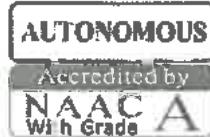
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**ACADEMIC AUDIT FINDING REPORT**

Date : 7.11.2022

Dept of audit: **EEE**

Category: Major  Minor

Description of audit:

1. checked Alumni Registration forms
2. checked feedback forms for Employers and other related documents

Name of the auditor: **Mr. A Nagi Ravu Kumar**

Signature of the auditor

Name of the auditee: **Mr AV Ravu Kumar**

Signature of the auditee

Root cause for Non-Conformance – if observed: **Maintain Alumni data**

Corrective Action:

Signature of Auditee: **Lakshmi**

Date: **09-11-2022**

Probable date of completion of work: **09-11-2022**

Date of follow-up audit: **09-11-2022**

Effectiveness of Corrective action verified (Report references): **Updated Alumni data**

Result of follow-up audit: **Completed**

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date:

**09-11-2022**

CC: Auditor, Auditee

**AV Ravu Kumar 09-11-2022**

HOD/Date

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22-23

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**ACADEMIC AUDIT FINDING REPORT**

Date: 07/11/22

Dept of audit: Mechanical	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: Department Monitors subject wise syllabus Allocated to the Faculty for smooth running of I Sem . After that basing on the syllabus coverage corrective actions planned	
Name of the auditor: Dr. V.S. Lakshmi	Signature of the auditor 
Name of the auditee: Mr. A. Naga Panam Kumar	Signature of the auditee 
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: 	Date: 07/11/22
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: 	Date: 07/11/22

CC: Auditor, Auditee

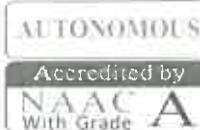
  
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Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 07/11/22

Dept of audit: Mechanical

Category: Major  Minor

Description of audit:

Basing on JNTUK curriculum department receives faculty requisition from other departments for interdepartment subjects for smooth running of 22-23 (I SEM)

Name of the auditor: Dr. V. Sri Lakshmi

Signature of the auditor

Name of the auditee: Ms. A. Naga Pavani Kumar

Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: 07/11/22

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 07/11/22

CC: Auditor, Auditee

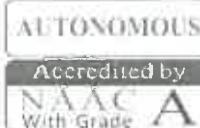
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ACADEMIC AUDIT FINDING REPORT

Date: 07/11/22

Dept of audit: Mechanical

Category: Major  Minor

Description of audit:

Department Evaluates and analyse Subject wise marks achieved by the students in MID-I and MID-II of (22-23) I SEM details.

Name of the auditor: Dr. V. Sri Lakshmi

Signature of the auditor

Name of the auditee: Mr. A. Nagapavan Kumar

Signature of the auditee

Root cause for Non-Conformance – If observed :

Corrective Action:

Signature of Auditee:

Date: 07/11/22

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 07/11/22

CC: Auditor, Auditee

HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date : 07/11/22

Dept of audit: Mechanical

Category: Major  Minor

Description of audit:

After completion of lab internals dept reports lab wise performance of individual students with all the details

Name of the auditor: Dr. V. Srilakshmi

Signature of the auditor

Name of the auditee: Mr. A. Naga Pavani Kumar

Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: 07/11/22

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 07/11/22

CC: Auditor, Auditee

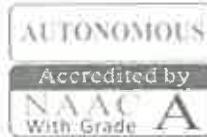
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ACADEMIC AUDIT FINDING REPORT

Date: 07/11/22

Dept of audit: Mechanical	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: checked student Result Analysis Department wise. checked students details Register	
Name of the auditor: DR. V. Srilekshmi	Signature of the auditor
Name of the auditee: MR. A. Naga Davan Kumar	Signature of the auditee
Root cause for Non-Conformance – if observed:	
Corrective Action:	
Signature of Auditee:	Date: 07/11/22
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 07/11/22

CC: Auditor, Auditee

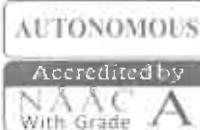
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E-mail: office@miccolg.ac.in, wctsic, www.miccon.edu.in



ACADEMIC AUDIT FINDING REPORT

Date: 07/11/22

Dept of audit: Mechanical

Category: Major  Minor

Description of audit:

verified Faculty R&D Register.

Name of the auditor: Dr. V. Sri Lakshmi

Signature of the auditor:

Name of the auditee: Mrs. A. Naga Pavani Kumar

Signature of the auditee:

Root cause for Non-Conformance – If observed:

update R&D Register.

Corrective Action:

Signature of Auditee:

Date: 07/11/22

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

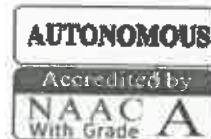
Date: 07/11/22

CC: Auditor, Auditee



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22-23  
3sem

**ACADEMIC AUDIT FINDING REPORT**

Date : 07/11/2022

Dept of audit: <u>E.C.E.</u>	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <u>Based on Curriculum department review syllabus delivered once in a fortnight with all details in EEE (2022-2023)</u> <u>sampled: Ch. Lakshmane - 3210 - SS</u> <u>sampled: Mr. M. Anil Kumar - ECA - 499.</u>	
Name of the auditor: <u>RMSB Prasad</u>	Signature of the auditor <u>RSB</u>
Name of the auditee: <u>Dr. B. Pragathi.</u>	Signature of the auditee <u>BP</u>
Root cause for Non-Conformance – if observed : — —	
Corrective Action: — —	
Signature of Auditee: <u>BP</u>	Date:
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit: — —	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <u>BSP</u>	Date: <u>07/11/2022</u>

CC: Auditor, Auditee

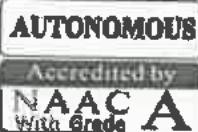
Ch. Prabhakar  
HOD/Date

KJ  
Principal/Date



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E-mail: office@mictech.ac.in, Website: www.mictech.edu.in



**ACADEMIC AUDIT FINDING REPORT**

Date : 7/11/2022

Dept of audit: <b>ECB</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  1. checked maintenance & stock registers 2. Academic Book statement.	
Name of the auditor: <b>Mr. S.B.C. Prasad</b>	Signature of the auditor
Name of the auditee: <b>Dr. B. Pragathi</b>	Signature of the auditee
Root cause for Non-Conformance – if observed : <b>N/</b>	
Corrective Action: <b>N/</b>	
Signature of Auditee:	Date: <b>7/11/2022</b>
Probable date of completion of work:	
Date of follow-up audit: <b>—</b>	
Effectiveness of Corrective action verified (Report references): <b>—</b>	
Result of follow-up audit: <b>—</b>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>7/11/2022</b>

CC: Auditor, Auditee

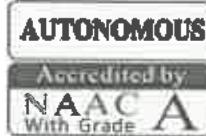
HOD/Date  
**7/11/22**

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ACADEMIC AUDIT FINDING REPORT

Date : 07/11/2022

Dept of audit:	E.C.E	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	Workshops attended by students II Year ECE all sections has been attended. Sample:- A 3-day National level workshop on IoT Applications with latest boards.	
Date of event — From 17/10/2022 to 19/10/2022		
Name of the auditor:	Mr. S.B.C. Prasad	Signature of the auditor
Name of the auditee:	Dr. B. Pragathi.	Signature of the auditee
Root cause for Non-Conformance – if observed : — —		
Corrective Action: — —		
Signature of Auditee:		Date:
Probable date of completion of work:		
Date of follow-up audit: — —		
Effectiveness of Corrective action verified (Report references): — —		
Result of follow-up audit: — —		
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>	
Signature of the Auditor:		Date: 07/11/2022

CC: Auditor, Auditee

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**ACADEMIC AUDIT FINDING REPORT**

Date : 07/11/2022

Dept of audit: E.C.E.	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <p>placement analysis for the Academic Year 2022-23 and 2021-22 till date has been Recorded. Sample1 : 2021-22 - Registered - 163, Placed - 120 Sample2 : 2022-23 - Registered - 140, Placed - 80.</p>	
Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor:
Name of the auditee: Dr. B. Pragathi	Signature of the auditee:
Root cause for Non-Conformance – if observed: — —	
Corrective Action: — —	
Signature of Auditee:	Date:
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit: — —	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 07/11/2022

CC: Auditor, Auditee

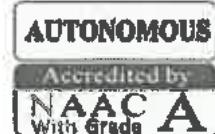
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**ACADEMIC AUDIT FINDING REPORT**

Date : 07/11/2022

Dept of audit: <u>E.C.E.</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit:	
<u>Alumni Survey Verified in ECE department during the academic Year 2022-23.</u> <u>Sample:1 - G. pusphalekha - She is working in HCL taken feed back on 01/11/2022</u> <u>Sample:2 - M.vamsi - He is working in 'COLRUT' - taken feed back on 29/10/22</u>	
Name of the auditor: <u>Mr. S.B.C prasad</u>	Signature of the auditor <u>SSJ</u>
Name of the auditee: <u>Dr. B. pragathi.</u>	Signature of the auditee <u>JTP</u>
Root cause for Non-Conformance – if observed: — —	
Corrective Action: — —	
Signature of Auditee: <u>JTP</u>	Date: _____
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit: — —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: <u>SSJ</u>	Date: <u>07/11/2022</u>

CC: Auditor, Auditee

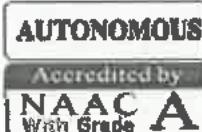
Ch. Palle  
HOD/Date

KJ  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 07/11/2022

Dept of audit	E.C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <p>Verified attendance and internal marks of students -&gt; 21H7IA0421: Keerya Sri G. attendance - 90% sample 1 : ECA Lab: Got 15/15 marks sample 2 : 21H7IA0428: Milchila Reddy attendance - 87% sample 3 : DS Lab: Got 12/15 marks</p>		
Name of the auditor:	Mr. S.B.C Prasad	Signature of the auditor
Name of the auditee:	Dr. B. pragathi.	Signature of the auditee
Root cause for Non-Conformance – if observed : — —		
Corrective Action: — —		
Signature of Auditee:	Date:	
Probable date of completion of work: — —		
Date of follow-up audit: — —		
Effectiveness of Corrective action verified (Report references): — —		
<hr/>		
Result of follow-up audit: — —		
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 07/11/2022	

CC: Auditor, Auditee

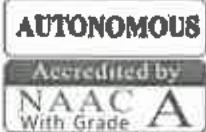
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**ACADEMIC AUDIT FINDING REPORT**

Date : 7-11-2022

Dept of audit: <u>admin</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
<b>Description of audit:</b>  <u>INTUK affiliated Reports are updated.</u> <u>Cash Receipts are verified.</u> <u>Furniture stock Register is verified</u>	
Name of the auditor: <u>V. Srivakshmi</u>	Signature of the auditor <u>V. S. M.</u>
Name of the auditee: <u>A. Babaji</u>	Signature of the auditee <u>A. B. KM.</u>
<b>Root cause for Non-Conformance – if observed :</b> —	
<b>Corrective Action:</b> —	
Signature of Auditee: —	Date: —
<b>Probable date of completion of work:</b> —	
<b>Date of follow-up audit:</b> —	
<b>Effectiveness of Corrective action verified (Report references):</b> —	
<hr/> <b>Result of follow-up audit:</b> —	
<b>Status of audit:</b> Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>7-11-2022</u>

**CC: Auditor, Auditee**

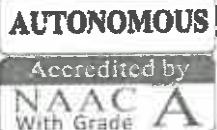
A. B. KM.  
HOD/Date 7/11/2022

KJ  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 07/11/2022

Dept of audit: <b>Library</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Updated stock of Journals with all the details evident in magazine journal register.	
<u>Sample 1</u> : TIME magazine <u>Sample 2</u> : Science Reporter <u>Sample 3</u> : Electrical India	
Name of the auditor: <b>Mr S.B.C Prasad.</b>	Signature of the auditor
Name of the auditee: <b>Mrs. B.Mandira</b>	Signature of the auditee
Root cause for Non-Conformance – If observed : _____	
Corrective Action: _____	
Signature of Auditee: _____	Date: _____
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit: _____	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>07/11/2022</b>

**CC: Auditor, Auditee**

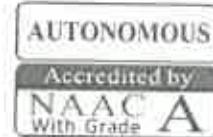
Date 28/11/22

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 8-11-2022

Dept of audit: CSE

Category: Major O Minor O

Description of audit:

Verifying FDPs attended by the faculty  
Paper publications of the faculty

Name of the auditor: Dr. Pragathi	Signature of the auditor:
Name of the auditee: Dr. V. Srilakshmi	Signature of the auditee:

Root cause for Non-Conformance – if observed : -

Corrective Action: -

Signature of Auditee: Date: 8-11-2022

Probable date of completion of work:

Date of follow-up audit: -

Effectiveness of Corrective action verified (Report references): -

Result of follow-up audit : -

Status of audit: Closed

Not Closed:

Signature of the Auditor: Date: 8-11-2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 8-11-2022

Dept of audit: CSE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <i>Subject allotment to the faculty Workload of the faculty</i>	
Name of the auditor: Dr. Pragathi	Signature of the auditor:
Name of the auditee: Dr. V. Srilekshmi	Signature of the auditee:
Root cause for Non-Conformance – if observed: -	
Corrective Action: -	
Signature of Auditee:	Date: 8-11-2022
Probable date of completion of work:	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 8-11-2022

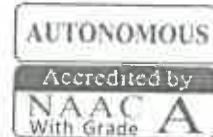
CC: Auditor, Auditee

  
HOD/Date  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 8-11-22

Dept of audit: CSE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <i>Verification of lab records, stock registers, laboratory details</i>	
Name of the auditor: Dr. Pragathi	Signature of the auditor <i>Pragathi</i>
Name of the auditee: Dr. V. Srilakshmi	Signature of the auditee <i>V. Srilakshmi</i>
Root cause for Non-Conformance – if observed : -	
Corrective Action: -	
Signature of Auditee: <i>V. Srilakshmi</i>	Date: 8-11-2022
Probable date of completion of work:	
Date of follow-up audit :-	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <i>PV</i>	Date: 8-11-2022

CC: Auditor, Auditee

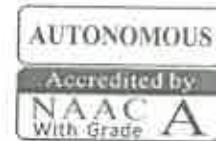
*D. Pragathi*  
HOD/Date

*KJ*  
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 8-11-2022

Dept of audit: CSE	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit:  <i>Verification of Student Attendance details Syllabus coverage</i>	
Name of the auditor: Dr. Pragathi	Signature of the auditor:
Name of the auditee: Dr. V. Srilakshmi	Signature of the auditee:
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 8-11-2022
Probable date of completion of work:	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 8-11-2022

CC: Auditor, Auditee

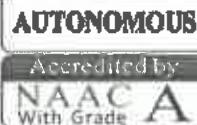
HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date : 8-11-2022

Dept of audit: CSE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>checked staff Attendance Register Syllabus Coverage Monitoring</p>	
Name of the auditor: Dr. Pragathi	Signature of the auditor
Name of the auditee: Dr. V. Srilakshmi	Signature of the auditee
Root cause for Non-Conformance – if observed: Update staff attendance register	
Corrective Action: —	
Signature of Auditee:	Date: 8-11-2022
Probable date of completion of work: 10-11-22	
Date of follow-up audit: 10-11-22	
Effectiveness of Corrective action verified (Report references): completed	
Result of follow-up audit: completed	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 10-11-22

CC: Auditor, Auditee

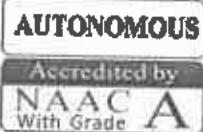
HOD/Date 10/11/2022

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT 22-23**

Date : 8/11/2022

Dept of audit <u>13ED</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit:	
<u>Lab Equipments / Systems in coming inspection</u> <u>Cross stock register is verified and</u> <u>found good.</u>	
Name of the auditor: <u>K. Prasad</u>	Signature of the auditor <u>[Signature]</u>
Name of the auditee: <u>SBC prasad</u>	Signature of the auditee <u>[Signature]</u>
Root cause for Non-Conformance – if observed: <u>Nil</u>	
Corrective Action: <u>Nil</u>	
Signature of Auditee: <u> </u>	Date: <u>8/11/22</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):  _____	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: <u>b3</u>	Date: <u>8/11/22</u>

CC: Auditor, Auditee

HOD/Date

gvc

KJ  
Principal/Date



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ACADEMIC AUDIT FINDING REPORT 22-23

Date : 8/11/2022

Dept of audit: <b>BED</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

- 1. Verified Student Counseling File
- 2. Verified the records of Student Extra-curricular activities
- 3. Verified Student Feed back analysis lab/cls

Name of the auditor: <b>K. Prasad</b>	Signature of the auditor
Name of the auditee: <b>SBC prasad</b>	Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee:	Date: <b>8/11/22</b>
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Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit Closed  Not Closed:

Signature of the Auditor:	Date: <b>8/11/22</b>
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CC: Auditor, Auditee

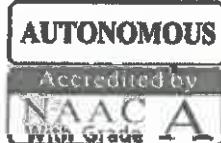
HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT 22-23**

Date : 8/11/2022

Dept of audit: <u>BBD</u>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit:	
<ul style="list-style-type: none"> <li>✓ Verified Students nominal roll list</li> <li>* " Students Address</li> <li>* " reports to parents/Attendance, Marks</li> </ul>	
Name of the auditor: <u>K. prasay</u>	Signature of the auditor <u>KP</u>
Name of the auditee: <u>SBC prasad.</u>	Signature of the auditee <u>SSP</u>
Root cause for Non-Conformance – if observed : →	
Corrective Action:	
Signature of Auditee:	Date: <u>8/11/22</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <u>KP</u>	Date: <u>8/11/22</u>

CC: Auditor, Auditee

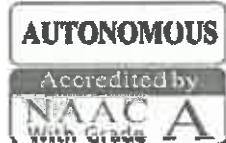
HOD/Date anil vlc

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ACADEMIC AUDIT FINDING REPORT 22-23

Date : ....8/11/2022

Dept of audit: <b>BBD</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

1. Verified Semesterwise condonation list & deferred list maintained by the Department.
2. Verified Exam result analysis (Sem / dept wise)

Name of the auditor: <b>K.P.C Prasad</b>	Signature of the auditor
Name of the auditee: <b>SBC prasad</b>	Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee:	Date: <b>8/11/22</b>
-----------------------	----------------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:	Date: <b>8/11/22</b>
---------------------------	----------------------

CC: Auditor, Auditee

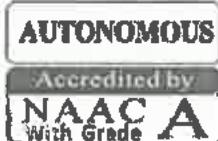
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**ACADEMIC AUDIT FINDING REPORT 22-23**

Date : 8/11/2022

Dept of audit: <b>BED</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<ol style="list-style-type: none"> <li>1. Verified Consolidated Academic performance report.</li> <li>2. verified Departmental internal notice about Guest lectures/workshop/Seminar for students</li> <li>3. Verified the Students attitude for the above.</li> </ol>	
Name of the auditor: <b>K. Prayag</b>	Signature of the auditor
Name of the auditee: <b>SBC Prasad</b>	Signature of the auditee
Root cause for Non-Conformance – if observed : _____	
Corrective Action:	
Signature of Auditee:	Date: 8/11/22
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):  _____	
Result of follow-up audit :	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 8/11/22

CC: Auditor, Auditee

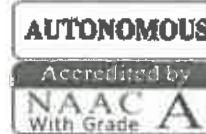
HOD/Date

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**ACADEMIC AUDIT FINDING REPORT**

Date : 8/11/2022

Dept of audit:	<u>AI &amp; IT</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit:		
<p><u>Before commencement of class work, department proposed Master time table for A.Y 2022-23/ I sem reported in AI&amp;IT - FOIB</u></p> <p><u>sample-I Thu - 5<sup>th</sup> hour - NVML - II IT</u></p> <p><u>sample-II Sat - 7<sup>th</sup> hour - STM - II IT</u></p>		
Name of the auditor:	<u>A.V. Ravi Kumar</u>	
Name of the auditee:	<u>B. Triveni</u>	
Signature of the auditor: <u>Ravi Kumar</u>		
Signature of the auditee: <u>B. Triveni</u>		
Root cause for Non-Conformance – if observed : —		
Corrective Action: —		
Signature of Auditee: —	Date: —	
Probable date of completion of work: —		
Date of follow-up audit: —		
Effectiveness of Corrective action verified (Report references): —		
Result of follow-up audit : —		
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>	
Signature of the Auditor:	<u>8/11/2022</u>	

CC: Auditor, Auditee

HOD/Date

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**ACADEMIC AUDIT FINDING REPORT**

Date : 8/11/2022

Dept of audit: <u>AI&amp;IT</u>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit:  <u>As per the department planning for every font-right syllabus coverage (class delivery - Review) repeated in AI&amp;IT</u> <u>- F008</u> <u>Sample-I : Name Mr. Aravinda Raju - 50% upto now</u> <u>sample-II : as Mrs. B. Triveni - 48% upto now</u>	
Name of the auditor: <u>A. V. Rani Kumar</u>	Signature of the auditor <u>Rani Kumar</u>
Name of the auditee: <u>B. Triveni</u>	Signature of the auditee <u>B. Triveni</u>
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: —	Date:
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <u>8/11/2022</u>

CC: Auditor, Auditee

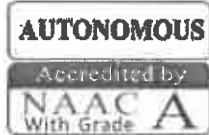
HOD/Date b

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**ACADEMIC AUDIT FINDING REPORT**

Date : 8/11/2022

①

Dept of audit: AI & IT	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit:	
<p>1. Verified Internal examinational file Data and Evaluation script.</p>	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: B. Triveni	Signature of the auditee
Route cause for Non-Conformance – if observed : NIL	
Corrective Action: NIL	
Signature of Auditee:	Date: 8-11-2022
Probable date of completion of work:	—
Date of follow-up audit:	—
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 8-11-2022

CC: Auditor, Auditee

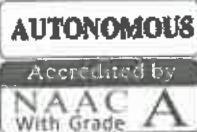
HOD/Date 8/11/22

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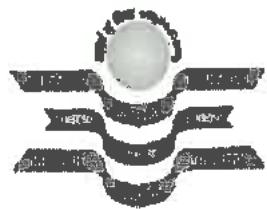
**ACADEMIC AUDIT FINDING REPORT**

Date : 8/11/2020

Dept of audit:	Category: Major O Minor O
AI & IT	
Description of audit:  Faculty subject allocation & other responsibilities for the A.Y 2022-23, II sem, reported in FOOS	
<u>sample-I:</u> Mrs. R. Vidya -      CC (II, 2T) DS (I-AID) BDA (II, IT) Hadoop lab DS (I-AID) <u>sample-II:</u> Mrs. S. Mounika -      DS (I MCA), CC (II-IT) DS (II 2T), CC (II IT)	
Name of the auditor:	Signature of the auditor
A.U. Ravi Kumar	
Name of the auditee:	Signature of the auditee
B. Triveni	
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date:
Probable date of completion of work:	—
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 8/11/2020

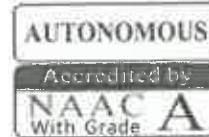
CC: Auditor, Auditee  
  
 HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 8/11/2022

Dept of audit:	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
AI & IT	
Description of audit:  Based on NIC 20 Regulation the major projects allocation to the faculty for the A-Y :2022-23 reported in AI&IT - FOB2	
<u>Sample-1</u> Batch ② - Savya J Venkata Krishna S } Dhani Sudhakar K } Ravi B } Krishna Sai M } K. Maheshthi	
Name of the auditor:	Signature of the auditor
A.V. Ravi Kumar	
Name of the auditee:	Signature of the auditee
B. Triveni	
Root cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee:	Date:
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date:
8/11/2022	

CC: Auditor, Auditee

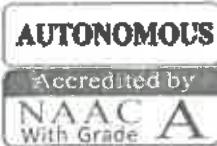
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ACADEMIC AUDIT FINDING REPORT

Date: 08-11-2022

Dept of audit: Exam cell	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

D-Form Report

Sample 1: B.Tech II sem - Transform Tech - 10-08-2022.

sample 2: B.Tech I sem - Linear Algebra - 23-08-2022

Sample 3: MCA II sem - operating systems - 09-09-2022

Name of the auditor: Dr. B. pragathi	Signature of the auditor
Name of the auditee: M. sunil Kumar	Signature of the auditee

Root cause for Non-Conformance – if observed : NIL

Corrective Action: —

Signature of Auditee:	Date:
-----------------------	-------

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit :	
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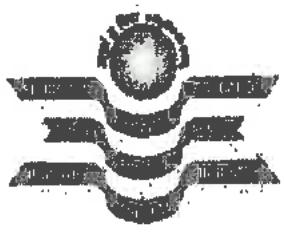
Status of audit: Closed  Not Closed:

Signature of the Auditor:	Date: 08-11-2022
---------------------------	------------------

CC: Auditor, Auditee

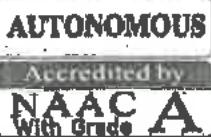
HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 8/11/2022

Dept of audit: Exam cell	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Internal marks register	
Sample 1: B.Tech Isem - Aug 22 - ECE -	
Sample 2: B.Tech Isem Aug 22 - CSE -	
Sample 3: MCA Isem Sep - 22	
Name of the auditor: Dr. B. pragathi	Signature of the auditor
Name of the auditee: Mr. M. Sunil Kumar	Signature of the auditee
Root cause for Non-Conformance – if observed: — (NIL)	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor	Date: 8/11/2022

CC Auditor, Auditee

HOD/Date

Principal/Date



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## **ACADEMIC AUDIT FINDING REPORT**

Date : 8/11/2022

## **CC: Auditor, Auditee**

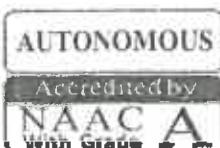
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**ACADEMIC AUDIT FINDING REPORT**

Date: 8/11/21

Dept of audit: Exam cell	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit: Exam Notice file

Sample1:- B.Tech II sem - Aug-22 - Exam Notifications  
 13-07-2021

Sample2: MCA II Sem - Sep-22 - Exam Notifications

Name of the auditor: Dr. B pragathis	Signature of the auditor:
Name of the auditee: Mr. M.suni lkumar	Signature of the auditee:

Root cause for Non-Conformance – If observed: —

Corrective Action: —

Signature of Auditee:	Date: 8/11/21
-----------------------	---------------

Probable date of completion of work:

Date of follow-up audit: 8/11/21

Effectiveness of Corrective action verified (Report references): 8/11/21

Result of follow-up audit: 8/11/21	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 8/11/21

CC: Auditor, Auditee

HOD/Date

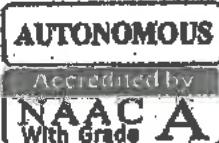
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**ACADEMIC AUDIT FINDING REPORT**

Date : 8/11/22

Dept of audit: Exam cell	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: provision of certificates	
Sample 1: 18H71A0417 - P. Hemanta Reja - BCB - <del>4/11/22</del>	
Sample 2: 18H71A0529 - Narendra R. - CSE	
Name of the auditor: Dr. B. Jagat Singh	Signature of the auditor
Name of the auditee: Mr. M. Sunil Kumar	Signature of the auditee  8/11/22
Root cause for Non-Conformance – if observed : - - - - -	
Corrective Action: - - - - -	
Signature of Auditee:	Date: 8/11/22
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):  -----	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date:

CC: Auditor, Auditee

HOD/Date

Principal Date



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**ACADEMIC AUDIT FINDING REPORT**

Date: 8/11/2022

Dept of audit: <b>IT QP</b>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <b>Verified and checked record of career counseling and skills training - Students.</b>	
Name of the auditor: <b>A. Naga Ravikumar</b>	Signature of the auditor
Name of the auditee: <b>K. Prasad</b>	Signature of the auditee
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 8/11/2022
Probable date of completion of work:	9/11/2022
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): <hr/>	
Result of follow-up audit : <b>10/11/2022</b>	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 8/11/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 8/11/2022

Dept of audit:	T q P	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit:	Verified Record of competence of staff in placement and Training.	
Name of the auditor:	A. Nagalavan Kumar	Signature of the auditor
Name of the auditee:	K. Prasad	Signature of the auditee
Route cause for Non-Conformance – if observed :		
Corrective Action:		
Signature of Auditee:	Date: 8/11/2022	
Probable date of completion of work:	—	
Date of follow-up audit:	—	
Effectiveness of Corrective action verified (Report references):		
Result of follow-up audit: ✓ —		
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 8/11/2022	

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 8/11/2022

Dept of audit: T Q P.	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Verified and checked Internal audit finding report/ non-conformance report.	
Name of the auditor:	Signature of the auditor
Name of the auditee:	Signature of the auditee
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 8/11/2022
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 8/11/2022

CC: Auditor, Auditee

HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date: 8/11/2022

Dept of audit: TQP	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Verified Aptitude test conducted - students.	
Name of the auditor: A. Naga Pavankumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance – If observed :	
Corrective Action:	
Signature of Auditee:	Date: 8/11/2022
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 8/11/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 8/11/2022

Dept of audit: <u>Ty P</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <u>Verified and checked performance, placement and higher studies.</u>	
Name of the auditor:	Signature of the auditor 
Name of the auditee:	Signature of the auditee 
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: <u>8/11/2022</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): <hr/>	
Result of follow-up audit : <u>_____</u>	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: 	Date: <u>8/11/2022</u>

CC: Auditor, Auditee

 HOD/Date

 Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar  
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ACADEMIC AUDIT FINDING REPORT

Date : 8/11/2022

Dept of audit: T & P	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
----------------------	--

Description of audit:

checked placement Registration Forms.  
checked campus placements Registers.

Name of the auditor: A. Nagaparan Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee

Route cause for Non-Conformance – if observed : Need to update placement Register.

Corrective Action:

Signature of Auditee:	Date: 8/11/22
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Probable date of completion of work: 9/11/2022

Date of follow-up audit: 10/11/22

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit: 10/11/22 completed the placement Registers.

Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
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Signature of the Auditor:	Date: 8/11/22
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CC: Auditor, Auditee

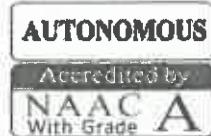
HOD/Date

KJ  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 08-05-2023

Dept of audit: Civil Engineering	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
<p><b>Description of audit:</b> Department takes the feedback from the students once in a semester to measure the deviations if any against cut-off satisfaction level, reported in file.</p> <p><b>Sample : 1</b> [22-23 - 2sem] - SM - <b>VII</b> sem: N. Rohini Devi (86.31%)</p> <p><b>Sample : 2</b> [22-23 - 2sem] - EE - <b>II</b> - <b>VII</b> sem: N.V. Subba Rao (87.24%)</p>	
Name of the auditor: B. Triveni	Signature of the auditor 
Name of the auditee: K. Prasad	Signature of the auditee 
<p><b>Root cause for Non-Conformance – if observed :</b> —</p> <p><b>Corrective Action:</b> —</p>	
<p><b>Signature of Auditee:</b>  <b>Date:</b> 08-05-2023</p> <p><b>Probable date of completion of work:</b> —</p>	
<p><b>Date of follow-up audit:</b> —</p> <p><b>Effectiveness of Corrective action verified (Report references):</b> —</p>	
<p><b>Result of follow-up audit :</b> —</p>	
<p><b>Status of audit:</b> Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/></p>	
<p><b>Signature of the Auditor:</b>  <b>Date:</b> 08-05-2023</p>	

CC: Auditor, Auditee

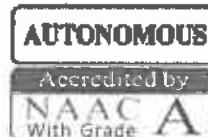
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**ACADEMIC AUDIT FINDING REPORT**

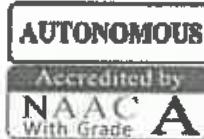
Date : 08-05-2023

Dept of audit	Civil Engineering		Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit Department of Civil Engineering Conducts one week workshop for Students in 22-23 Sem II. Revit Architectural 3D Modeling from 7-11-22 to 17-11-22			
<u>Sample 1:</u> B. Rakesh (21H7540128)			
<u>Sample 2:</u> B. Dewarya (21H7540146)			
Name of the auditor:	B. Triveni	Signature of the auditor	
Name of the auditee:	K. Prasad	Signature of the auditee	
Root cause for Non-Conformance – if observed :			
Corrective Action: —			
Signature of Auditee: <u>B.</u>		Date: 08-05-2023	
Probable date of completion of work: —			
Date of follow-up audit: —			
Effectiveness of Corrective action verified (Report references): —			
Result of follow-up audit: —			
Status of audit: Closed <input checked="" type="checkbox"/>		Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <u>B. Triveni</u>		Date: 08-05-2023	
CC: Auditor, Auditee		HOD/Date <u>B. Triveni</u>	Principal/Date <u>A. S. S. S. S. S.</u>



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(3)

**ACADEMIC AUDIT FINDING REPORT**

Date : 08-05-2023

Dept of audit: <b>Civil Engineering</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<p>Based on curriculum the dept established Master timetable for the smooth running of 22-23 Sem.</p> <p><u>Sample 1</u> : I Year - 3<sup>rd</sup> Sem - Thursday - 1<sup>st</sup> hour - GTE-1 - S.V. Tejaswini.</p> <p><u>Sample 2</u> : II Year 3<sup>rd</sup> Sem - Tuesday - 6<sup>th</sup> hour - TE-1 - N.V. Subba Rao.</p> <p><u>Sample 3</u> : II year - 3<sup>rd</sup> Sem - Saturday - 5<sup>th</sup> hour - Surveying - S. Ashok Kumar.</p>	
Name of the auditor: <b>B. Triveni</b>	Signature of the auditor <b>B. Triveni</b>
Name of the auditee: <b>K. Prasad</b>	Signature of the auditee <b>K. Prasad</b>
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: <b>K. Prasad</b>	Date: 08-05-2023
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <b>B. Triveni</b>	Date: 08-05-2023

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 08-05-2023

Dept of audit: Civil Engineering	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  After identification of slow-learners during the course department plans & conducts makeup classes and the details were properly reported.	
Name of the auditor: B-Triveni	Signature of the auditor
Name of the auditee: K.Prasad.	Signature of the auditee
Root cause for Non-Conformance – if observed : _____	
Corrective Action: _____	
Signature of Auditee: <u>B</u>	Date: 08-05-2023
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit: _____	
Status of audit Closed: <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <u>B Triveni</u>	Date: 08-05-2023

CC: Auditor, Auditee

✓ 8/5  
HOD/Date

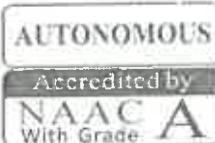
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22.23  
②

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## ACADEMIC AUDIT FINDING REPORT

Date : 08-05-2023

Dept of audit: CE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

checked course files, staff diaries of all the staff Members

Name of the auditor: B. Triveni	Signature of the auditor:
Name of the auditee: K. Prasad	Signature of the auditee:

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: 08-05-2023
-----------------------	------------------

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit : —	
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Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
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Signature of the Auditor:	Date: 08-05-2023
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CC: Auditor, Auditee

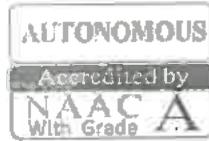
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## ACADEMIC AUDIT FINDING REPORT

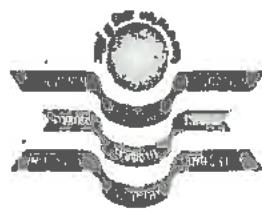
Date: 8-05-2023

Dept of audit: EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: checked staff attendance register	
Name of the auditor: Mr. A Naga Pavan Kumar	Signature of the auditor
Name of the auditee: Mr A V Ravi Kumar	Signature of the auditee
Root cause for Non-Conformance – if observed: Update staff registers	
Corrective Action:	
Signature of Auditee: <i>[Signature]</i>	Date: 9-5-2023
Probable date of completion of work: 9-5-2023	
Date of follow-up audit: 9-5-2023	
Effectiveness of Corrective action verified (Report references): Updated Staff Register	
Result of follow-up audit: Completed	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <i>[Signature]</i>	Date: 9-5-2023

CC: Auditor, Auditee

A.M. 7/1/23  
HOD/Date

*[Signature]*  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 8-05-2023

Dept of audit **EEE**

Category: Major  Minor

Description of audit:

Students Extra curricular Activities file has been  
verified and found satisfactory

Name of the auditor: **Mr A-NAGA RAVI KUMAR** Signature of the auditor

Name of the auditee: **Mr A V RAVI KUMAR** Signature of the auditee

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: 8/5/2023

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 8/5/2023

CC: Auditor, Auditee

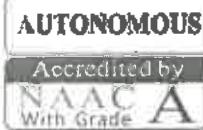
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ACADEMIC AUDIT FINDING REPORT

Date : 8-05-2023

Dept of audit: EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  Verified Internal Examination data and other related documents	
Name of the auditor: Mr A Nage Pavan Kumar	Signature of the auditor
Name of the auditee: Mr A V Ravi Kumar	Signature of the auditee
Root cause for Non-Conformance – if observed: Update Examination file	
Corrective Action:	
Signature of Auditee:	Date: 8/6/2023
Probable date of completion of work: 9/5/2023	
Date of follow-up audit: 9/5/2023	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit: Completed	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 9/6/2023

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date: 8-05-2023

Dept of audit: <b>EEE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <i>Chaired faculty attended FDP's, Seminars and Workshops.</i>	
Name of the auditor: <b>Mr A Nage Pawan Kumar</b>	Signature of the auditor:
Name of the auditee: <b>Mr A V Ravi Kumar</b>	Signature of the auditee:
Root cause for Non-Conformance – if observed: _____	
Corrective Action: _____	
Signature of Auditee:	Date: <b>8/6/2023</b>
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>8/6/2023</b>

CC: Auditor, Auditee

HOD Date

Principal Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 8-05-2023

Dept of audit: **EEE**

Category: Major  Minor

Description of audit:

*Verify Course file of Staff*

Name of the auditor: **Mr A Naga Parves Kumar**

Signature of the auditor

Name of the auditee: **Mr A V Karri Kumar**

Signature of the auditee

Root cause for Non-Conformance – if observed :

*Update course file*

Corrective Action:

Signature of Auditee:

Date:

Probable date of completion of work:

*8/5/2023*

Date of follow-up audit:

*9/5/2023*

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

*Completed*

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date:

*9/5/2023*

CC: Auditor, Auditee

*M.N.*  
HOD/Date

*A.K.*  
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 08/05/23

Dept of audit: Mechanical

Category: Major  Minor

Description of audit:

Department Monitors subject wise syllabus Allocated to the faculty for smooth running of II SEM . After that basing on the Syllabus coverage corrective actions planned

Name of the auditor: Dr. V. Sri (akshmi)

Signature of the auditor

Name of the auditee: Mr. A. Naga Pawan Kumar

Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: 08/05/23

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 08/05/23

CC: Auditor, Auditee

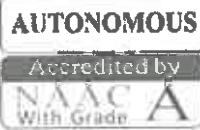
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Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date: 08/05/23

Dept of audit <b>Mechanical</b>	Category: Major <b>00</b> Minor <b>00</b>
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Description of audit:

Basing on Curriculum department receives faculty requisition form from other departments for inter department subjects for smooth running of (22-23) II SEM

Name of the auditor: <b>Dr. V. Srilekshmi</b>	Signature of the auditor
Name of the auditee: <b>Mr. A. Naga Pavan Kumar</b>	Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: <b>08/05/23</b>
-----------------------	-----------------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :	
Status of audit: Closed	Not Closed:
Signature of the Auditor:	Date: <b>08/05/23</b>

CC: Auditor, Auditee

T.O.D Date

Principal/Date



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## ACADEMIC AUDIT FINDING REPORT

Date: 08/05/23

Dept of audit: Mechanical

Category: Major  Minor

Description of audit:

Department Evaluates and analyse subject wise Marks achieved by the students in MID-I and MID-II of (22-23) II SEM details.

Name of the auditor: Dr. V. Srilakshmi

Signature of the auditor

Name of the auditee: Mr. A. Naga Paravam Kumar

Signature of the auditee

Root cause for Non-Conformance – If observed :

Corrective Action:

Signature of Auditee:

Date: 08/05/23

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 08/05/23

CC: Auditor, Auditee

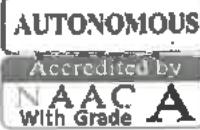
HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date : 08/05/23

Dept of audit: Mechanical

Category: Major  Minor

Description of audit:

After completion of lab internals dept reports lab wise performance of individual students with all the details.

Name of the auditor: Dr. V. Sri Lakshmi

Signature of the auditor:

Name of the auditee: Mr A. Naga Pavan Kumar

Signature of the auditee:

Root cause for Non-Conformance – If observed :

Corrective Action:

Signature of Auditee:

Date: 08/05/23

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 08/05/23

CC: Auditor, Auditee

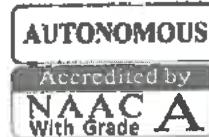
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**ACADEMIC AUDIT FINDING REPORT**

Date : 08/05/23

Dept of audit:	Mechanical	Category: Major 9	Minor 9
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Description of audit:

checked student Result Analysis  
Department wise.

checked student details Register.

Name of the auditor:	Dr. V. Sri Lakshmi	Signature of the auditor	V. Sri Lakshmi
Name of the auditee:	Mr. A. Naga Pavan Kumar	Signature of the auditee	A. Naga Pavan Kumar

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: 08/05/23

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 08/05/23

CC: Auditor, Auditee

HOD/Date

Principal/Date



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22-23  
S1 sem

**ACADEMIC AUDIT FINDING REPORT**

Date : ... 08/05/2023

Dept of audit: E.C.E.	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
<p><b>Description of audit:</b> Based on the MIC-20 curriculum, the department is requesting other departments to allotted faculty for Inter departmental Subjects by sending "faculty requisition form ECE" for smooth running of 22-23 A.Y.</p> <p>Sample ILL COI - Dr. Urmila (DMs) MEPA - Dr. Urmila (DMs) DM - CM. Vijay Kumar (DMs)</p>	
Name of the auditor: M.T. S.B. C. Prasad	Signature of the auditor
Name of the auditee: Dr. B. Priyagathi.	Signature of the auditee
<p><b>Root cause for Non-Conformance – if observed :</b> — —</p> <p><b>Corrective Action:</b> — —</p>	
Signature of Auditee:	Date: _____
<p><b>Probable date of completion of work:</b> — —</p> <p><b>Date of follow-up audit</b> — —</p>	
<p><b>Effectiveness of Corrective action verified (Report references):</b> — —</p>	
<p><b>Result of follow-up audit:</b> — —</p>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 08/05/2023

CC: Auditor, Auditee

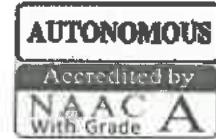
HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 8/05/2023

Dept of audit <b>ECE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>1. checked the registers of Seminars attended by the Staff 2. checked the Job equipment and registers</p>	
Name of the auditor: <b>Mr. S.B.C Prasad</b>	Signature of the auditor
Name of the auditee: <b>Dr. B. Pragathi</b>	Signature of the auditee
Root cause for Non-Conformance – if observed : <b>update job equipment registers</b>	
Corrective Action:	
Signature of Auditee:	Date: <b>10/05/2023</b>
Probable date of completion of work: <b>9/05/23</b>	
Date of follow-up audit: <b>10/05/2023</b>	
Effectiveness of Corrective action verified (Report references): <b>updated</b>	
Result of follow-up audit: <b>completed</b>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>8/05/2023</b>

CC: Auditor, Auditee

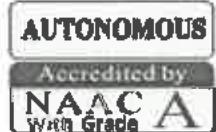
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**8/5/23**

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ACADEMIC AUDIT FINDING REPORT

Date : 08/05/2023

Dept of audit: E.C.E.	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: The workload of the faculty is being maintained in ECE for SEM-I (2022-2023) & II Sem.	
Sample-1 B.R.K Singh - 30	B.R.K Singh - 30
Sample-2 K. manasalakshmi - 24	K. manasalakshmi - 30
Sample-3 Dr. Ch. pullarao - 24	Dr. B. pragathi - 26
Name of the auditor: Mr. S.B.C Prasad.	Signature of the auditor:
Name of the auditee: Dr. B. pragathi.	Signature of the auditee:
Root cause for Non-Conformance – if observed: — —	
Corrective Action: — —	
Signature of Auditee:	Date:
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit: — —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 08/05/2023

CC: Auditor, Auditee

HOD/Date

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**ACADEMIC AUDIT FINDING REPORT**

Date : 08/05/2023

Dept of audit: E.C.E.	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Department allots the projects for guiding the students by dividing them into groups, later guides are allotted, & reviewed projects according to the schedule.	
19 - 453 { 9 - 427 9 - 430 20H75ADU09	} Project Guide - Title of the project      Dated Dr. Ch. pullaRao      Image enhancement      23/1/23
Name of the auditor: Mr. S.B.C. Prasad	Signature of the auditor
Name of the auditee: Dr. B. Peragathi.	Signature of the auditee
Root cause for Non-Conformance – if observed: — —	
Corrective Action: — —	
Signature of Auditee:	Date: _____
Probable date of completion of work:	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit: — —	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 08/05/2023

CC: Auditor, Auditee

HOD/Date

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**ACADEMIC AUDIT FINDING REPORT**

Date : 08/05/2023

Dept of audit: E.C.E.	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit:  Department maintain ON/OFF campus placement details of the students.  Sample - 19H7HA0453 - NalaRobotics - package <u>T LPA</u>	
Name of the auditor: Mr. S.B. C Prasad	Signature of the auditor
Name of the auditee: Dr. B. Pragathi.	Signature of the auditee
Root cause for Non-Conformance – If observed : — —	
Corrective Action: — —	
Signature of Auditee:	Date:
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit: — —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 08/05/2023

CC: Auditor, Auditee

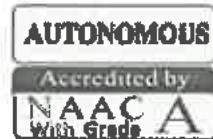
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**ACADEMIC AUDIT FINDING REPORT**

Date : ...08/05/2023

Dept of audit: <b>E.C.E.</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<p>Departments maintain a record of external co-curricular activities participated by the students</p> <p>Sample:-1 :- SK JUBLANI - Aagma -23 - 10/3/23</p> <p>Sample:-2 :- M. Sanardhan - NR1fest - 27/2/23.</p>	
Name of the auditor: <b>Mr. S.B.C. Prasad</b>	Signature of the auditor
Name of the auditee: <b>Dr. B. Pragathi</b>	Signature of the auditee
Root cause for Non-Conformance – if observed : — —	
Corrective Action: — —	
Signature of Auditee:	Date: _____
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit : — —	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>08/05/2023</b>

**CC: Auditor, Auditee**

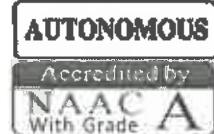
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**ACADEMIC AUDIT FINDING REPORT**

Date : 8-5-2023

Dept of audit: <u>Admin</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <u>analysis of student admission intake and admission quality is maintained.</u> <u>Monthly salary statements of staff-faculty is maintained.</u>	
Name of the auditor: <u>V. Sri Lakshmi</u>	Signature of the auditor <u>V. Sri M</u>
Name of the auditee: <u>A. Babaji</u>	Signature of the auditee <u>A. B. Iyer</u>
Root cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <u>8-5-2023</u>

CC: Auditor, Auditee

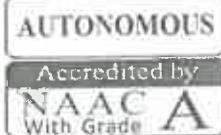
A. B. Iyer  
HOD/Date 8/5/2023

AA  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 8/5/2023

Dept of audit: Library	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
------------------------	--

Description of audit:

A record of external providers performance is being maintained by department - Documented Lib - P69

Name of the auditor: Mr. SBC Prasad	Signature of the auditor
Name of the auditee: B-Mandhiru	Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date:
-----------------------	-------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:	Date: 8/5/2023
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CC: Auditor, Auditee

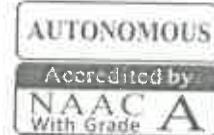
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**ACADEMIC AUDIT FINDING REPORT**

Date : 9-5-2023

Dept of audit: CSE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <b>Department Library details</b> <b>Parent teacher association meeting</b>	
Name of the auditor: Dr. B. Pragathi	Signature of the auditor:
Name of the auditee: Dr. V. Srilakshmi	Signature of the auditee:
Root cause for Non-Conformance – if observed : –	
Corrective Action: –	
Signature of Auditee:	Date: 9-5-2023
Probable date of completion of work:	
Date of follow-up audit: –	
Effectiveness of Corrective action verified (Report references): –	
Result of follow-up audit : –	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 9-5-2023

CC: Auditor, Auditee

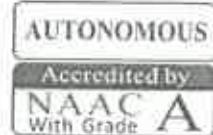
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**ACADEMIC AUDIT FINDING REPORT**

Date : 9-5-2023

Dept of audit: CSE

Category: Major  Minor

Description of audit:

Verifying Internal Examination file  
Identifying slow learners and conducts makeup classes and details were reported

Name of the auditor: Dr. B. Pragathi

Signature of the auditor

Name of the auditee: Dr. V. Sri Lakshmi

Signature of the auditee

V. Sri M.

Root cause for Non-Conformance – if observed : -

Corrective Action: -

Signature of Auditee:

Date: 9-5-2023

Probable date of completion of work:

Date of follow-up audit: -

Effectiveness of Corrective action verified (Report references): -

Result of follow-up audit : -

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 9-5-2023

CC: Auditor, Auditee

A. Pragathi

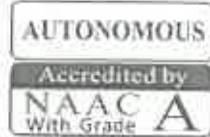
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**ACADEMIC AUDIT FINDING REPORT**

Date : 9-5-2023

Dept of audit: CSE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  Feedback of the faculty Faculty details - FDPs Workshops Syllabus coverage	
Name of the auditor: Dr. B. Pragathi	Signature of the auditor
Name of the auditee: Dr. V. Srilakshmi	Signature of the auditee
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: V. Srilakshmi	Date: 9-5-2023
Probable date of completion of work:	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 9-5-2023

CC: Auditor, Auditee

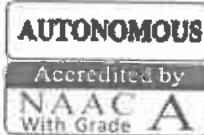
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ACADEMIC AUDIT FINDING REPORT

Date : 9-5-2023

Dept of audit: CSE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <b>Details of student projects, workshops, internships Verification of project records</b>	
Name of the auditor: Dr. B. Pragathi	Signature of the auditor
Name of the auditee: Dr. V. Srilakshmi	Signature of the auditee
Root cause for Non-Conformance – If observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 9-5-2023
Probable date of completion of work:	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 9-5-2023

CC: Auditor, Auditee

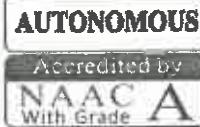
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**ACADEMIC AUDIT FINDING REPORT**

Date : 9/5/2023

Dept of audit: CSE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  Prepared student wise attendance with all details, number of classes conducted, attended & percentage	
Name of the auditor: Dr. B. Pragathi	Signature of the auditor
Name of the auditee: Dr. V. Sowdhamini	Signature of the auditee
Root cause for Non-Conformance – If observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 9/5/2023
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 9/5/2023

CC: Auditor, Auditee

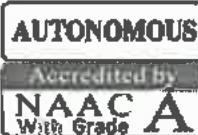
HOD/Date 9/5/2023

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**ACADEMIC AUDIT FINDING REPORT 22-23**

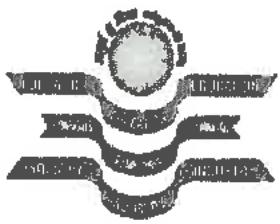
Date : 9/5/2023

Dept of audit: <u>BED</u>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit:  <u>Verified the record of workshop / Guest lecture</u> <u>Seminar attendance file - Found good.</u>	
Name of the auditor: <u>K. Prof</u>	Signature of the auditor <u>LB</u>
Name of the auditee: <u>SBC Prasad</u>	Signature of the auditee <u>SSP</u>
Root cause for Non-Conformance – if observed: <u>Nil</u>	
Corrective Action: <u>Nil</u>	
Signature of Auditee: <u>—</u>	Date: <u>9/5/23</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):  _____	
Result of follow-up audit :	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <u>LB</u>	Date: <u>9/5/23</u>

CC: Auditor, Auditee

✓  
HOD/Date

AB  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT 22-23**

Date : 9/5/2023

Dept of audit: <b>BED</b>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit:  <i>Verified the record of month-wise syllabus monitoring file and found that the department has been actively monitoring syllabus coverage for every 15 days.</i>	
Name of the auditor: <b>K. Pogad</b>	Signature of the auditor <b>B</b>
Name of the auditee: <b>S Beprasad</b>	Signature of the auditee <b>BSF</b>
Root cause for Non-Conformance – if observed: _____	
Corrective Action:	
Signature of Auditee:	Date: <b>9/5/23</b>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):  _____	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: <b>BS</b>	Date: <b>9/5/23</b>

**CC: Auditor, Auditee**

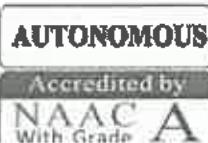
**HOD/Date**

**DHS**  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT** *22-23*

Date : *9/5/2023*

Dept of audit: <i>BED</i>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

- 1. Class timetables and individual faculty timetables are verified - No deviations observed.*
- 2. Verified the Master Time Table.*

Name of the auditor: <i>K. Pras</i>	Signature of the auditor <i>b2</i>
Name of the auditee: <i>SBC prasad</i>	Signature of the auditee <i>SSP</i>

Root cause for Non-Conformance – if observed : *—*

Corrective Action:

Signature of Auditee:	Date: <i>9/5/23</i>
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Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :	
Status of audit: Closed <i>o</i>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <i>b2</i>	Date: <i>9/5/23</i>

CC: Auditor, Auditee

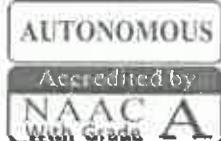
HOD/Date *cj*

*Ab*  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT** *22-23*

Date : *9/5/2023*

Dept of audit: <i>BED</i>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit:	
<p><i>1. The internal Marks register file has been verified and found to be satisfactory. It is evident that the department is constantly updating the file on Branch wise, Sem-wise &amp; Subject wise manner.</i></p> <p><i>2. Verified the Sem-end result analysis files (Branch wise &amp; Subject wise)</i></p>	
Name of the auditor: <i>K. P. Prasad</i>	Signature of the auditor <i>[Signature]</i>
Name of the auditee: <i>SBC prasad</i>	Signature of the auditee <i>[Signature]</i>

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee: \_\_\_\_\_ Date: *9/5/23*

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor: *[Signature]*

Date: *9/5/23*

CC: Auditor, Auditee

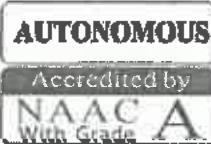
HOD/Date *v.p.v*

*AHS*  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT 22-23**

Date : ..... 9/5/2023

Dept of audit: <u>BED</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit:	
<p>1. Lesson-plans for each subject are verified and found to be good with faculty &amp; HOD signatures. Indicating that each class is being delivered in a systematic &amp; well-planned manner.</p> <p>2. Verified the course file found satisfactory.</p>	
Name of the auditor: <u>K. P. Raju</u>	Signature of the auditor 
Name of the auditee: <u>S. Sreepad</u>	Signature of the auditee 
Root cause for Non-Conformance – if observed : _____	
Corrective Action:	
Signature of Auditee:	Date: <u>9/5/23</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: 	Date: <u>9/5/23</u>

CC: Auditor, Auditee

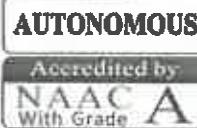
HOD/Date 6/5/23

  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 9/5/2023

Dept of audit: <b>AI&amp;IT</b>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit:	
<ol style="list-style-type: none"> <li>1. Internal Mark Register checked.</li> <li>2. Verified Staff Aprical detail Registers.</li> </ol>	
Name of the auditor: <b>A.V. Ravi Kumar</b>	Signature of the auditor
Name of the auditee: <b>B.Triunni</b>	Signature of the auditee
Route cause for Non-Conformance – If observed : —	
Corrective Action: —	
Signature of Auditee:	Date: <b>9/5/2023</b>
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: <b>9/5/2023</b>

**CC: Auditor, Auditee**

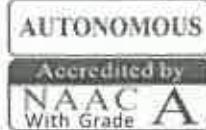
HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : ... 9/5/2023

Dept of audit:	Category: Major O Minor O
AI & IT	
Description of audit:  Department planned for the A.Y 2022-23 workshops/ PDPS for the students reported in F064 <u>sample-I</u> Aparna.s - 20THIA1204 - Building application with Python (1st sem to 5th sem) <u>sample-II</u> Harshitha.v - 20HIA1210 - Building application with Python (1st sem to 3rd sem)	
Name of the auditor:	Signature of the auditor
A. V. Ravi Kumar	
Name of the auditee:	Signature of the auditee
B. Triveni	
Root cause for Non-Conformance – if observed :  _____	
Corrective Action:  _____	
Signature of Auditee:	Date:
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit: _____	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 9/5/2023

CC: Auditor, Auditee

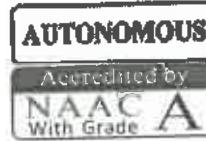
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**ACADEMIC AUDIT FINDING REPORT**

Date : ... 9/5/2023

Dept of audit:	<u>AI &amp; IT</u>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
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Description of audit:

Students disciplinary actions for the A.Y 2022-23 / II Sem reported in AI & IT FODD

sample-I T. charan - 20H7IA1005 - one week suspended - Fine -5000/-

sample-II ch. Ravi Teja - 21H7IA1011 - one week suspended - Fine -5000/-

Name of the auditor:	<u>A. V. Ravi Kumar</u>	Signature of the auditor
Name of the auditee:	<u>B. Triveni</u>	Signature of the auditee

Root cause for Non-Conformance – if observed: —

Corrective Action: —

Signature of Auditee:	—	Date:
Probable date of completion of work:	—	

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:	Date:
	<u>9/5/2023</u>

CC: Auditor, Auditee

HOD/Date

  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : ... 9/5/2023

Dept of audit:	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
AI & IT	
Description of audit:  Based on the MIC 20 Regulation, the final lab internal marks for the A.Y 2022-23 I sem filled in FO46 <u>Sample-I</u> 21H41A5416 - unix and shell - 14/15 Programming <u>Sample-II</u> 21H41A5419 - DOPS lab - 14/15	
Name of the auditor:	Signature of the auditor
A. V. Ravi Kumar	
Name of the auditee:	Signature of the auditee
B. Triveni	
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: —	Date:
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date:
9/5/2023	

CC: Auditor, Auditee

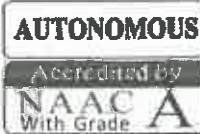
HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 9/5/2023

Dept of audit:	Category: Major O Minor O
AI & IT	

Description of audit:

After completion of Mid exams, Final exams result analysis reported in AI & IT - PGSSB

sample-I : Hadoop & Hadoop - R. Vijaya ≥ 60% - 61 Members class avg - 9.65/15

sample-II : Mobile computing - S. Lavanya ≥ 60% - 53 Members class avg - 7.53/15

Name of the auditor:	Signature of the auditor
A.V. Ravi Kumar	Lakshmi

Name of the auditee:	Signature of the auditee
B. Triveni	B. Triveni

Root cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee:	Date:
—	—

Probable date of completion of work:	—
Date of follow-up audit:	—

Effectiveness of Corrective action verified (Report references):	—
Result of follow-up audit:	—

Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date:

Signature of the Auditor:	Date:
—	9/5/2023

CC: Auditor, Auditee

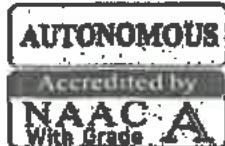
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# **ACADEMIC AUDIT FINDING REPORT**

Date : 09-08-23

Dept of audit: Exam cell	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
Consolidated Marks Memo	
Sample1: 19H7 5A0 254 - Vijay Kumar T - EBG 29.4.23	
Sample2: 18H7 1A0 342 - Venkateswara Rao M - MG 29.4.23	
Name of the auditor: Dr. B. pragathi	Signature of the auditor 
Name of the auditee: Mr. M. sunil kumar	Signature of the auditee 
Root cause for Non-Conformance - If observed: - - - - -	
Corrective Action: - - - - -	
Signature of Auditee: 	Date: 
Probable date of completion of work: - - - - -	
Date of follow-up audit: - - - - -	
Effectiveness of Corrective action verified (Report references): - - - - -	
<hr/>	
Result of follow-up audit: 	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: 	Date: 

## **CC: Auditor, Auditee**

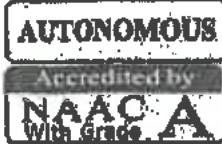
HOD/Date

**Principal/Date**



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**ACADEMIC AUDIT FINDING REPORT**

Date : 09-05-23

Dept of audit: Exam Cell	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

Internal Marks register

Sample1:- B.Tech VIII Sem - Apr-23 - EEE -

Sample2: B.Tech VIII Sem - Apr-23 - CE

Name of the auditor: Dr. B. pragathi	Signature of the auditor
Name of the auditee: Mr. M.Sunil kumar	Signature of the auditee

Root cause for Non-Conformance – If observed :

Corrective Action:

Signature of Audittee:	Date:
------------------------	-------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:	Date:
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CC: Auditor, Auditee

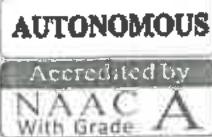
HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 09-05-23

Dept of audit:	Exam cell	Category: Major <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>
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Description of audit: D- Form Report

Sample 1:- B.Tech VIII Sem Regular Exams - Apr-23  
— EB& - 17-04-23

Sample 2:- B.Tech III Sem supple - APR-23  
— NM - 26-4-23

Name of the auditor:	Dr. B. prajeshwari	Signature of the auditor
Name of the auditee:	Mr. M. Sunil Kumar	Signature of the auditee

Root cause for Non-Conformance – If observed :

Corrective Action:

Signature of Auditee: \_\_\_\_\_ Date: \_\_\_\_\_

Probable date of completion of work: \_\_\_\_\_

Date of follow-up audit: \_\_\_\_\_

Effectiveness of Corrective action verified (Report references): \_\_\_\_\_

Result of follow-up audit: \_\_\_\_\_

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date:

CC: Auditor, Auditee

*Prf* 05/05/23

HOD/Date

*18/05/23*

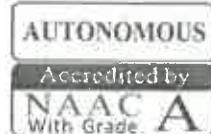
Principal/Date

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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2023

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit:  checked Student detail Register. checked student Result Analysis Departmentwise.	
Name of the auditor: A. Nagapavankumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance – if observed : _____	
Corrective Action:	
Signature of Auditee:	Date: 9/5/2023
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references):  _____	
Result of follow-up audit: _____	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 9/5/2023

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 9/5/2023

Dept of audit: <u>T &amp; P</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
---------------------------------	--

Description of audit:

Record and Verified the Alumni Registration Form and the Internal Audit plan.

Name of the auditor: <u>A. Naga Ravankumar</u>	Signature of the auditor 
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee 

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: <u>9/5/2023</u>
-----------------------	-----------------------

Probable date of completion of work:  

Date of follow-up audit:  

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :  

Status of audit: Closed

Not Closed:

Signature of the Auditor: 

Date: 9/5/2023

CC: Auditor, Auditee

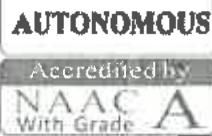
HOD/Date

  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 9/5/2023

Dept of audit: T & P	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  Verified student data, counseling and skills training Students.	
Name of the auditor: A. Naga Pavan Kumar	Signature of the auditor 
Name of the auditee: R. Prasad	Signature of the auditee 
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 9/5/2023
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):  _____	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: 	Date: 9/5/2023

CC: Auditor, Auditee

HOD/Date 

Principal/Date 



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**ACADEMIC AUDIT FINDING REPORT**

Date : 9/5/2023

Dept of audit: <u>TGP</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

Verified Academic Performance, Placement  
And Higher studies.

Name of the auditor: <u>A. Naga Pavan Kumar</u>	Signature of the auditor
Name of the auditee: <u>R. Prasad</u>	Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: <u>9/5/2023</u>
Probable date of completion of work: <u>—</u>	

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit : —

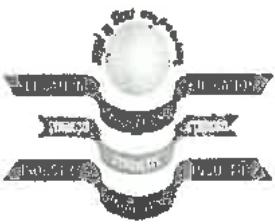
Status of audit: Closed  Not Closed:

Signature of the Auditor:	Date: <u>9/5/2023</u>
---------------------------	-----------------------

CC: Auditor, Auditee

HOD/Date

Principal/Date



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AUTONOMOUS



**ACADEMIC AUDIT FINDING REPORT**

Date: 9/5/2023

Dept of audit: T4P	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  Verified staff acquisition form to generate placement staff.	
Name of the auditor: A. Nagapavan Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 9/5/2023
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):  _____	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 9/5/2023

CC: Auditor, Auditee

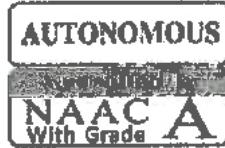
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2023

Dept of audit: TGP	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
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Description of audit:

Record of career counseling and skills training - students.

Name of the auditor: A. Maha Paravantumur	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: 9/5/2023
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Probable date of completion of work: \_\_\_\_\_

Date of follow-up audit: \_\_\_\_\_

Effectiveness of Corrective action verified (Report references):  
\_\_\_\_\_

Result of follow-up audit: \_\_\_\_\_

Status of audit: Closed

Not Closed:

Signature of the Auditor:

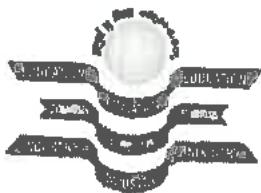
Date: 9/5/2023

CC: Auditor, Auditee

HOD/Date

Principal/Date

**2021-2022**



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ACADEMIC AUDIT FINDING REPORT

Date : 08-11-2021

Dept of audit: EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

1. Checked the Lab Equipment & Registers
2. Checked Registers of Seminars attended by Staff

Name of the auditor: Mr.-A Naga Pavan Kumar	Signature of the auditor
Name of the auditee: Mr.-AV Ravi Kumar	Signature of the auditee

Root cause for Non-Conformance – if observed :

Update Lab Equipment Registers

Corrective Action:

Signature of Auditee: <i>Ravikumar</i>	Date: 09-11-2021
Probable date of completion of work: 09-11-2021	
Date of follow-up audit: 09-11-2021	

Effectiveness of Corrective action verified (Report references): Updated

Result of follow-up audit: Completed

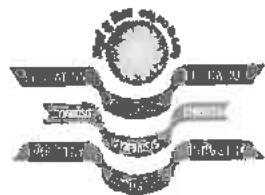
Status of audit: Closed  Not Closed:

Signature of the Auditor: <i>A. Naga Pavan Kumar</i>	Date: 09-11-2021
--	------------------

CC: Auditor, Auditee

HOD/Date  
*P.N.K*  
10/11/21

KJ  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 08-11-2021

Dept of audit: <b>EEC</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <b>Unified Student faculty -Association Activities</b>	
Name of the auditor: <b>Mr A NAGA PAVAN Kumar</b>	Signature of the auditor
Name of the auditee: <b>Mr AV RAVI Kumar</b>	Signature of the auditee
Root cause for Non-Conformance – if observed:	
Corrective Action:	
Signature of Auditee:	Date: <b>8/10/2021</b>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): <hr/>	
Result of follow-up audit: <b>Compliant</b>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>8/11/2021</b>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 08-11-2021

Dept of audit:	EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  Checked the Record of Syllabus monitoring. Department has been maintaining the record for every 15 days — found good.		
Name of the auditor:	Mr A Naga Parvam Kumar	Signature of the auditor
Name of the auditee:	Mr AV Ravi Kumar	Signature of the auditee
Root cause for Non-Conformance – if observed : _____		
Corrective Action: _____		
Signature of Auditee: <u>Lokesh</u>		Date: 8/11/2021
Probable date of completion of work: _____		
Date of follow-up audit: _____		
Effectiveness of Corrective action verified (Report references): _____		
Result of follow-up audit :		
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <u>A</u>		Date: 8/11/2021

CC: Auditor, Auditee

R. N. M.  
HOD/Date

K  
Principal/Date



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## ACADEMIC AUDIT FINDING REPORT

Date : 08-11-2021

Dept of audit: **EEE**

Category: Major  Minor

Description of audit:

Staff Paper publications / presentations file verified  
and other related documents

Name of the auditor:

**Mr A Nage Powam Kumar**

Signature of the auditor

Name of the auditee:

**Mr A V Ravikumar**

Signature of the auditee

Root cause for Non-Conformance – if observed:

Update Paper publication file

Corrective Action:

Signature of Auditee:

Date:

Probable date of completion of work

08-11-2021

Date of follow-up audit:

9/11/2021

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

**Completed**

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date:

9/11/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 08-11-2021

Dept of audit: <b>EEE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Verified Lab manuals, lab Time-tables and Labwise Students attendance Register - found satisfactory</p>	
Name of the auditor: <b>Mr A Naga Parom Kumar</b>	Signature of the auditor
Name of the auditee: <b>Mr A V Ravi Kumar</b>	Signature of the auditee
Root cause for Non-Conformance – if observed : _____	
Corrective Action:	
Signature of Auditee:	Date: <b>8/11/2021</b>
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>8/11/2021</b>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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21-22

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Email: [miccong@mic.edu.in](mailto:miccong@mic.edu.in) Web: [www.mictech.edu.in](http://www.mictech.edu.in))



**ACADEMIC AUDIT FINDING REPORT**

Date: 08/11/21

Dept of audit:	Mechanical	Category: Major <input type="radio"/> Minor <input type="radio"/>
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Description of audit

Department monitors subject wise syllabus Allocated to the faculty for smooth running of I Sem. After that basing on the syllabus coverage corrective actions planned.

Name of the auditor:	Dr. V. Srilakshmi	Signature of the auditor
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Name of the auditee:	Mr. A. Nagapavan Kumar	Signature of the auditee
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Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: 08/11/21
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Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
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Signature of the Auditor:	Date: 08/11/21
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N. S. M.	08/11/21
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CC: Auditor, Auditee

KJ  
HOD/Date

KR  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date: 08/11/21

Dept of audit: **Mechanical**

Category: Major  Minor

Description of audit

Basing on curriculum department receives faculty requisition form from other departments for inter-department subjects for smooth running of (21-22) I Sem.

Name of the auditor: **Dr. V. Sailakshmi**

Signature of the auditor

Name of the auditee: **Nr.A.Naga Pavan Kumar**

Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: 08/11/21

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 08/11/21

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date: 08/11/21

Dept of audit: **Mechanical**

Category: Major  Minor

Description of audit:

Department Evaluates and analyse subject wise marks achieved by the students in MID-I and MID-II of (21-22) I SEM details

Name of the auditor: **Dr. V. Srilakshmi**

Signature of the auditor

Name of the auditee: **MT. A. Naga Pavan Kumar**

Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date:

08/11/21

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit Closed

Not Closed:

Signature of the Auditor:

Date:

08/11/21

CC: Auditor, Auditee

HOD/Date

Principal/Date



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NBA-Accredited

B.Tech (CSE/ECE/ME)

Accredited by

NAAC

With Grade A

## ACADEMIC AUDIT FINDING REPORT

Date : 08/11/21

Dept of audit: Mechanical

Category: Major Minor 

## Description of audit

After completion of lab internals dept reports labwise performance of individual students with all the details.

Name of the auditor: Dr. V. Sri Lakshmi

Signature of the auditor

Name of the auditee: Mr. A. Naga Payan Kumar

Signature of the auditee

## Root cause for Non-Conformance – if observed

## Corrective Action:

Signature of Auditee:

Date: 08/11/21

Probable date of completion of work:

Date of follow-up audit:

## Effectiveness of Corrective action verified (Report references):

## Result of follow-up audit :

Status of audit: Closed Not Closed: 

Signature of the Auditor:

Date: 08/11/21

CC: Auditor, Auditee

HOD/Date

Principal/Date



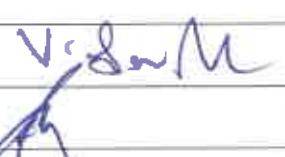
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## ACADEMIC AUDIT FINDING REPORT

Date : 08/11/21

Dept of audit:	Mechanical	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit	checked student Result Analysis Department wise. checked student details Register.	
Name of the auditor:	Dr. V. Srilakshmi	Signature of the auditor 
Name of the auditee:	Mr. A. Naga Davan Kumar	Signature of the auditee 
Root cause for Non-Conformance – if observed :		
Corrective Action:		
Signature of Auditee:	Date: 08/11/21	
Probable date of completion of work:		
Date of follow-up audit:		
Effectiveness of Corrective action verified (Report references):		
Result of follow-up audit :		
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 08/11/21	

CC: Auditor, Auditee

 HOD/Date

 Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 8/11/2021

Dept of audit: **ECE**

Category: Major  Minor

Description of audit:

checked Alumni Registration forms  
 checked staff attendance register

Name of the auditor: **Mr. S.B.C Prasad**

Signature of the auditor

Name of the auditee: **Dr. B. Pragathi**

Signature of the auditee

Root cause for Non-Conformance – If observed: **Maintain Alumnidata.**

Corrective Action:

Signature of Auditee:

Date: 10/11/22

Probable date of completion of work: **9/11/22**

Date of follow-up audit: **10/11/22**

Effectiveness of Corrective action verified (Report references): **updated Alumi data**

Result of follow-up audit: **Completed**

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 8/11/2021

CC: Auditor, Auditee

HOD/Date 8/11/2021

Principal/Date



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21-22  
Sem 3

**ACADEMIC AUDIT FINDING REPORT**

Date : 08/11/2021

Dept of audit E-C.E.	Category: Major O Minor O
Description of audit <p>Alumni survey verified in ECE sample 1: G. Afay Kerathi - He is working in KJ Systems sample 2: J. Kushma Sai - taken feedback on 9/9/2021</p>	
Name of the auditor: NTR. S. B. C. Prasad	Signature of the auditor:
Name of the auditee: Dr. B. Pragathi.	Signature of the auditee:
Root cause for Non-Conformance – if observed: — —	
Corrective Action: — —	
Signature of Auditee:	Date:
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit: //	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 08/11/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : ..08/11/2021

Dept of audit <b>E.C.E.</b>	Category: Major 0    Minor 0
Description of audit	
<p>Based on academic calendar, subject allocation to faculty, department established master time table for smooth running of 2021-22 I Sem. All the details were proper in ECE timetable file</p> <p>sample1: Mr. B.R.K. Singh: DE: wed - 5th hour.</p> <p>sample2: Mr. K. Manasa Lakshmi: MPME: Sat - 1st hour</p>	
Name of the auditor: <b>Mr. S.B.C. Prasad</b>	Signature of the auditor
Name of the auditee: <b>Dr. B. Pragathi.</b>	Signature of the auditee
Root cause for Non-Conformance – if observed : — —	
Corrective Action: — —	
Signature of Auditee:	Date:
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit: — —	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <b>08/11/2021</b>

CC: Auditor, Auditee

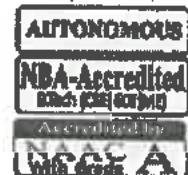
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**ACADEMIC AUDIT FINDING REPORT**

Date : 08/11/2021

Dept of audit: <b>E.C.E</b>	Category: Major 0      Minor 0
Description of audit:  Based on curriculum department review syllabus delivered once in fortnight with all details in ECE 2021-22 I Sem. Sample 1: S.T. Mrudula - 20 PTSP - 50% Sample 2: Dr. CH. Pulkaao - SS - 55%	
Name of the auditor: <b>Mr. S.B.c Prasad</b>	Signature of the auditor
Name of the auditee: <b>Dr. B. Pragathi</b>	Signature of the auditee
Root cause for Non-Conformance – if observed: — —	
Corrective Action: — —	
Signature of Auditee:	Date:
Probable date of completion of work:	
Date of follow-up audit	
Effectiveness of Corrective action verified (Report references):  _____	
Result of follow-up audit: — —	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 08/11/2021

CC: Auditor, Auditee

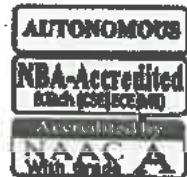
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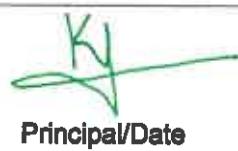
**ACADEMIC AUDIT FINDING REPORT**

Date : 08/11/2021

Dept of audit: <b>E.C.E.</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  After completion of internal lab session and examinations, the department reports achievement of marks daily to day evaluation, record, Internal lab performance in ECE exams file sample1: 20H71A0462: SS Lab: $4+5+5=14$ / 15 marks achieved sample2: 19H71A0462: DSP Lab: $15+5+20=40$ / 40 achieved.	
Name of the auditor: <b>Mr. S.B.C prasad.</b>	Signature of the auditor 
Name of the auditee: <b>Dr. B. Pragathi.</b>	Signature of the auditee 
Root cause for Non-Conformance – if observed: — —	
Corrective Action: — —	
Signature of Auditee: 	Date:
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit: — —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: 	Date: 08/11/2021

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 08/11/2021

Dept of audit: <b>E.C.E.</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <i>Based on curriculum lesson plans have been prepared topic wise with no. of hours required. File maintained properly (2021-22 Isem) sample 1: Mr. B.R.L.Singh: DE - <del>I</del> II - 20 hours sample 2: Mr. T. Vijayakarthy: ADE - <del>II</del> III - 80 hours.</i>	
Name of the auditor: <b>Mr. S.B.C. Prasad.</b>	Signature of the auditor
Name of the auditee: <b>Dr. B. Pragathi.</b>	Signature of the auditee
Root cause for Non-Conformance – if observed : — —	
Corrective Action: — —	
Signature of Auditee:	Date: _____
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit: — —	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 08/11/2021

CC: Auditor, Auditee

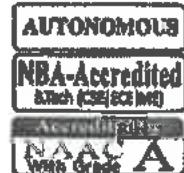
*Ch. Ratty*  
HOD/Date

*KJ*  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 8-11-2021

Dept of audit: Admin	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p style="margin-left: 20px;">maintained students Admission analysis year wise.</p> <p style="margin-left: 20px;">student scholarship records are verified.</p>	
Name of the auditor: V. Srilakshmi	Signature of the auditor V. Srilakshmi
Name of the auditee: A. Balaji	Signature of the auditee A. Balaji
Route cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 8-11-2021

CC: Auditor, Auditee

A. Balaji  
HOD/Date 8/11/2021

KJ  
Principal/Date



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Email: office@mictech.ac.in, Website: www.mictech.edu.in



**ACADEMIC AUDIT FINDING REPORT**

Date : 8/11/2021.

Dept of audit: Library	Category: Major <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>
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Description of audit:

Department is maintaining the system backups daily registers & updating it regularly. Last date tend to be on 08/11/2021, documented in (0068)

Name of the auditor: Mr. SBC Prasad	Signature of the auditor
Name of the auditee: B. Mandira	Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee: —	Date: —
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Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:	Date: 8/11/2021
---------------------------	-----------------

CC: Auditor, Auditee

*O. John*  
HOD/Date  
8/11/21

*KJ*  
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/11/2021

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <p>Student Attendance percentage verification Detailed list verification</p>	
Name of the auditor: Dr. B. Pragathi	Signature of the auditor
Name of the auditee: V. Sankethini	Signature of the auditee
Root cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee:	Date: 9/11/2021
Probable date of completion of work:	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 9/11/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 9/11/2021

Dept of audit: <u>CSE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <u>Student Internship details &amp; Number of workshops attended by the students</u>	
Name of the auditor: <u>Dr. B. Pragathi</u>	Signature of the auditor
Name of the auditee: <u>V. Srilakshmi</u>	Signature of the auditee
Root cause for Non-Conformance – if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee:	Date: <u>9/11/2021</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit: <u>—</u>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor	Date: <u>9/11/2021</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date: 9/11/2021

Dept of audit: CSE

Category: Major O Minor O

Description of audit:

Verifying class Timetables, Lab timetables  
& Individual Timetables of the faculty

Name of the auditor: Dr. B. Pragathii

Signature of the auditor

Name of the auditee: V. Smitashni

Signature of the auditee

Root cause for Non-Conformance – if observed: —

Corrective Action: —

Signature of Auditee:

Date: 9/11/2021

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 9/11/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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## ACADEMIC AUDIT FINDING REPORT

Date : 9/11/2021

Dept of audit: CSE

Category: Major O Minor O

Description of audit:

Semester wise subject list and subject allocation to the faculty.  
Verifying workload of the faculty

Name of the auditor: Dr. B. Pragathi

Signature of the auditor

Name of the auditee: V. Srilakshmi

Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee:

Date: 9/11/2021

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed  Not Closed:

Signature of the Auditor:

Date: 9/11/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 9/11/2021

Dept of audit: **CSE**

Category: Major  Minor

Description of audit:

Before two weeks of completion of a semester department informs the students' coordination and detention unit faculty feed back.

Name of the auditor: **Dr. B. Pragathi**

Signature of the auditor **Prg**

Name of the auditee: **V. Srilakshmi**

Signature of the auditee **V.S.L.M.**

Route cause for Non-Conformance – if observed: —

Corrective Action: —

Signature of Auditee: **V. S.L.M.**

Date: **9/11/2021**

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

**Prg**

Date: **9/11/2021**

CC: Auditor, Auditee

**Dr. B. Pragathi 9/11/2021**  
HOD/Date

**KJ**  
Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar  
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With Grade A

ACADEMIC AUDIT FINDING REPORT

Date : 11/5/2021

Dept of audit: CSE

Category: Major  Minor

Description of audit:

Verification of course files  
Verification of lab records, stock registers,  
lab equipment details

Name of the auditor: B. R. K. Singh

Signature of the auditor

Name of the auditee: V. Santosh Kumar

Signature of the auditee

Route cause for Non-Conformance – if observed: Update stock registers

Corrective Action: —

Signature of Auditee: V. S. M.

Date: 11/5/2021

Probable date of completion of work: 12/5/2021

Date of follow-up audit: 12/5/2021

Effectiveness of Corrective action verified (Report references): Updated

Result of follow-up audit: Closed

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 12/5/2021

CC: Auditor, Auditee

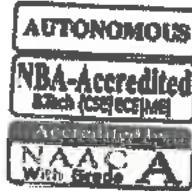
A. P. Ram, 12/5/2021  
HOD/Date

KJ  
Principal/Date



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ACADEMIC AUDIT FINDING REPORT 21-22

Date: 9/11/2021

Dept of audit: **BED**

Category: Major  Minor

Description of audit:

- 1. Staff paper publications were verified.
- 2. Student paper presentations are verified.

Name of the auditor: **K. P. S. S.**

Signature of the auditor

Name of the auditee: **SBC prasad**

Signature of the auditee

Root cause for Non-Conformance – If observed :

Corrective Action:

Signature of Auditee:

Date: 9/11/21

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 9/11/21

CC: Auditor, Auditee

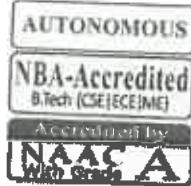
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**ACADEMIC AUDIT FINDING REPORT 21-22**

Date : 9/11/2021

Dept of audit: <b>BED</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<p>1. Books, Journals, Self learning facilities for Both Students &amp; faculty are verified.</p> <p>2. Infrastructure &amp; Instructional aids are Verified.</p>	
Name of the auditor: <b>K. P. Prasad</b>	Signature of the auditor
Name of the auditee: <b>SBC Prasad</b>	Signature of the auditee
Root cause for Non-Conformance – if observed : —	
Corrective Action:	
Signature of Auditee:	Date: 9/11/21
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 9/11/21

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT 21-22**

Date : 9/11/2021

Dept of audit: BED

Category: Major  Minor

Description of audit:

1. Verified Internal marks register
2. Verified result analysis file.

Name of the auditor:

K. PYfed

Signature of the auditor [Signature]

Name of the auditee:

SBC prasad

Signature of the auditee [Signature]

Root cause for Non-Conformance – If observed:

Corrective Action:

Signature of Auditee:

Date: 9/11/21

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

[Signature]

Date: 9/11/21

CC: Auditor, Auditee

GJ  
HOD/Date

KJ  
Principal/Date



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ACADEMIC AUDIT FINDING REPORT 21-22

Date : 9/11/2021

Dept of audit: BED	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit	
<p>Verified the Student Counseling file</p> <p>Verified Master time-table &amp; class timetables</p>	
Name of the auditor: K. Prayag	Signature of the auditor:
Name of the auditee: S. Beprasad	Signature of the auditee:
Root cause for Non-Conformance – if observed: Nil	
Corrective Action: Nil	
Signature of Auditee:	Date: 9/11/21
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 9/11/21

CC: Auditor, Auditee

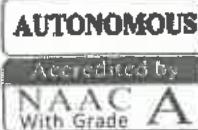
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**ACADEMIC AUDIT FINDING REPORT**

Date : ...9/11/2021

Dept of audit:	AI & IT	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
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Description of audit:

Before commencement of class work, department proposed Master time table for A.Y 2022-23 / I sem reported in AI&IT-FOIB

Sample - I : Thu - 5<sup>th</sup> hour - NMIC - II IT

Sample - II : Sat - 2<sup>nd</sup> hour - STM - III IT

Name of the auditor:	A. V. Ravi Kumar	Signature of the auditor	L. Venkateswaran
Name of the auditee:	B. Triveni	Signature of the auditee	B. Triveni

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date:
-----------------------	-------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date:

9/11/2021

CC: Auditor, Auditee

HOD/Date

b  
09/11/2021

KH  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : ..9/11/2021..

Dept of audit:	Category: Major O      Minor O
<b>AI &amp; IT</b>	
Description of audit:  faculty subject allocation & other responsibilities for the A.Y 2022-23, II Sem, reported in - FOOS	
<u>Sample-I</u> Mrs. R. Vijaya - CC (II, IT) DS (I-AIDS) BDA (III-IT) Hadoop Lab	
<u>Sample-II</u> Mrs. S. Mourikka - DS (I-AID) DS (I-MCA), CC (III, IT) DS (II IT), CC (IV, IT)	
Name of the auditor:	Signature of the auditor
A. V. Ravi Kumar	<i>L. Venkateswaran</i>
Name of the auditee:	Signature of the auditee
B. Triveni	<i>B. Triveni</i>
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date:
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date:
<i>9/11/2021</i>	

CC: Auditor, Auditee

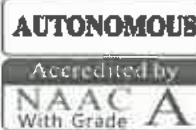
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*KV*  
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**ACADEMIC AUDIT FINDING REPORT**

Date: ...9/11/2021

Dept of audit: <b>AI &amp; IT</b>	Category: Major 0 Minor 0
<b>Description of audit:</b> <p>Based on NIC 20 Regulation the Major projects allocation to the faculty for the A.Y : 2022-23 reported in AI&amp;IT 4032 sample-II Batch B - Kanya.J          Shani Sindhu.K          Venkata Krishna.s }          Ravi.B          Krishna Sai.M } K. Mahanthi</p>	
Name of the auditor: <b>A.V. Ravi Kumar</b>	Signature of the auditor 
Name of the auditee: <b>B. Triveni</b>	Signature of the auditee 
<b>Root cause for Non-Conformance – if observed :</b> ←	
<b>Corrective Action:</b> —	
Signature of Auditee: —	Date: _____
<b>Probable date of completion of work:</b> —	
<b>Date of follow-up audit:</b> —	
<b>Effectiveness of Corrective action verified (Report references):</b> —	
<b>Result of follow-up audit :</b> —	
Status of audit: Closed ✓	Not Closed: 0
Signature of the Auditor:	Date: <b>9/11/2021</b>

**CC: Auditor, Auditee**

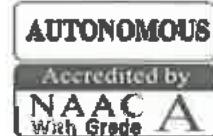
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**ACADEMIC AUDIT FINDING REPORT**

Date : 9/11/2021....

Dept of audit:	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
AT & IT	
Description of audit:  Department planned for the A.Y 2021-22 workshops/FDPs for the student reported in fo6+	
<u>Sample - I</u> : Aparna.s - 20THA1204 - Building application with python (11/12 to slwz)	
<u>Sample - II</u> : Harshitha.v - 20THA1210 - Building application with python (11/12 to slwz)	
Name of the auditor:	Signature of the auditor
A.V. Ravi Kumar	
Name of the auditee:	Signature of the auditee
B. Triveni	
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date:
Probable date of completion of work:	—
Date of follow-up audit:	—
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date:
9/11/2021	

CC: Auditor, Auditee

HOD/Date

Principal/Date



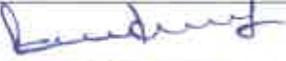
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**ACADEMIC AUDIT FINDING REPORT**

Date : 9-11-2021

Dept of audit: <b>AI &amp; IT</b>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit:	
<ol style="list-style-type: none"> <li>1. checked syllabus coverage Monitoring semester wise</li> <li>2. checked staff Attendance Register</li> </ol>	
Name of the auditor: <b>A. V. Ravikumar</b>	Signature of the auditor 
Name of the auditee: <b>B. Triveni</b>	Signature of the auditee 
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: —	Date: <b>9-11-2021</b>
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>9-11-2021</b>

**CC: Auditor, Auditee**

  
HOD/Date 9-11-21

  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date: 09-11-2021

Dept of audit: Exam cell	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Exam question papers	
1. B.Tech IV Sem Reg/Sup - Aug-21 - 06-9-2021 DSD HDL, 2. MCA II Sem Reg - Sep-21 - 20-10-21 Comp.net 22-10-21 - 00ps	
Name of the auditor: Dr. B-pragathi	Signature of the auditor
Name of the auditee: Mr. M. sunil kumar	Signature of the auditee
Root cause for Non-Conformance – if observed: - - - - -	
Corrective Action: - - - - -	
Signature of Auditee:	Date:
Probable date of completion of work: - - -	
Date of follow-up audit: - - - - -	
Effectiveness of Corrective action verified (Report references): - - -	
Result of follow-up audit: - - -	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 09-11-2021

CC: Auditor, Auditee

HOD/Date

*R.P. 09/11/21*

*K*  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 09-11-2021

Dept of audit: Exam Cell	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Exam result analysis	
Sample1: B.Tech I <sup>st</sup> sem - Regular - Aug-21 - CGPA	
Sample2: B.Tech II sem - Reg - Sep-21 - CGPA	
Name of the auditor: Dr. B. pragathi	Signature of the auditor
Name of the auditee: Mr. M. sunil kumar	Signature of the auditee
Root cause for Non-Conformance – if observed: - - - - -	
Corrective Action: - - - - -	
Signature of Auditee:	Date: 09-11-2021
Probable date of completion of work: - - - - -	
Date of follow-up audit: - - - - -	
Effectiveness of Corrective action verified (Report references): - - - - -	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 09-11-2021

CC: Auditor, Auditee

HOD/Date

KJ Principal/Date



# DVR & Dr. HS MIC College of Technology

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Phone: 08678 - 273533 / 94914 57799 / 73826 16824  
E mail: office@mictech.ac.in, Website: www.mictech.edu.in



## ACADEMIC AUDIT FINDING REPORT

Date : 09-11-2021

Dept of audit: Exam cell	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: D-Form report	
1. B.Tech II sem Regular - Sep-2021 - 20-10-2021 - Engg. Dept	
2. B.Tech IV sem Reg/Sup - Aug-2021 - 06-09-2021 - BSD HOD -	
3. MCA II sem Reg - Sep-2021 - 20-10-2021 - Comp. net	
Name of the auditor: Dr. B. pragathi	Signature of the auditor
Name of the auditee: Mr. M. sumi kumar	Signature of the auditee
Root cause for Non-Conformance – if observed : - - - - -	
Corrective Action: - - - - -	
Signature of Auditee:	Date:
Probable date of completion of work: - - - - -	
Date of follow-up audit: - - - - -	
Effectiveness of Corrective action verified (Report references): - - - - -	
Result of follow-up audit : - - - - -	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 09-11-2021

CC: Auditor, Auditee

HOD/Date

nijalulu

KJ  
Principal/Date



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## ACADEMIC AUDIT FINDING REPORT

Date : 9/11/2021

Dept of audit: IT Q.P	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
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### Description of audit

Verified system configurations register and backup details and breakdown record

Name of the auditor: A. Naga Parvam Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee

### Root cause for Non-Conformance – if observed :

### Corrective Action:

Signature of Auditee:	Date: 9/11/2021
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### Probable date of completion of work:

Date of follow-up audit:	
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### Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :	
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Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
--	-----------------------------------

Signature of the Auditor:	Date: 9/11/2021
---------------------------	-----------------

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/11/2021

Dept of audit: T & P	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit <p>checked and Record of molte interview for the Internship company.</p>	
Name of the auditor: A. NagaPavan Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 9/11/2021
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): <hr/>	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 9/11/2021

CC: Auditor, Auditee

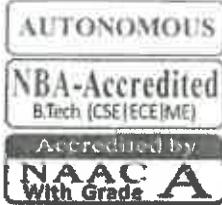
HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
**MIC College of Technology**  
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e-mail: dvhsmic@mictech.ac.in, Website: www.mictech.ac.in



**ACADEMIC AUDIT FINDING REPORT**

Date : 9/11/2021

Dept of audit: T & P	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

checked Employer feedback details  
checked list of Recruiters on hand

Name of the auditor: A. Naga Parvam Kumar	Signature of the auditor
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Name of the auditee: K. Prasad	Signature of the auditee
--------------------------------	--------------------------

Route cause for Non-Conformance – If observed : —

Corrective Action:

Signature of Auditee:	Date: 9/11/2021
-----------------------	-----------------

Probable date of completion of work:	—
--------------------------------------	---

Date of follow-up audit:	—
--------------------------	---

Effectiveness of Corrective action verified (Report references):  
\_\_\_\_\_

Result of follow-up audit : —

Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
---	--------------------------------------

Signature of the Auditor:	Date: 9/11/2021
---------------------------	-----------------

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



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## ACADEMIC AUDIT FINDING REPORT

Date : 9/11/2021

Dept of audit: FT q p	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
-----------------------	--

### Description of audit

Verified and checked students performance through conducting the aptitude tests.

Name of the auditor: A. Naga Pavankumar	Signature of the auditor
Name of the auditee: R. Prasad	Signature of the auditee

### Root cause for Non-Conformance – if observed :

### Corrective Action:

Signature of Auditee:	Date: 9/11/2021
-----------------------	-----------------

Probable date of completion of work: —

Date of follow-up audit: —

### Effectiveness of Corrective action verified (Report references):

Result of follow-up audit : —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 9/11/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 9/11/2021

Dept of audit: <u>TGP</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
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Description of audit

checked record of Job advertisements  
News letters, magazines.

Name of the auditor: <u>A. Naga Pavani Kumar</u>	Signature of the auditor
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: <u>9/11/2021</u>
-----------------------	------------------------

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references):  
—

Result of follow-up audit : —

Status of audit: Closed

Not Closed:

Signature of the Auditor:	Date: <u>9/11/2021</u>
---------------------------	------------------------

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date: 9/11/2021

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
----------------------	--

Description of audit

Verified Interested parties & Their expectations

Name of the auditor: A. Naga Parvam Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee

Root cause for Non-Conformance – If observed :

Corrective Action:

Signature of Auditee:	Date: 9/11/2021
-----------------------	-----------------

Probable date of completion of work: —

Date of follow-up audit: —	
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Effectiveness of Corrective action verified (Report references):

Result of follow-up audit : —	
-------------------------------	--

Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
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Signature of the Auditor:	Date: 9/11/2021
---------------------------	-----------------

CC: Auditor, Auditee

HOD/Date

Principal/Date



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21-22  
I-①

ACADEMIC AUDIT FINDING REPORT

Date : 09-05-2022

Dept of audit: Civil Engineering.	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Sem wise Results Analysis is carried out by the Department for corrective action.	
<u>Sample : 1</u> - II/I sem - Engineering Geology - 100% <u>Sample : 2</u> II/I sem - strength of Materials - 77.19%. <u>Sample : 3</u> II/I sem - WRE-II - 95.59%.	
Name of the auditor: B. Triveni	Signature of the auditor
Name of the auditee: K. Praasad	Signature of the auditee
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 09-05-2022
Probable date of completion of work: —	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):  _____  Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 09-05-2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 09-05-2022

Dept of audit	Civil Engineering	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Basing on Academic Structure Curriculum before starting of Sem dept receives affordable teaching load from the faculty In subject option form		
<u>Sample : 1</u> S. Ashok Kumar - ACET - WL=7 in I <sup>Y</sup> /I <sup>U</sup> sem <u>Sample : 2</u> S.V. Tejas Kumar Raju - Low cost Housing (WL=7) in II <sup>Y</sup> /II <sup>U</sup> sem <u>Sample : 3</u> Ajay Kumar Verma - PSC (WLT) in IV/V sem		
Name of the auditor:	B. Triveni	Signature of the auditor
Name of the auditee:	K. Prasad	Signature of the auditee
Root cause for Non-Conformance – if observed : —		
Corrective Action: —		
Signature of Auditee:		Date: 09-05-2022
Probable date of completion of work: —		
Date of follow-up audit:		
Effectiveness of Corrective action verified (Report references):  _____		
Result of follow-up audit: —		
Status of audit Closed <input checked="" type="checkbox"/>		Not Closed: <input type="checkbox"/>
Signature of the Auditor:		Date: 09-05-2022

CC: Auditor, Auditee

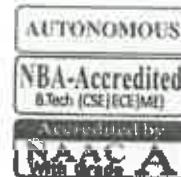
HOD/Date

Principal/Date



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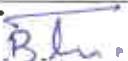
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21-22  
1.3

**ACADEMIC AUDIT FINDING REPORT**

Date : 09-05-2022

Dept of audit: <b>CE</b>	Category: Major <input type="radio"/> Minor <input type="radio"/>
<p><b>Description of audit</b> Department established Master timetable for smooth running of classes for A.Y 21-22</p> <p><u>Sample1:</u> Ch. Phani Sai - HTM - II/II Sem - Monday (9-10 am)</p> <p><u>Sample2:</u> D.L.K. Sowjanya - SE-II - II 12 Sem - Thursday (10-11 am)</p> <p><u>Sample3:</u> S. Ashok Kumar - ACET - IV/I Sem - Monday (11-12.50)</p>	
Name of the auditor: <b>B. Triveni</b>	Signature of the auditor 
Name of the auditee: <b>K. Prasad</b>	Signature of the auditee 
<p><b>Root cause for Non-Conformance – if observed :</b> —</p> <p><b>Corrective Action:</b> —</p>	
<p><b>Signature of Auditee:</b>  <b>Date:</b> 09-05-2022</p>	
<p><b>Probable date of completion of work:</b> —</p>	
<p><b>Date of follow-up audit:</b> —</p>	
<p><b>Effectiveness of Corrective action verified (Report references):</b> —</p>	
<p><b>Result of follow-up audit:</b> —</p>	
<p><b>Status of audit Closed:</b> <input checked="" type="radio"/> <b>Not Closed:</b> <input type="radio"/></p>	
<p><b>Signature of the Auditor:</b>  <b>Date:</b> 09-05-2022</p>	

**CC: Auditor, Auditee**

**HOD/Date**

**Principal/Date**



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**ACADEMIC AUDIT FINDING REPORT**

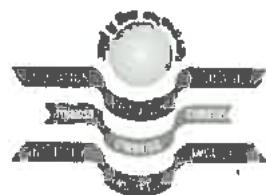
Date : 09-05-2022

Dept of audit: <u>CE</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
<p>Description of audit <u>As per curriculum MIC 18 &amp; MIC 20, dept prepared lab wise Operational manual with all details.</u></p> <p><u>I</u>/<u>II</u> sem - Surveying Lab  <u>I</u>/<u>II</u> sem - CAED Lab  <u>I</u>/<u>II</u> sem - TE Lab</p>	
Name of the auditor: <u>B. Triveni</u>	Signature of the auditor <u>B. Triveni</u>
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee <u>K. Prasad</u>
<p>Root cause for Non-Conformance – if observed: —</p> <p>Corrective Action: —</p>	
Signature of Audittee: <u>K. Prasad</u>	Date: <u>09-05-2022</u>
<p>Probable date of completion of work: —</p> <p>Date of follow-up audit: —</p>	
<p>Effectiveness of Corrective action verified (Report references): —</p>	
<p>Result of follow-up audit:</p>	
Status of audit Closed: <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: <u>B. Triveni</u>	Date: <u>09-05-2022</u>

CC: Auditor, Auditee

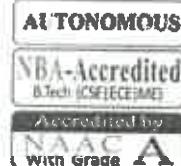
HOD/Date D. S. S.

Principal/Date K. Prasad



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ACADEMIC AUDIT FINDING REPORT

Date : 09-5-2022

Dept of audit **EEE**

Category: Major  Minor

Description of audit:

Unfiled External Examinations data and  
other related documents

Name of the auditor:

**Mr A Nage Pavam Kumar**

Signature of the auditor

Name of the auditee:

**Mr A V Kari Kumar**

Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

**Kumar**

Date:

**9/5/2022**

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit Closed

Not Closed:

Signature of the Auditor:

**A**

Date:

**9/5/2022**

CC: Auditor, Auditee

**P.N.K.**  
HOD/Date

**KJ**  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 09-5-2022

Dept of audit: **EEE**

Category: Major  Minor

Description of audit:

checked faculty FDP details, Workshop attended

Name of the auditor: **Mr A Naga Pavani Kumar**

Signature of the auditor

Name of the auditee: **Mr AV San Kumar**

Signature of the auditee

Route cause for Non-Conformance – if observed: —

Corrective Action: —

Signature of Auditee:

Date: 9/5/2022

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references):  
\_\_\_\_\_

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 9/5/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 09-5-2022

Dept of audit <b>EEG</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <i>Verified faculty Course files and other related documents</i>	
Name of the auditor: <b>Mr A Naga Pavan Kumar</b>	Signature of the auditor
Name of the auditee: <b>Mr A V Pari Kumar</b>	Signature of the auditee
Root cause for Non-Conformance – if observed: <b>Update course file</b>	
Corrective Action:	
Signature of Auditee:	Date: <b>7/5/2022</b>
Probable date of completion of work: <b>10/5/2022</b>	
Date of follow-up audit: <b>10/5/2022</b>	
Effectiveness of Corrective action verified (Report references):	
<hr/>	
Result of follow-up audit: <b>Completed</b>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>10/5/2022</b>

**CC: Auditor, Auditee**

HOD/Date

Principal/Date



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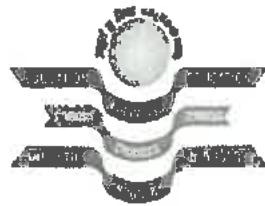
Date : 09-5-2022

Dept of audit:	EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  Verified Condonations and Detention list of the students.		
Name of the auditor:	Mr A Naga Pavani Kumar	Signature of the auditor
Name of the auditee:	Mr A V Ravinder Kumar	Signature of the auditee
Root cause for Non-Conformance – if observed : —		
Corrective Action: —		
Signature of Auditee:	Date: 9/5/2022	
Probable date of completion of work: —		
Date of follow-up audit: —		
Effectiveness of Corrective action verified (Report references): —		
Result of follow-up audit:		
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 9/5/2022	

CC: Auditor, Auditee

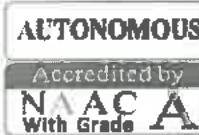
HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 7-11-2022

Dept of audit:	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<p>Curriculum plans for each subject were verified and found good. and HOD signatures indicating each class is being delivered in a systematic well planned manner.</p>	
Name of the auditor:	Signature of the auditor
Name of the auditee:	Signature of the auditee
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 2/11/2022
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 2/11/2022

CC: Auditor, Auditee

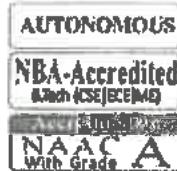
HOD/  
HOD/Date

Principal/  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 09-5-2022

Dept of audit: **EEE**

Category: Major  Minor

Description of audit:

1. Checked maintenance & Stock Registers
2. Checked Academic Book Statement

Name of the auditor: **Mr - A NAGA RAVI Kumar**

Signature of the auditor

Name of the auditee: **Mr A V Ravi Kumar**

Signature of the auditee

Route cause for Non-Conformance – if observed : **Nil**

Corrective Action: **Nil**

Signature of Auditee: **Ravindra**

Date: **09-5-2022**

Probable date of completion of work: **—**

Date of follow-up audit: **—**

Effectiveness of Corrective action verified (Report references): **—**

Result of follow-up audit: **—**

Status of audit: Closed

Not Closed:

Signature of the Auditor: **Ravindra**

Date: **09-5-2022**

CC: Auditor, Auditee

**HOD/Date**  
*M. M. 9/10/22*

**Principal/Date**  
*KH*



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**ACADEMIC AUDIT FINDING REPORT**

Date : 09/05/22

Dept of audit	Mechanical	Category: Major <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>
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Description of audit:

Department monitors subject wise syllabus allocated to the faculty for smooth running of II SEM. After that basing on the syllabus corrective actions planned.

Name of the auditor: DR. V. Sri Lakshmi

Signature of the auditor

Name of the auditee: Mrs. A. Naga Parvani Kumar

Signature of the auditee

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date:

09/05/22

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit Closed

Not Closed:

Signature of the Auditor:

Date:

09/05/22

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 09/05/22

Dept of audit	Mechanical	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Basing on Curriculum department receives faculty requisition form from other departments for inter-department subjects for smooth running of (21-22) IT sem.		
Name of the auditor:	Dr. V. Srilakshmi	Signature of the auditor
Name of the auditee:	Mr. A. Naga Pavani Kumar	Signature of the auditee
Route cause for Non-Conformance – if observed :		
Corrective Action:		
Signature of Auditee:	Date: <u>09/05/22</u>	
Probable date of completion of work:		
Date of follow-up audit:		
Effectiveness of Corrective action verified (Report references):		
Result of follow-up audit :		
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>09/05/22</u>	

CC: Auditor, Auditee

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HOD/Date

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Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date: 09/05/22

Dept of audit:	Mechanical	Category: Major <input checked="" type="checkbox"/>	Minor <input checked="" type="checkbox"/>
Description of audit:	Dept Evaluates and analyse subject wise marks achieved by the students in MID-I and MID-II of (21-22) II SEM details.		
Name of the auditor:	Dr. V. Sri Lakshmi	Signature of the auditor	
Name of the auditee:	Mr. A. Naga Pavan Kumar	Signature of the auditee	
Route cause for Non-Conformance – if observed :			
Corrective Action:			
Signature of Auditee:	Date: 09/05/22		
Probable date of completion of work:			
Date of follow-up audit:			
Effectiveness of Corrective action verified (Report references):			
Result of follow-up audit :			
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>		
Signature of the Auditor:	V. Sri Lakshmi	Date: 09/05/22	

CC: Auditor, Auditee

MOD>Date  
9/05/22

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date: 09/05/22

Dept of audit	Mechanical	Category: Major <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>
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Description of audit:

After completion of lab internals dept reports lab wise performance of individuals students with all the details.

Name of the auditor:	Dr. V. Srilakshmi	Signature of the auditor
Name of the auditee:	Mr. A. Naga Pavan Kumar	Signature of the auditee

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: 09/05/22
-----------------------	----------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed  Not Closed:

Signature of the Auditor:	Date: 09/05/22
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CC: Auditor, Auditee

HOD/Date

Principal/Date



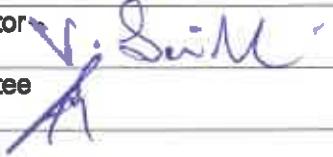
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ACADEMIC AUDIT FINDING REPORT

Date : 09/05/22

Dept of audit:	Mechanical	Category: Major <input checked="" type="checkbox"/>	Minor <input checked="" type="checkbox"/>
Description of audit:	checked student Result Analysis Department wise checked student details Register.		
Name of the auditor:	Dr. V. Srilekshmi 		
Name of the auditee:	M.Y.A.Nagapavan Kumar 		
Route cause for Non-Conformance – if observed :			
Corrective Action:			
Signature of Auditee:	Date: 09/05/22		
Probable date of completion of work:			
Date of follow-up audit:			
Effectiveness of Corrective action verified (Report references):			
Result of follow-up audit :			
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input checked="" type="radio"/>		
Signature of the Auditor:	Date: 09/05/22		

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 09/05/22

Dept of audit: <b>Mechanical</b>	Category: Major <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>
Description of audit: <b>Verified faculty R&amp;D register.</b>		
Name of the auditor: <b>Dr. V. Sri Lakshmi</b>	Signature of the auditor	
Name of the auditee: <b>Mr. A. Naga Payan Kumar</b>	Signature of the auditee	
Root cause for Non-Conformance – if observed:		
Corrective Action:		
Signature of Auditee:	Date: 09/05/22	
Probable date of completion of work:		
Date of follow-up audit:		
Effectiveness of Corrective action verified (Report references): <hr/>		
Result of follow-up audit :		
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 09/05/22	

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : ..09/05/2022

Dept of audit <b>E. C. E.</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>The workload of faculty is being maintained in ECE file for Sem-I (2021-22) &amp; II sem. Sample-1 : G. Amathe Lakshmi - 23 workload Sample-2: L. Tiruganesh - 20 workload.</p>	
Name of the auditor: <b>Mr. S.B.C Prasad</b>	Signature of the auditor
Name of the auditee: <b>Dr. B. Pragathi.</b>	Signature of the auditee
Root cause for Non-Conformance – If observed : — —	
Corrective Action: — —	
Signature of Auditee:	Date:
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit : — —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>09/05/2022</b>

CC: Auditor, Auditee

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 09/05/2022

Dept of audit: <u>E.C.E</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit  <u>Based on curriculum department review syllabus delivered once in a fortnight with all details in BCB (2021-22 I sem).</u> <u>Sample 1: Mr. S. Rama Kotekwara - BCA - 70% syllabus completed upto 31/05/2022</u> <u>Sample 2: I sem: Mr. K. Veeranand - AICA - 40% syllabus completed</u>	
Name of the auditor: <u>Mr. S. B. C. Prasad</u>	Signature of the auditor <u>SSP</u>
Name of the auditee: <u>Dr. B. Paragathi.</u>	Signature of the auditee <u>DPG</u>
Root cause for Non-Conformance – if observed : — —	
Corrective Action: — —	
Signature of Auditee: <u>PPF</u>	Date:
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit: — —	
Status of audit Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: <u>SSP</u>	Date: <u>09/05/2022</u>

CC: Auditor, Auditee

C. Parvathy  
HOD/Date

KJ  
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

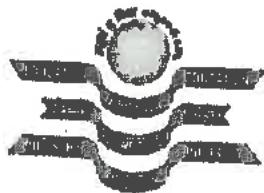
Date : ...09/05/2022

Dept of audit	E.C.E	Category:	Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit			
<p>Monthly attendance of students is being maintained in the department attendance file regularly.</p> <p>Sample 1 : 20H71A0450 - K.Tarun - 64%</p> <p>sample 2: 19H71A0487 - B. Praveen Reddy - 77.5%</p>			
Name of the auditor:	Mr. S.B. C Parasad	Signature of the auditor	
Name of the auditee:	Dr. B. Paragathi.	Signature of the auditee	
Root cause for Non-Conformance – If observed : — —			
Corrective Action: — —			
Signature of Auditee:		Date:	
Probable date of completion of work: — —			
Date of follow-up audit: — —			
Effectiveness of Corrective action verified (Report references): — —			
Result of follow-up audit : — —			
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>		
Signature of the Auditor:		Date: 09/05/2022	

CC: Auditor, Auditee

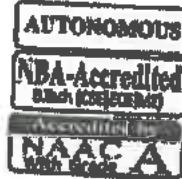
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ACADEMIC AUDIT FINDING REPORT

Date: 8/05/2022

Dept of audit: ECE

Category: Major  Minor

Description of audit:

checked feed-back forms for Employers  
checked co/E extra curricular activities register

Name of the auditor: Mr. S.B.C Prasad

Signature of the auditor

Name of the auditee: Dr. B. Pragathi

Signature of the auditee

Route cause for Non-Conformance – if observed: —

Corrective Action: —

Signature of Auditee:

Date: 8/5/2022

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

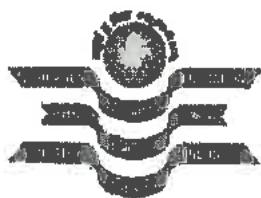
Date:

8/05/2022

CC: Auditor, Auditee

HOD/Date 9/5/22

Principal/Date



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21-22  
1Sem

ACADEMIC AUDIT FINDING REPORT

Date : 09/05/2022

Dept of audit: DE, C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Based on the curriculum department allotted (batch wise) major projects to the students and details were recorded (18-22 batch) Sample1: G. Anantha Lakshmi - Project batch B11 Sample2: Mr. N.V. M.m. Sarma - Project batch B12 Sample3: Mr. C.H. Pullearao - project batch - C13	
Name of the auditor: Mr. S.B.C Prasad.	Signature of the auditor:
Name of the auditee: Dr. B. Pragathi	Signature of the auditee:
Root cause for Non-Conformance – if observed: — —	
Corrective Action: — —	
Signature of Auditee:	Date:
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit: — —	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 09/05/2022

CC: Auditor, Auditee



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**ACADEMIC AUDIT FINDING REPORT**

Date : 09/05/2022

Dept of audit <b>E. C. E.</b>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit:  <i>Placement analysis for the Academic year 2021-22 till date has been recorded.</i> <i>Sample 1 : 2021-22 - Registered - 163, placed - 125</i>	
Name of the auditor: <b>Mr. S.B.C Prasad</b>	Signature of the auditor
Name of the auditee: <b>Dr. B. Pragathi</b>	Signature of the auditee
Root cause for Non-Conformance – if observed: — —	
Corrective Action: — —	
Signature of Auditee:	Date: _____
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit: — —	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 09/05/2022

**CC: Auditor, Auditee**

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 9-5-2022

Dept of audit: Admin	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<p style="margin-left: 40px;">TDS Records for staff or faculty          (Form -16, IT Returns) is maintained.</p>	
Name of the auditor: V. Srivakshni	Signature of the auditor: V. S. M.
Name of the auditee: A. Balaji	Signature of the auditee: A. B. K.
Root cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 9-5-2022

CC: Auditor, Auditee

A. B. K.  
 HOD/Date 9/5/2022

K  
 Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 09/05/2022

Dept of audit: Library	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

Department receives details of faculty, students who wish to avail the library in a registration form, to proceed further

Mr. T. Narendra Kumar - 1936 (EMP ID)

Name of the auditor: Mr. S. B. C Prasad	Signature of the auditor:
Name of the auditee: Mrs. B. Mandira.	Signature of the auditee:

Root cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee: —	Date: —
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Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:	Date: 09/05/2022
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CC: Auditor, Auditee

Modi Date  
09/05/22

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/5/2022

Dept of audit: CSE

Category: Major  Minor

Description of audit:

Details of students selected in on and off campus recruitment along with offer letters

Name of the auditor: Dr. B. Pragadhi

Signature of the auditor:

Name of the auditee: V. Srilakshmi

Signature of the auditee: V. Srilakshmi

Route cause for Non-Conformance – if observed: —

Corrective Action: —

Signature of Auditee: V. Srilakshmi

Date: 10/5/2022

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed  Not Closed:

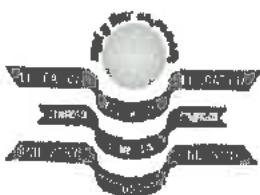
Signature of the Auditor:

Date: 10/5/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/5/2022

Dept of audit: <b>CSE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <b>Student Project details</b> <b>Verifying Project books</b>	
Name of the auditor: <b>Dr. B. Pragathi</b>	Signature of the auditor
Name of the auditee: <b>V. Smrithi</b>	Signature of the auditee
Root cause for Non-Conformance – if observed :  —	
Corrective Action:  —	
Signature of Auditee:	Date: 10/5/2022
Probable date of completion of work:	
Date of follow-up audit:  —	
Effectiveness of Corrective action verified (Report references):  —	
Result of follow-up audit:  —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor	Date: 10/5/2022

CC: Auditor, Auditee

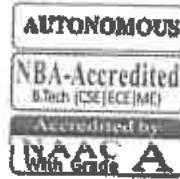
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ACADEMIC AUDIT FINDING REPORT

Date : 10/15/2022

Dept of audit: CSE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  verifying syllabus coverage, lesson plans and participation of faculty participation in different activities	
Name of the auditor: Dr. B. Pragathi	Signature of the auditor:
Name of the auditee: V. Srilakshmi	Signature of the auditee:
Root cause for Non-Conformance – if observed: -	
Corrective Action: -	
Signature of Auditee:	Date: 10/15/2022
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 10/15/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/5/2022

Dept of audit: CSE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  Verifying mentoring books - Details of the students - fee details, backlog, attendance percentage	
Name of the auditor: Dr.B. Pragathi	Signature of the auditor:
Name of the auditee: V. Srilakshmi	Signature of the auditee:
Route cause for Non-Conformance – if observed :  	
Corrective Action:  	
Signature of Auditee:	Date: 10/5/2022
Probable date of completion of work:	
Date of follow-up audit:  	
Effectiveness of Corrective action verified (Report references):  	
Result of follow-up audit:  	
Status of audit: Closed: <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 10/5/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/5/2022

Dept of audit: CS &	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  verified FOPI attended by the faculty checked number of papers published by the faculty Number of workshops attended by the faculty	
Name of the auditor: Dr. B. Pragathi	Signature of the auditor:
Name of the auditee: V. Srilekshmi	Signature of the auditee:
Route cause for Non-Conformance – if observed: Nil	
Corrective Action: —	
Signature of Auditee:	Date: 10/5/2022
Probable date of completion of work: —	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 10/5/2022

CC: Auditor, Auditee

HOD/Date 10/5/2022

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT 21-22**

Date : 10/5/2022

Dept of audit: <u>BED</u>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
<b>Description of audit:</b> <i>Verified Sem end Exam result adjust. (Dept wise)</i> <i>Verified Internal Marks register</i>	
Name of the auditor: <u>E. P. Venkayya</u>	Signature of the auditor <u>[Signature]</u>
Name of the auditee: <u>SBC prasad</u>	Signature of the auditee <u>[Signature]</u>
<b>Root cause for Non-Conformance – If observed :</b> —	
<b>Corrective Action:</b>	
Signature of Auditee:	Date: <u>10/5/22</u>
<b>Probable date of completion of work:</b>	
<b>Date of follow-up audit:</b>	
<b>Effectiveness of Corrective action verified (Report references):</b> <hr/>	
<b>Result of follow-up audit :</b>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <u>[Signature]</u>	Date: <u>10/5/22</u>

CC: Auditor, Auditee

HOD/a/Date

KJ  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT** *21-22*

Date : *10/5/2022*

Dept of audit: <b>BED</b>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit:	
<ul style="list-style-type: none"> <li>* Verified laboratory timetables</li> <li>* verified lab manuals</li> <li>* verified labwise students attendance register.</li> </ul>	
Name of the auditor: <b>K. P. Rajeswari</b>	Signature of the auditor
Name of the auditee: <b>SBC prasad</b>	Signature of the auditee
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: <i>10/5/22</i>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <i>10/5/22</i>
CC: Auditor, Auditee <i>✓ ✓</i>	
HOD/Date <i>✓ ✓</i>	Principal/Date



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ACADEMIC AUDIT FINDING REPORT

21-22

Date : 10/5/2022

Dept of audit: <b>SED</b>	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<ul style="list-style-type: none"> <li>* Verified the lesson plans for each subject</li> <li>* verified lesson notes - methodology.</li> <li>* Verified Assignment award record for each faculty.</li> </ul>	
Name of the auditor: <b>lc. prasad</b>	Signature of the auditor
Name of the auditee: <b>dr. prasad</b>	Signature of the auditee
Root cause for Non-Conformance – if observed : —	
Corrective Action:	
Signature of Auditee:	Date: <b>10/5/22</b>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>10/5/22</b>

CC: Auditor, Auditee

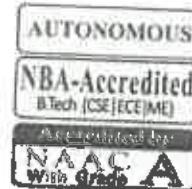
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ACADEMIC AUDIT FINDING REPORT 21-22

Date : 10/5/2022

Dept of audit: **BED**

Category: Major  Minor

Description of audit:

1. Verified the Course file which shall have to maintain by each teaching faculty / lecturer
2. Verified course objectives, outcomes for each subject

Name of the auditor: **E.P.Yadu**

Signature of the auditor

Name of the auditee: **SBCprasad**

Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee:

Date: 10/5/22

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 10/5/22

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT 21-22**

Date : 10/5/2022

Dept of audit: **BED**

Category: Major  Minor

Description of audit:

1. Verified the Feedback on faculty file.  
(Both lab & class)
2. Material content (Lab, General items) file verified.

Name of the auditor: **K. Prages**

Signature of the auditor

Name of the auditee:

Signature of the auditee

Root cause for Non-Conformance – if observed : **Nil**

Corrective Action: **Nil**

Signature of Auditee:

Date: 10/5/22

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 10/5/22

CC: Auditor, Auditee

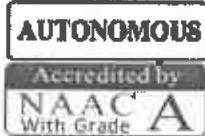
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**ACADEMIC AUDIT FINDING REPORT**

Date : ..10.15.2022

Dept of audit: <b>AI &amp; IT</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <p>After completion of Mid exams, final exam result Analysis reported in AI&amp;IT - FOSS</p> <p><u>sample-I</u> Hadoop &amp; Hadoop - R.Vijaya ≥ 60% - 61 Members class Avg 9.65/15</p> <p><u>sample-II</u> Mobile computing - S. Ravanya ≥ 60% 53 Members class avg - 7.53/15</p>	
Name of the auditor: <b>A. V Ravi Kumar</b>	Signature of the auditor 
Name of the auditee: <b>B. Triveni</b>	Signature of the auditee 
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: —	Date: _____
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>10.15.2022</b>

CC: Auditor, Auditee 

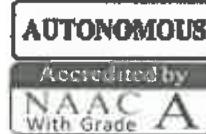
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**ACADEMIC AUDIT FINDING REPORT**

Date : 10.15/2022

Dept of audit: <b>AI &amp; IT</b>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit:  Based on the MIC 20 Regulation, the final lab internal marks for the A-Y 2022-23 / I sem filled in FO46 <u>Sample-I</u> 20H7IASU10 - unix and shell - 11/15 Programming <u>Sample-II</u> 20H7IASU19 - DOPS Lab - 14/15	
Name of the auditor: <b>A.V.Ravi Kumar</b>	Signature of the auditor 
Name of the auditee: <b>B.Triveni</b>	Signature of the auditee 
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: —	Date:
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: <b>10.15/2022</b>

**CC: Auditor, Auditee**

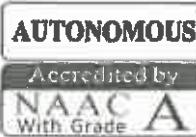
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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/5/2022

Dept of audit:	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
A.I & IT	

Description of audit:

Students disciplinary actions for the A.Y 2022-23/II Sem reported in AI & IT FaoB

sample-I T. charan - 21HHA1205 - one week suspended - fine 5000/-

sample-II Ch. Ravi Teja - 21HHA1241 - one week suspended 5000/- fine

Name of the auditor:	Signature of the auditor
A.U. Ravi Kumar	[Signature]

A.U. Ravi Kumar

[Signature]

B.Trueni

[Signature]

B.Trueni

Root cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee:	Date:

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit :	

Status of audit: Closed

Not Closed:

Signature of the Auditor:	Date:
	10/5/2022

CC: Auditor, Auditee

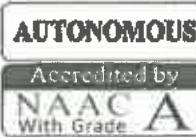
HOD/Date *(Signature)*

*K*  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/5/2022

Dept of audit:	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
AI & IT	
Description of audit:  Department planned for the A.Y 2022-23 workshops/ FDPS for the students reported in FOBT	
<u>Sample-I</u> Aparna.s - 20THA1204 - Building application with Python <u>Sample-II</u> Tharshitha.v - 20THA1210 - Building application with Python	
Name of the auditor:	Signature of the auditor
A.V. Ravi Kumar	
Name of the auditee:	Signature of the auditee
B.Tripathi	
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date:
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date:
10/5/2022	

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/5/2022

Dept of audit: <b>AI&amp;IT</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<p>1. Checked course files,          staff duties of all the staff Members</p>	
Name of the auditor: <b>A.V.Rashi Kumar</b>	Signature of the auditor
Name of the auditee: <b>B.Triveni</b>	Signature of the auditee
Root cause for Non-Conformance – if observed: <b>update course Files</b>	
Corrective Action: —	
Signature of Auditee:	Date: <b>10 - 05 - 2022</b>
Probable date of completion of work: <b>11-05-2022</b>	
Date of follow-up audit: <b>12-05-2022</b>	
Effectiveness of Corrective action verified (Report references): <b>updated</b>	
Result of follow-up audit: <b>completed</b>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>10 - 05 - 2022</b>

CC: Auditor, Auditee

HOD/Date **10/5/22**

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : ...10-05-2022

Dept of audit: Exam Cell	Category: Major <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>
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Description of audit:

Exam Notice file.

Sample no

1. B.Tech II Sem Advanced Supply – Apr-2022-08-4-2022
2. B.Tech I Sem Reg /Supply – Mar-2022- 25-3-2022

Name of the auditor: Dr. B. pragath	Signature of the auditor
Name of the auditee: Mr. M. Boni   Kumar	Signature of the auditee

Root cause for Non-Conformance – If observed :

Corrective Action:

Signature of Auditee:	Date:
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Probable date of completion of work:

Date of follow-up audit:	
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Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :	
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Status of audit: Closed  Not Closed:

Signature of the Auditor:	Date:
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CC: Auditor, Auditee

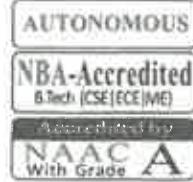
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**ACADEMIC AUDIT FINDING REPORT**

Date : 10-05-22

Dept of audit: <u>Exam cell</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Consolidated Marks Memo</u>	
1. 17H71AU5A4 - K-Sai Sandeep - JNTUK, 2. 18H76AU350 - Tejanand G - JNTUK .	
Name of the auditor: <u>Dr. B. pragathi</u>	Signature of the auditor <u>Prg</u>
Name of the auditee: <u>Mr. M. sunil kumar</u>	Signature of the auditee <u>M.V. Iyer</u>
Root cause for Non-Conformance – If observed : <u>-----</u>	
Corrective Action: <u>-----</u>	
Signature of Auditee: <u>-----</u>	Date: <u>-----</u>
Probable date of completion of work: <u>-----</u>	
Date of follow-up audit: <u>-----</u>	
Effectiveness of Corrective action verified (Report references): <u>-----</u>	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: <u>Prg</u>	

CC: Auditor, Auditee nitish

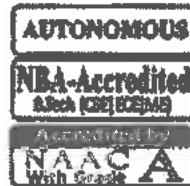
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KJ  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10-05-22

Dept of audit: Exam cell	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: D-form report	
Sample 1: B.Tech VII sem - Suppl - 09-05-2022 —WSN-EEG	
Sample 2: B.Tech I Sem - Reg - 13-04-2022 —BMS-EEG	
Name of the auditor: Dr. B. pragathi	Signature of the auditor
Name of the auditee: Mr. M.sunil kumar	Signature of the auditee
Root cause for Non-Conformance – if observed : -----	
Corrective Action: -----	
Signature of Auditee: -----	Date: -----
Probable date of completion of work: -----	
Date of follow-up audit: -----	
Effectiveness of Corrective action verified (Report references): -----	
Result of follow-up audit : -----	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: drj	Date:

CCP Auditor, Auditee

HOD/Date

ajy101512

KJ  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/5/2022

Dept of audit: <u>TQP</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
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Description of audit:

Verified Record of Job concerns and recorded lab marks and Internal and external marks.

Name of the auditor: <u>A. Naga Pavam Kumar</u>	Signature of the auditor
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee

Root cause for Non-Conformance – if observed:

Corrective Action:

Signature of Auditee:	Date: <u>10/5/2022</u>
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Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 10/5/2022

CC: Auditor, Auditee

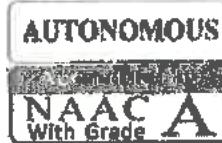
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Email: office@mictech.ac.in, Website: www.mictech.edu.in



**ACADEMIC AUDIT FINDING REPORT**

Date : 10/5/2022

Dept of audit: <b>TGP</b>	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

Notified internal and External issues,  
action plan about the students.

Name of the auditor: <b>A. Naga Pavankumar</b>	Signature of the auditor
Name of the auditee: <b>K. Prasad</b>	Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: 10/5/2022
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Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit : —	
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Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
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Signature of the Auditor:	Date: 10/5/2022
---------------------------	-----------------

CC: Auditor, Auditee

HOD Date

Principal Date



DVR & Dr. HS  
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ACADEMIC AUDIT FINDING REPORT

Date : 10/5/22

Dept of audit: TGP	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
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Description of audit:

Verified and Record Alumni Registration  
Form and performance of the students  
in interviews.

Name of the auditor: A. Naga Pavankumar	Signature of the auditor
Name of the auditee: R. Prasad	Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: 10/5/22
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Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :	
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Status of audit: Closed  Not Closed:

Signature of the Auditor:	Date: 10/5/2022
---------------------------	-----------------

CC: Auditor, Auditee

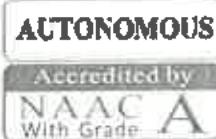
HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date: 10/5/22

Dept of audit: <u>T&amp;P</u>	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

Verified and checked the student performance participating in the CRT classes.

Name of the auditor: <u>A.Naga Pavankumar</u>	Signature of the auditor
Name of the auditee: <u>K.Prasad</u>	Signature of the auditee

Root cause for Non-Conformance – if observed:

Corrective Action:

Signature of Auditee:	Date: <u>10/5/2022</u>
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Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit: <u>—</u>	
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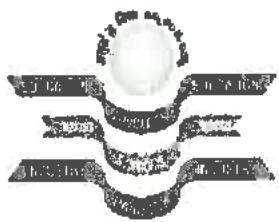
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
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Signature of the Auditor: <u>KP</u>	Date: <u>10/5/2022</u>
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CC: Auditor, Auditee

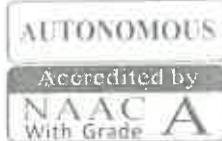
HOD/Date

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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/5/2022

Dept of audit: TQP	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
--------------------	--

Description of audit:

Record - the Faculty development certificates and Internship certificates of the students.

Name of the auditor: Anaga Pavan Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: 10/5/2022
-----------------------	-----------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed  Not Closed:

Signature of the Auditor:	Date: 10/5/2022
---------------------------	-----------------

CC: Auditor, Auditee

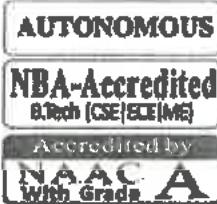
HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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### ACADEMIC AUDIT FINDING REPORT

Date : ..10/5/2022

Dept of audit: **T&P**

Category: Major  Minor

Description of audit:

Academic Performance placement and Higher studies data of student is Verified.

Name of the auditor: **A.Naga Pavan Kumar**

Signature of the auditor

Name of the auditee: **R. Pasad**

Signature of the auditee

Route cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee:

Date: **10/5/2022**

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit : —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: **10/5/2022**

CC: Auditor, Auditee

HOD/Date

Principal/Date

2020-2021



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20-21  
I-①

**ACADEMIC AUDIT FINDING REPORT**

Date : 09-11-2020

Dept of audit: <b>CE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: After establishment of Master time table department allots workloads to the following faculty for smooth running of 20-21 (2 sem)  1. G. Sukanya - (RS-G2s) 2. A.V.V. SriRao - (CT)	
Name of the auditor: <b>P. Narasimha Rao</b>	Signature of the auditor
Name of the auditee: <b>K. Prasad</b>	Signature of the auditee
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 09-11-2020
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor	Date: 09-11-2020

CC: Auditor, Auditee

6/9/11  
HOD/Date

K  
Principal/Date



Devineui Venkata Ramana & Dr.Hima Sekhar  
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L-0

**ACADEMIC AUDIT FINDING REPORT**

Date : 09-11-2020

Dept of audit: CE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>After Completion of sem- wise Syllabus department receives subject wise feedback from the students , analysis was carried out for taking corrective actions.</p>	
Name of the auditor: P.Narasimha Rao	Signature of the auditor
Name of the auditee: K.Prasad	Signature of the auditee
Root cause for Non-Conformance – If observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 09-11-2020
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 09-11-2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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2 - ③

**ACADEMIC AUDIT FINDING REPORT**

Date : 09-11-2020

Dept of audit: CE	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <p>Details of students felt under condonation were evident. the same was upload in files of respective Department</p>	
Name of the auditor: P. Narasimha Rao	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 09-11-2020
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 09-11-2020

CC: Auditor, Auditee

✓ 9/11  
HOD/Date

KJ  
Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 09-11-2020

Dept of audit: CE	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <p>All the details of existing faculty profiles are evident for regular review.</p> <p>1. A.V.V.SaiRam - Asst-Prof 2. P.L.K. Soumya - Asst-Prof</p>	
Name of the auditor: P.Narasimha Rao	Signature of the auditor:
Name of the auditee: K.Prasad	Signature of the auditee:
Root cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee:	Date: 09-11-2020
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 09-11-2020

CC: Auditor, Auditee

10/11  
HOD/Date

KJ  
Principal/Date



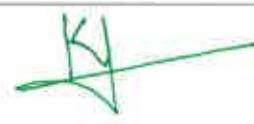
### ACADEMIC AUDIT FINDING REPORT

Date : 9-11-2020

Dept of audit: <b>CE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
Verified Student Performance Report. Verified Lab Sectional Record. Checked stock Registers.	
Name of the auditor: <b>P.Narasimha Rao</b>	Signature of the auditor 
Name of the auditee: <b>K. Prasad</b>	Signature of the auditee 
Route cause for Non-Conformance – if observed : <b>Maintain Stock Registers</b>	
Corrective Action:	
Signature of Auditee: 	Date: <b>9-11-2020</b>
Probable date of completion of work:	
Date of follow-up audit: <b>10-11-2020</b>	
Effectiveness of Corrective action verified (Report references): <b>Completed</b>	
Result of follow-up audit : <b>Closed</b>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: 	Date: <b>10-11-2020.</b>

CC: Auditor, Auditee

  
 HOD/Date  
 10/11

  
 Principal/Date



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21-22  
I-(1)

**ACADEMIC AUDIT FINDING REPORT**

Date : 08-11-2021

Dept of audit: <b>Civil Engineering</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Department takes feedback from the students once in a semester to measure the deviations, if any against a cutoff satisfaction level with other details in file.	
Name of the auditor: <b>B. Triveni</b>	Signature of the auditor
Name of the auditee: <b>K. Prasad</b>	Signature of the auditee
Root cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee:	Date: <b>08-11-2021</b>
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: .	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>08-11-2021</b>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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21-22  
1 - 2

**ACADEMIC AUDIT FINDING REPORT**

Date : 08-11-2021

Dept of audit: <u>Civil Engineering</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Department analyses sem-wise results in CE-FOR3.</u> <u>Sample-1 : 2021-2022 16 students cleared all 6 subjects in I-II</u> <u>Sample-2 : 2020-2021 only 80 students passed 3 out of 5 subjects</u> <u>Sample-3 : 2021-2022 20 students cleared 6 subjects in I-II-P.</u>	
Name of the auditor: <u>B. Triveni</u>	Signature of the auditor <u>B. Triveni</u>
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee <u>B</u>
Route cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: <u>K. Prasad</u>	Date: <u>08-11-2021</u>
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <u>B. Triveni</u>	Date: <u>08-11-2021</u>

CC: Auditor, Auditee

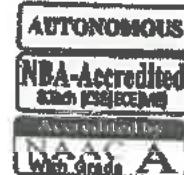
6/11  
HOD/Date

KJ  
Principal/Date



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21-22  
J 3

## ACADEMIC AUDIT FINDING REPORT

Date: 08-11-2021

Dept of audit: Civil Engineering	Category: Major O Minor O
Description of audit: Department evaluates and analyse subject wise marks achieved by the students in MID-2 & MID-1 (21-22, 2sem) details & reported in file.	
Name of the auditor: B. Triveni	Signature of the auditor B.T.
Name of the auditee: K. Praeed.	Signature of the auditee B.
Route cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee: B.	Date: 08-11-2021
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: B.T.	Date: 08-11-2021

CC: Auditor, Auditee

Bg/11  
HOD/Date

K  
Principal/Date



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21/11/22  
1 - ⑦

**ACADEMIC AUDIT FINDING REPORT**

Date : 08-11-2021

Dept of audit: Civil	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: After Completion of lab Internals department reports lab wise performance of individual students with all the details.	
Name of the auditor: B-Triveni	Signature of the auditor:
Name of the auditee: K. Prasad.	Signature of the auditee:
Root cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee:	Date: 08-11-2021
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 08-11-2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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21-22  
(2)

**ACADEMIC AUDIT FINDING REPORT**

Date : 08-11-2021

Dept of audit: CE	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit:  checked Alumni Registration Forms checked staff Attendance Registers	
Name of the auditor: B. Triveni	Signature of the auditor 
Name of the auditee: K. Prasad	Signature of the auditee 
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: 	Date: 08-11-2021
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: 	Date: 08-11-2021

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 09-11-2020

Dept of audit: **EEE**

Category: Major  Minor

Description of audit:

1. Checked faculty feedback
2. Checked Syllabus Coverage Monitoring

Name of the auditor: <b>Mr A Naga Pavan Kumar</b>	Signature of the auditor
Name of the auditee: <b>Mr AV Karri Atuman</b>	Signature of the auditee

Root cause for Non-Conformance – if observed : **Update Faculty Feedback**

Corrective Action:

Signature of Auditee: <b>Lindeon</b>	Date: <b>10-11-2020</b>
--------------------------------------	-------------------------

Probable date of completion of work: **10-11-2020**

Date of follow-up audit: **10-11-2020**

Effectiveness of Corrective action verified (Report references): **Updated Faculty feedback**

Result of follow-up audit: **Completed**

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: **10-11-2020**

CC: Auditor, Auditee

HOD/Date

*Santosh*

Principal/Date

*KV*



Devineni Venkata Ramana & Dr.Hima Sekhar  
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With Grade A

**ACADEMIC AUDIT FINDING REPORT**

Date : 09-11-2020

Dept of audit:

*EEE*

Category: Major

Minor

Description of audit:

*Surfaced Students Attendance Reports  
Department has been actively maintaining the  
reports for every 15 days and monthwise - found good*

Name of the auditor:

*Mr. A Naga Parvam Kumar*

Signature of the auditor

Name of the auditee:

*Mr A V Sankar Kumar*

Signature of the auditee

Root cause for Non-Conformance – if observed:

Corrective Action:

Signature of Auditee:

*Sankar*

Date: 9/11/2020

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit Closed

Not Closed:

Signature of the Auditor:

*A*

Date:

*9/11/2020*

CC: Auditor, Auditee

*get*  
HOD/Date

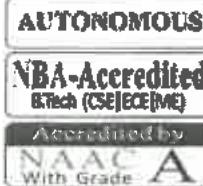
*KJ*  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 09-11-2020

Dept of audit: **EEE**

Category: Major  Minor

Description of audit:

Verified the student feedback on faculty

Name of the auditor: **Mr ANGEL Parveen Kumar**

Signature of the auditor

Name of the auditee: **Mr AV Kanti Kumar**

Signature of the auditee

Root cause for Non-Conformance – If observed : —

Corrective Action:

Signature of Auditee:

Date: 9/11/2020

Probable date of completion of work: —

Date of follow-up audit

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 9/11/2020

CC: Auditor, Auditee

HOD/Date

*Sita*

*KJ*

Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar  
**MIC College of Technology**  
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e-mail: dvrcsmic@mictech.ac.in, Website: www.mictech.ac.in



**ACADEMIC AUDIT FINDING REPORT**

Date: 09-11-2020

Dept of audit: <b>EEE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  Unfixed lab awards of the students Unfixed lab mammals	
Name of the auditor: <b>Mr A Naga Ravi Kumar</b>	Signature of the auditor
Name of the auditee: <b>Mr A V Ravi Kumar</b>	Signature of the auditee
Root cause for Non-Conformance – if observed: _____	
Corrective Action: _____	
Signature of Auditee:	Date: <b>9/11/2020</b>
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references):  _____	
Result of follow-up audit: _____	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>9/11/2020</b>

CC: Auditor, Auditee

*coot*  
HOD/Date

*KJ*  
Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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Accredited by <b>NAAC</b> <b>A</b> With Grade A

**ACADEMIC AUDIT FINDING REPORT**

Date : 09-11-2020

Dept of audit: **EEE**

Category: Major  Minor

Description of audit:

Visited Student / Faculty Association Activities

Name of the auditor: **Mr A Naga Parwan Kumar**

Signature of the auditor

Name of the auditee: **Mr AV Sankar Kumar**

Signature of the auditee

Root cause for Non-Conformance – if observed: —

Corrective Action: —

Signature of Auditee: **Sankar**

Date: **9/11/2020**

Probable date of completion of work:

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

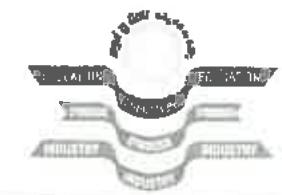
Signature of the Auditor:

Date: **9/11/2020**

CC: Auditor, Auditee

*Gupta*  
HOD/Date

*KY*  
Principal/Date



20 - 21

**Devineni Venkata Ramana & Dr.Hima Sekhar**  
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NAAC <b>A</b>

**ACADEMIC AUDIT FINDING REPORT**

Date : 09/11/20

Dept of audit: <b>Mechanical</b>	Category: Major <input checked="" type="checkbox"/>	Minor <input checked="" type="checkbox"/>
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Description of audit:

Department Monitors subject wise syllabus Allocated to the faculty for smooth running of I SEM. After that basing on the syllabus Coverage corrective actions planned.

Name of the auditor: <b>Dr.V. Srilakshmi</b>	Signature of the auditor 
Name of the auditee: <b>MR.A.Naga Pavan Kumar</b>	Signature of the auditee 

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee: 	Date: 09/11/20
---	----------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 09/11/20

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar  
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NAAC **A**

With Grade **A**

**ACADEMIC AUDIT FINDING REPORT**

Date : 09/11/20

Dept of audit: **Mechanical**

Category: Major  Minor

Description of audit:

Basing on curriculum department receives faculty requisition form from other departments for inter department subjects for smooth running of (20-21) I SEM.

Name of the auditor: **Dr.V.Srilakshmi**

Signature of the auditor

Name of the auditee: **Mr.A.NagaPavan Kumar**

Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: 09/11/20

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

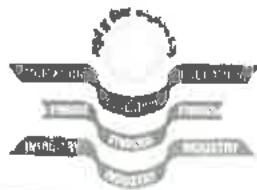
Date:

09/11/20

CC: Auditor, Auditee

HOD/Date

Principal/Date



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With Grade

**ACADEMIC AUDIT FINDING REPORT**

Date : 09/11/20

Dept of audit:	<b>Mechanical</b>	Category: Major <input checked="" type="checkbox"/>	Minor <input checked="" type="checkbox"/>
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Description of audit:

Dept Evaluates and analyse subject wise marks achieved by the students in MID-I and MID-II of (20-21) I SEM details.

Name of the auditor:	<b>Dr. V. Sri Lakshmi</b>	Signature of the auditor
Name of the auditee:	<b>Mr. A. Naga Pavan Kumar</b>	Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date:
-----------------------	-------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

V. Sri Lakshmi

Date: 09/11/20

CC: Auditor, Auditee

K  
HOD/Date

Besse  
Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 09/11/20

Dept of audit: **Mechanical**

Category: Major

Minor

Description of audit:

After completion of lab internals dept reports lab wise performance of individual students with all the details.

Name of the auditor: **Dr. V. Srilakshmi**

Signature of the auditor

Name of the auditee: **MR.A.Naga Ravan Kumar**

Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: 09/11/20

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

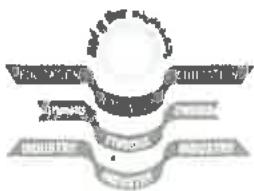
Date:

09/11/20

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 09/11/20

Dept of audit: Mechanical

Category: Major

Minor

Description of audit:

checked student result Analysis Department wise. checked student details register.

Name of the auditor: Dr. V. Srilakshmi

Signature of the auditor

Name of the auditee: Mr. A. Naga Pavan Kumar

Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: 09/11/20

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

V. Srilakshmi

Date: 09/11/20

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : ...09/11/20

Dept of audit:	Mechanical	Category: Major <input checked="" type="checkbox"/>	Minor <input checked="" type="checkbox"/>
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Description of audit:

Verified faculty R & D Register.

Name of the auditor:	Dr.V.Srilakshmi	Signature of the auditor
Name of the auditee:	Mr.A.Naga Pavan Kumar	Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: 09/11/20
-----------------------	----------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date:

09/11/20

CC: Auditor, Auditee

K  
HOD/Date

B Sreedhar  
Principal/Date



**ACADEMIC AUDIT FINDING REPORT**

Date : 9/11/2020

Dept of audit: <b>ECE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>checked syllabus coverage monitoring semester wise checked staff attendance registers</p>	
Name of the auditor: <b>Mr. S. B.C. Prasad</b>	Signature of the auditor
Name of the auditee: <b>Mr. B.R.K. Singh</b>	Signature of the auditee
Root cause for Non-Conformance – if observed: _____	
Corrective Action: _____	
Signature of Auditee:	Date: 9/11/2020
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit: _____	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 9/11/2020

**CC: Auditor, Auditee**

HOD/Date 11/11/2020

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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Batch ECE(ME)

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**NAAC** A

With Grade

20-21

1sem

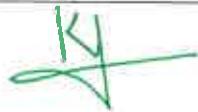
**ACADEMIC AUDIT FINDING REPORT**

Date : 09/11/2020

Dept of audit: <b>E.C.E.</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  All the detail in the existing faculty profiles were proper in ECE.  Sample 1 : Mr. C.H. Polarao Sample 2 : Mr. D. Rahul Sample 3 : Miss. T. Sridevi Based on the Academic Calender, department established day from 19-20 Time-table	
Name of the auditor: <b>Mr. S.B.C. prasad.</b>	Signature of the auditor 
Name of the auditee: <b>Mr. B.R.K. singh.</b>	Signature of the auditee 
Root cause for Non-Conformance – if observed : — —	
Corrective Action: — —	
Signature of Auditee: 	Date:
Probable date of completion of work:	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit : — —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: 	Date: 09/11/2020.

CC: Auditor, Auditee 

  
HOD/Date

  
Principal/Date



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With Grade A

**ACADEMIC AUDIT FINDING REPORT**

Date : 09/11/2020

Dept of audit	E.C.E	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
<p>Description of audit:</p> <p>Based on the academic calender, department established Class time table 19-20 with all details properly. In ECE to proceed further.</p> <p>Sample 1: II/I - Thur - NT - 1<sup>st</sup> hr - Mr. Raj Kumar Jaiswal</p> <p>Sample 2: III/I - wed - MPMC - 3<sup>rd</sup> hr - T. Sridevi</p>		
Name of the auditor:	Mr. S.B.C Prasad	Signature of the auditor
Name of the auditee:	Mr. B.R.K. Singh	Signature of the auditee
<p>Root cause for Non-Conformance – if observed: _____</p>		
<p>Corrective Action: _____</p>		
Signature of Auditee:		Date:
<p>Probable date of completion of work:</p>		
<p>Date of follow-up audit: _____</p>		
<p>Effectiveness of Corrective action verified (Report references): _____</p>		
<p>Result of follow-up audit: _____</p>		
Status of audit:	Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:		Date: <u>09/11/2020</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 09/11/2020

Dept of audit: **E.C.E.**

Category: Major  Minor

Description of audit:

Based on the Academic year Calender department faculty plans, lessons, Subject wise in ECE

Sample 1 : Mr. C.H. Laxmana - AICA (A) - II/II Sem

Sample 2 : Dr. B. Pragathi Rao - VLSI Design (A) - III / II Sem

Name of the auditor: **Mr. S.B.C. Prasad**

Signature of the auditor

Name of the auditee: **Mr. B.R.K. Singh.**

Signature of the auditee

Root cause for Non-Conformance – if observed : — —

Corrective Action: — —

Signature of Auditee:

Date:

Probable date of completion of work: — —

Date of follow-up audit: — —

Effectiveness of Corrective action verified (Report references): — —

Result of follow-up audit: — —

Status of audit: Closed  Not Closed:

Signature of the Auditor:

Date: 09/11/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar  
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with Grade

**ACADEMIC AUDIT FINDING REPORT**

Date : 09/11/2020

Dept of audit: <b>E.C.E.</b>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: Program wise Student lab performance details were properly recorded in ECE. Sample 1: 18H7IA0430 - III/I - MPMC Lab - 40/40 Achieved Sample 2: 19H7IA04B4 (V. Vaishali Sri) - II/I - SS Lab - 39/40 Achieved.	
Name of the auditor: <b>Nr. S.B.C. Prasad</b>	Signature of the auditor
Name of the auditee: <b>Nr. B.R.K. Singh,</b>	Signature of the auditee
Root cause for Non-Conformance – if observed: — —	
Corrective Action: — —	
Signature of Auditee:	Date:
Probable date of completion of work:	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit: — —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>09/11/2020.</b>

CC: Auditor, Auditee

**C.L.**  
HOD/Date

**KJ**  
Principal/Date



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 e-mail: dvhrmic@mictech.ac.in, Website: www.mictech.ac.in



**ACADEMIC AUDIT FINDING REPORT**

Date : ..09/11/2020

Dept of audit <b>E-C-E</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  Based on the workload allotted the existing faculty, department monitors & measures percentage of syllabus completed / planned. The details are reported properly, to take corrections if any. Sample 1: Mrs. ST. Mrudhula - PTSP - 62/63 Sample 2: Mr. K. Veeranadh - DSP - 67/67	
Name of the auditor: <b>Mr. S.B.C prasad.</b>	Signature of the auditor
Name of the auditee: <b>Mr. B.R.K Singh,</b>	Signature of the auditee
Root cause for Non-Conformance – If observed : — —	
Corrective Action: — —	
Signature of Auditee:	Date:
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit : — —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>09/11/2020</b>

CC: Auditor, Auditee

HOD/Date

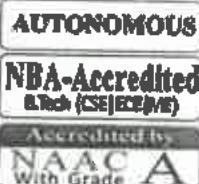
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 9/11/2020

Dept of audit: Admin	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  Maintained staff Joining Reports, Relieving orders Incentives or rewards of staff or faculty.	
Name of the auditor: T.Srilakshmi	Signature of the auditor V.G.M.
Name of the auditee: A. Balaji	Signature of the auditee A.R.Kum.
Route cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 9/11/2020

CC: Auditor, Auditee

A.R.Kum.  
HOD/Date 9/11/2020

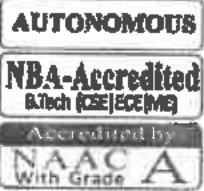
KY  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 9/11/2020

Dept of audit	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Department maintains attendance of students faculty in library utilization register monthwise to corrective action in future - library gate register (data entry on Biometric)</p>	
Name of the auditor:	Signature of the auditor
Mr. SBC PRASAD	
Name of the auditee:	Signature of the auditee
B. MANDHIRA	
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date:
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 9/11/2020

CC: Auditor, Auditee

MOD>Date  
9/11/20

Principal/Date



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e-mail: dvrhsmic@mictech.ac.in, Website: www.mictech.ac.in



**ACADEMIC AUDIT FINDING REPORT**

Date : 10/11/2020

Dept of audit: <b>CSE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <b>Verified student performance report Record of students mini project</b>	
Name of the auditor: <b>B. R. K. Singh</b>	Signature of the auditor
Name of the auditee: <b>V. Srikarshmi</b>	Signature of the auditee
Root cause for Non-Conformance – if observed : <b>Student Mini Projects to be maintained</b>	
Corrective Action: —	
Signature of Auditee:	Date: 10/11/2020
Probable date of completion of work: <b>11/11/2020</b>	
Date of follow-up audit: <b>11/11/2020</b>	
Effectiveness of Corrective action verified (Report references): <b>Completed</b>	
Result of follow-up audit: <b>Closed</b>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 11/11/2020

CC: Auditor, Auditee

HOD/Date 11/11/2020

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit: CSE

Category: Major  Minor

Description of audit:

Verification of laboratory details, stock verification,  
log book

Name of the auditor: B.R. Ic Singh

Signature of the auditor

Name of the auditee: V. Sri Lakshmi

Signature of the auditee

Root cause for Non-Conformance – if observed: Log book has to be Maintained

Corrective Action: —

Signature of Auditee:

Date: 10/11/2020

Probable date of completion of work: 10/11/2020

Date of follow-up audit: 10/11/2020

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit: Maintained

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 10/11/2020

CC: Auditor, Auditee

HOD/Date

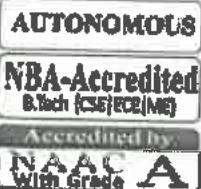
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/11/2020

Dept of audit: CSE

Category: Major  Minor

Description of audit:

Details of Seminars & workshops attended by the Student

Name of the auditor: B.R. Ic singh

Signature of the auditor

Name of the auditee: V. Sri lakshmi

Signature of the auditee

Route cause for Non-Conformance – if observed

Corrective Action:

Signature of Auditee:

Date: 10/11/2020

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

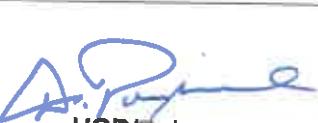
Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 10/11/2020

CC: Auditor, Auditee

  
HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/11/2020

Dept of audit: **CSE**

Category: Major  Minor

Description of audit:

**Verification of stock Registry & lab Manuals.**

Name of the auditor: **B.R.Ic Singh**

Signature of the auditor

Name of the auditee: **V. Srilakshmi**

Signature of the auditee

Root cause for Non-Conformance – if observed: —

Corrective Action: —

Signature of Auditee:

Date: 10/11/2020

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 10/11/2020

CC: Auditor, Auditee

  
HOD/Date

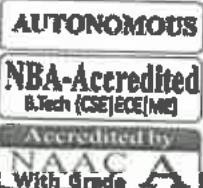
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/11/2020

Dept of audit: **CSE**

Category: Major  Minor

Description of audit:

Maintainence of department - Library & Publications of faculty.

Name of the auditor: **B.R.K Singh**

Signature of the auditor

Name of the auditee: **V.Srilakshmi**

Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee:

Date: 10/11/2020

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 10/11/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT 20-21**

Date : 10/11/2020

Dept of audit: **BED**

Category: Major  Minor

Description of audit:

Verified the students nominal roll list

Name of the auditor: **K. Prasads**

Signature of the auditor

Name of the auditee: **SBC Prasad**

Signature of the auditee

Root cause for Non-Conformance – if observed: **Nil**

Corrective Action: **Nil**

Signature of Auditee:

Date: 10/11/20

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit Closed

Not Closed:

Signature of the Auditor:

Date: 10/11/20

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

20-21

Date : 10/11/2020

Dept of audit: <b>BED</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <i>Verified the faculty Qualifications &amp; distribution of work load. - Found Satisfactory.</i>	
Name of the auditor: <b>k. p. prasad</b>	Signature of the auditor
Name of the auditee: <b>SBC prasad</b>	Signature of the auditee
Root cause for Non-Conformance – if observed : —	
Corrective Action:	
Signature of Auditee:	Date: 10/11/20
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):  -----	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 10/11/20 .

CC: Auditor, Auditee

HOD/Date

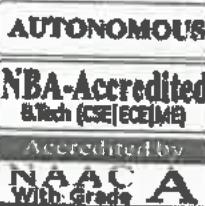
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT 20-21**

Date : 10/11/2020

Dept of audit: <b>BED</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

Verified Student feed back analysis (Class wise)  
- Faend grad

Name of the auditor: <b>K. pras</b>	Signature of the auditor 
Name of the auditee: <b>SBC prasad</b>	Signature of the auditee 

Root cause for Non-Conformance – if observed : 

Corrective Action:

Signature of Auditee:	Date: 10/11/2020
-----------------------	------------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

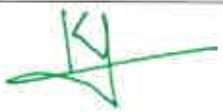
Result of follow-up audit :	
-----------------------------	--

Status of audit: Closed  Not Closed:

Signature of the Auditor: 	Date: 10/11/20.
---	-----------------

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT 20-21**

Date : 10/11/2020

Dept of audit: **BBD**

Category: Major  Minor

Description of audit:

Courses files for each faculty are verified. Found satisfactory.

Name of the auditor:

**K. P. Prasad**

Signature of the auditor

**D**

Name of the auditee:

**SBC prasad**

Signature of the auditee

**SPF**

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee:

Date: 10/11/20

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

**D**

Date: 10/14/20

CC: Auditor, Auditee

HOD/  
Date

**✓**

**KJ**  
Principal/  
Date



ACADEMIC AUDIT FINDING REPORT

20-21

Date : 10/11/2020

Dept of audit: <b>BED</b>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
---------------------------	--

Description of audit:

Student Extra Curricular activities file has been Verified and found to be Satisfactory.

Name of the auditor: <b>F. P Rajeswari</b>	Signature of the auditor
Name of the auditee: <b>SBC prasad</b>	Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee: \_\_\_\_\_ Date: 10/11/20

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed  Not Closed:

Signature of the Auditor: Date: 10/11/20

CC: Auditor, Auditee

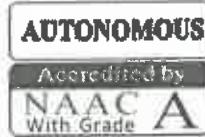
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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/11/2020

Dept of audit: <b>IT</b>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
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Description of audit:

After completion of Mid exams, Final exam result Analysis reported in ADD&IT - F052

Sample - I : Hadoop & Hadoop - R. Vijaya ≥ 60% - 61 Members class Avg : 9.65/15

Sample - II : Mobile computing - S. Lavanya - ≥ 60% 53 Members class Avg : 7.53/15

Name of the auditor: <b>A. V. Ravikumar</b>	Signature of the auditor
Name of the auditee: <b>B. Triveni</b>	Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee: —	Date:
-------------------------	-------

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date:

10/11/2020

CC: Auditor, Auditee

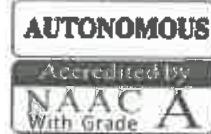
HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/11/2020

Dept of audit: <b>IT</b>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit:	
<p>Based on the MIC 20 Regulation, the final lab internal marks for the A.Y 2022-23 / I sem filled in fo46</p> <p><u>Sample - I:</u> 21H7IAS410 - unix and shell - u/w programming</p> <p><u>Sample - II:</u> 21H7IAS419 - oops Lab - u/w</p>	
Name of the auditor: <b>A. U. Ravi Kumar</b>	Signature of the auditor
Name of the auditee: <b>B. Triveni</b>	Signature of the auditee
Root cause for Non-Conformance – If observed : —	
Corrective Action: —	
Signature of Auditee: —	Date:
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: <b>10/11/2020</b>

CC: Auditor, Auditee

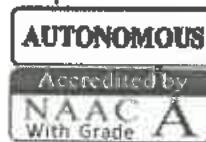
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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/11/2020

Dept of audit: <u>IT</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit:	
<u>Student disciplinary actions for the A.Y 2022-23/ II sem reported in IT Foad</u>	
<u>Sample-I:</u> T. charan - 21H7IA1205 - One week suspended - Fine - ₹5000/- <u>Sample-II:</u> ch. Ravi Teja - 21H7IA1241 - One week suspended - Fine - ₹5000/-	
Name of the auditor: <u>A.V Ravi Kumar</u>	Signature of the auditor <u>Lakshmi</u>
Name of the auditee: <u>B. Triveni</u>	Signature of the auditee <u>B. Triveni</u>
Root cause for Non-Conformance – if observed: _____	
Corrective Action: _____	
Signature of Auditee: _____	Date: _____
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit: _____	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>10/11/2020</u>

CC: Auditor, Auditee

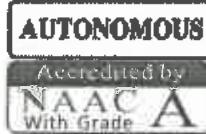
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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/11/2022

Dept of audit: <b>IT</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<p>As per the department planning for every font-right syllabus coverage (class delivery - review) repeated in IT - 008  <u>sample-1</u>: NMVC Mr. Aravinda Raju - 50% upto NOV</p> <p><u>sample - 2</u> : 08 Mrs. B. Triveni - 48% upto NOV</p>	
Name of the auditor: <b>A.U Ravi Kumar</b>	Signature of the auditor 
Name of the auditee: <b>B.Triveni</b>	Signature of the auditee 
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: —	Date:
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>10/11/22</b>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/11/2020

Dept of audit <b>IT</b>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
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Description of audit:

1. checked the registers of seminars attended by the staff
2. checked the lab equipment and registers.

Name of the auditor: <b>A.V.Ravi Kumar</b>	Signature of the auditor
Name of the auditee: <b>P. Narasimha Rao</b>	Signature of the auditee

Route cause for Non-Conformance – If observed: update lab equipment registers.

Corrective Action: <b>—</b>	
-----------------------------	--

Signature of Auditee:	Date: <b>12/11/2020</b>
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Probable date of completion of work: <b>19/11/2020</b>	
--	--

Date of follow-up audit: <b>12/11/2020</b>	
--	--

Effectiveness of Corrective action verified (Report references): <b>updated</b>	
---	--

Result of follow-up audit: <b>Completed</b>	
---	--

Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
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Signature of the Auditor:	Date: <b>12/11/2020</b>
---------------------------	-------------------------

CC: Auditor, Auditee	HOD/Date	Principal Date
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### ACADEMIC AUDIT FINDING REPORT

Date : 10-11-2020

Dept of audit: Examcell	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Internal marks register Sample 1: II B.Tech I Sem Reg - Sep 2020 - ECE Sample 2: III B.Tech II Sem Reg - Sep 2020 - CSE	
Name of the auditor: Mr. B.R.K Singh	Signature of the auditor
Name of the auditee: Mr. Sunil Kumar	Signature of the auditee
Root cause for Non-Conformance – If observed : - NIL -	
Corrective Action: -	
Signature of Auditee: -	Date: -
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 10-11-2020

CC: Auditor, Auditee

10-11-2020

HOD/Date

Principal/Date



### ACADEMIC AUDIT FINDING REPORT

Date : 10-11-2020

Dept of audit: Exam cell	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
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Description of audit: Provisional certificates

Sample 1 : 16H71A0225 - Pradeep B - EEE

Sample 2 : 16H71A0374 - Narsimha Rao D - mECH

Name of the auditor: Mr. B.R.K Singh	Signature of the auditor
Name of the auditee: Mr. M. Sunil Kumar	Signature of the auditee

10/11/20

Root cause for Non-Conformance – if observed : - n/a -

Corrective Action: -

Signature of Auditee:	Date:
-----------------------	-------

Probable date of completion of work: -

Date of follow-up audit: -

Effectiveness of Corrective action verified (Report references): -

Result of follow-up audit : -

Status of audit: Closed  Not Closed:

Signature of the Auditor:	Date: 10-11-2020
---------------------------	------------------

CC: Auditor, Auditee

*[Signature]*  
Date: 10/11/20

HOD/Date

*[Signature]*  
Date: 10/11/20

*[Signature]*  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10-11-2020

Dept of audit: <u>Examcell</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit: Exam notice file  
 sample 1: II B.Tech II sem Regular - Sep 2020 - Exam notification  
Dt. 01-09-2020

sample 2: III B.Tech III sem Regular - SEP 2020 Exam notification  
Dt. 01-09-2020

Name of the auditor: <u>Mr. BRK Singh</u>	Signature of the auditor
Name of the auditee: <u>Mr. M. Sunil Kumar</u>	Signature of the auditee

Root cause for Non-Conformance – if observed : - NIL -

Corrective Action: -

Signature of Auditee: <u>-</u>	Date: <u>-</u>
--------------------------------	----------------

Probable date of completion of work: -

Date of follow-up audit: -

Effectiveness of Corrective action verified (Report references): -

Result of follow-up audit: -

Status of audit: Closed

Not Closed:

Signature of the Auditor:

10-11-2020

Date: 10-11-2020

CC: Auditor, Auditee

10-11-2020  
 HOD/Date

10-11-2020  
 Principal/Date



### ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit: <b>T &amp; P</b>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
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Description of audit:

. checked Record of job advertisements, News letters magazines .

Name of the auditor: <b>A. Pavan Kumar</b>	Signature of the auditor 
Name of the auditee: <b>K. Prasad</b>	Signature of the auditee 

Route cause for Non-Conformance – if observed : \_\_\_\_\_

Corrective Action:

Signature of Auditee:	Date: <b>10/11/2020</b>
-----------------------	-------------------------

Probable date of completion of work:

Date of follow-up audit: \_\_\_\_\_

Effectiveness of Corrective action verified (Report references):  
 \_\_\_\_\_

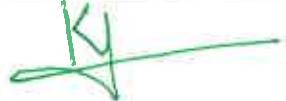
Result of follow-up audit : \_\_\_\_\_

Status of audit: Closed  Not Closed:

Signature of the Auditor: 	Date: <b>10/11/2020</b>
---	-------------------------

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



# Devineni Venkata Ramana & Dr. Hima Sekhar MIC College of Technology

(Approved by AICTE & Permanently Affiliated to JNTUK, Kakinada)

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## ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit: <i>TGP</i>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <i>Verified and checked material. Indent (Lab, General items)</i>	
Name of the auditor: <i>A. Naga Pavan Kumar</i>	Signature of the auditor <i>[Signature]</i>
Name of the auditee: <i>K. Prasad</i>	Signature of the auditee <i>[Signature]</i>
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 10/11/2020
Probable date of completion of work:	<i>10/11/2020</i>
Date of follow-up audit:	<i>10/11/2020</i>
Effectiveness of Corrective action verified (Report references): <hr/>	
Result of follow-up audit : <i>—</i>	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 10/11/2020

CC: Auditor, Auditee

*[Signature]*  
HOD/Date

*[Signature]*  
Principal/Date



### ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit: TGP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <i>Verified and Record of career counseling and skills training - students</i>	
Name of the auditor: A. Naga Ravikumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 10/11/2020
Probable date of completion of work:	—
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit :	—
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 10/11/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date

KJ



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/11/2020

Dept of audit: <u>T &amp; P</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <u>checked Academic Performance, placement And Higher Studies.</u>	
Name of the auditor: <u>A. Naga Pavan Kumar</u>	Signature of the auditor 
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee 
Root cause for Non-Conformance – if observed : _____	
Corrective Action:	
Signature of Auditee:	Date: <u>10/11/2020</u>
Probable date of completion of work:	_____
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: 	Date: <u>10/11/2020</u>

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



### ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit: <u>TGP</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <u>Verified Alumni Registration Form</u>	
Name of the auditor: <u>A. Naga Pavan Kumar</u>	Signature of the auditor
Name of the auditee: <u>R. Prasad</u>	Signature of the auditee
Root cause for Non-Conformance – If observed :	
Corrective Action:	
Signature of Auditee:	Date: <u>10/11/2020</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: <u>10/11/2020</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



### ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit: <i>TyP</i>	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <i>checked System breakdown details and system backup details.</i>	
Name of the auditor: <i>A. Naga Pavankumar</i>	Signature of the auditor 
Name of the auditee: <i>K. Prasad</i>	Signature of the auditee 
Root cause for Non-Conformance – if observed : —	
Corrective Action:	
Signature of Auditee:	Date: <i>10/11/2020</i>
Probable date of completion of work:	<i>—</i>
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):  —	
Result of follow-up audit : —	
Status of audit: Closed: <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <i>10/11/2020</i>

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



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20-21  
14

**ACADEMIC AUDIT FINDING REPORT**

Date : 10-05-2021

Dept of audit: CE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Department of Civil Engineering conducts Seminars / Conferences. and those details were properly reported in respective files.</p>	
Name of the auditor: P. Narasimha Rao	Signature of the auditor:
Name of the auditee: K. Prasad	Signature of the auditee:
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 10-05-2021
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 10-05-2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10-05-2021

Dept of audit: <u>CE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Department monitors and measures performance of first year and second year students in the following labs and details were properly noted.</p> <p><u>Sample 1:</u> PRETHIM Lab</p> <p><u>Sample 2:</u> ETABS lab.</p>	
Name of the auditor: <u>P.Narasimha Rao</u>	Signature of the auditor:
Name of the auditee: <u>K. Prasad.</u>	Signature of the auditee:
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: <u>10-05-2021</u>
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): <u>✓</u>	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <u>10-05-2021</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10-05-2021

Dept of audit: CG	Category: Major O Minor O
Description of audit: <p>Approved external provider details were evident in file to proceed for purchasing activity.</p> <ol style="list-style-type: none"><li>1. Sri Kiran Scientific Traders - Vijayawada.</li><li>2. Roorkee Survey House - Roorkee</li></ol>	
Name of the auditor: P. Narasimha Rao	Signature of the auditor:
Name of the auditee: K. Prasad	Signature of the auditee:
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 10-05-2021
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 10-05-2021

CC: Auditor, Auditee

10/05  
HOD/Date

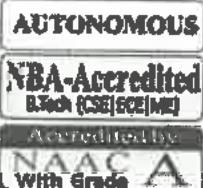
KJ  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10-05-2021

Dept of audit: CSE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Department analyzed batch wise academic performance &amp; all the details are evident to review.</p> <p>1. 2020-2021 only 34 students cleared all 6 subjects in B.Tech 2. 2020-2021 28 students cleared 5 subjects in B.Tech</p>	
Name of the auditor: P.Narasimha Rao	Signature of the auditor:
Name of the auditee: K.Prasad.	Signature of the auditee:
Route cause for Non-Conformance – if observed: _____	
Corrective Action: _____	
Signature of Auditee:	Date: 10-05-2021
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit: _____	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 10-05-2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

20-21  
②

Date : 10-05-2021

Dept of audit: CE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

checked Feedback forms for Employees  
checked course files , Student Mentoring Books.

Name of the auditor: P. Narasimha Rao	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee

Route cause for Non-Conformance – if observed : Update Student Mentoring Books.

Corrective Action:

Signature of Auditee:	Date: 10-05-2021
-----------------------	------------------

Probable date of completion of work:

Date of follow-up audit: 11-05-2021

Effectiveness of Corrective action verified (Report references): completed

Result of follow-up audit : closed	
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Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
---	--------------------------------------

Signature of the Auditor:	Date: 11-05-2021.
---------------------------	-------------------

CC: Auditor, Auditee

HOD/Date  
11/05

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10-5-2021

Dept of audit: **EEE**

Category: Major  Minor

Description of audit:

Unified Subject-wise Feedback forms from the students

Name of the auditor: **Mr A Naga Parom Bhattacharya**

Signature of the auditor

Name of the auditee: **Mr A V Kavi Kumar**

Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee: **Lakshmi**

Date: **10/5/2021**

Probable date of completion of work:

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor: **AK**

Date: **10/5/2021**

CC: Auditor, Auditee

HOD/Date

**AKM**

Principal/Date

**KJ**



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10-5-2021

Dept of audit: **EEE**

Category: Major  Minor

Description of audit:

Unified standards Audit Analysis and other related documents

Name of the auditor: **Mr A Naga Ravu Kumar**

Signature of the auditor

Name of the auditee: **Mr A V Ravu Kumar**

Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee: **Ravu Kumar**

Date: **10/5/2021**

Probable date of completion of work:

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: **10/15/2021**

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 10-5-2021

Dept of audit: **EEE**

Category: Major  Minor

Description of audit:

Unified Existing Faculty profiles and other related documents.

Name of the auditor: **Mr A Naga Parvam Kumar**

Signature of the auditor

Name of the auditee: **Mr AV Ravi Kumar**

Signature of the auditee

Route cause for Non-Conformance – if observed:

Corrective Action:

Signature of Auditee: **Lokesh**

Date: **10/5/2021**

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date:

**10/5/2021**

CC: Auditor, Auditee

**AVR**  
HOD/Date

**KJ**  
Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 10-5-2021

Dept of audit:	<u>EEE</u>	Category: Major <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>
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Description of audit:

Unified Alumni Details and other related documents

Name of the auditor:	<u>Mr A Naga Parom Kumar</u>	Signature of the auditor
Name of the auditee:	<u>Mr A V Ravinder Kumar</u>	Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	<u>Ravinder Kumar</u>	Date:	<u>10/5/2021</u>
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Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date:

10/5/2021

CC: Auditor, Auditee

P. M.

HOD/Date

KJ

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10-5-2021

Dept of audit: **EEE**

Category: Major  Minor

Description of audit:

- 1 Checked FDP's attended by Faculty
- 2 Check Workshops attended by faculty

Name of the auditor: **Mr. A Nagi Pavan Kumar**

Signature of the auditor

Name of the auditee: **Mr. A V Pavan Kumar**

Signature of the auditee

Route cause for Non-Conformance – if observed: **NIL**

Corrective Action: —

Signature of Auditee: **Lakshmi**

Date: 10-5-2021

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit Closed

Not Closed:

Signature of the Auditor:

Date: 10-5-2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr. Latha Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/5/21

Dept of audit: <b>Mechanical</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
----------------------------------	--

Description of audit:

Department monitors subject wise syllabus Allocated to the faculty for smooth running of II SEM. After that basing on the Syllabus coverage corrective actions planned.

Name of the auditor: <b>Dr. V. Srilakshmi</b>	Signature of the auditor
---	--------------------------

Name of the auditee: <b>Mr. A. Naga Pavan Kumar</b>	Signature of the auditee
---	--------------------------

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: <b>10/5/21</b>
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Probable date of completion of work:	
--------------------------------------	--

Date of follow-up audit:	
--------------------------	--

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :	
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Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
---	--------------------------------------

Signature of the Auditor:	Date: <b>10/5/21</b>
---------------------------	----------------------

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : ...10/5/21

Dept of audit:	Mechanical	Category: Major <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>
Description of audit: <p>Basing on Curriculars department receives faculty requisition form from other departments for inter department subjects for smooth running of 20-21 (II SEM)</p>			
Name of the auditor:	Dr. V. Srilakshmi	Signature of the auditor	V. Srilakshmi
Name of the auditee:	Mrs. A. Naga Pavan Kumar	Signature of the auditee	
Route cause for Non-Conformance – if observed :			
Corrective Action:			
Signature of Auditee:		Date:	10/5/21
Probable date of completion of work:			
Date of follow-up audit:			
Effectiveness of Corrective action verified (Report references):			
Result of follow-up audit :			
Status of audit Closed <input type="checkbox"/>	Not Closed: <input checked="" type="checkbox"/>		
Signature of the Auditor:	V. Srilakshmi	Date:	10/5/21

CC: Auditor, Auditee

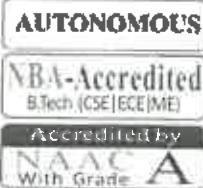
HOD/

Principal/



Devineni Venkata Ramana & Dr. Jitna Sekhar  
**MIC College of Technology**  
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e-mail: dvchmic@micotech.ac.in, Website: www.mictech.ac.in



### ACADEMIC AUDIT FINDING REPORT

Date : 10/5/21

Dept of audit:	Mechanical	Category: Major <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>
Description of audit: Department Evaluates and analyse subject wise marks achieved by the students in MID-I and MID-II of (20-21) II SEM details			
Name of the auditor:	Dr. V. Srilakshmi	Signature of the auditor	
Name of the auditee:	Mr. A. Naga Davan Kumar	Signature of the auditee	
Route cause for Non-Conformance – if observed :			
Corrective Action:			
Signature of Auditee:		Date:	10/5/21
Probable date of completion of work:			
Date of follow-up audit:			
Effectiveness of Corrective action verified (Report references):			
Result of follow-up audit :			
Status of audit:	Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>	
Signature of the Auditor:		Date:	10/5/21

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/5/21

Dept of audit:	Mechanical	Category: Major <input checked="" type="checkbox"/>	Minor <input checked="" type="checkbox"/>
Description of audit:	After completion of lab internals dept reports lab wise performance of individual students with all the details.		
Name of the auditor:	Dr. V. Srilakshmi	Signature of the auditor	V. Srilakshmi
Name of the auditee:	Mr. A. Naga Pavani Kumar	Signature of the auditee	A. Naga Pavani Kumar
Route cause for Non-Conformance – if observed :			
Corrective Action:			
Signature of Auditee:		Date:	10/5/21
Probable date of completion of work:			
Date of follow-up audit:			
Effectiveness of Corrective action verified (Report references):			
Result of follow-up audit :			
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>		
Signature of the Auditor:	V. Srilakshmi	Date:	10/5/21

CC: Auditor, Auditee

X  
HOD/Date

B. Basuram  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/5/21

Dept of audit: **Mechanical**

Category: Major  Minor

Description of audit

checked student Result Analysis  
Department wise checked student details  
Register.

Name of the auditor: **Dr. V. Srilekshmi**

Signature of the auditor

Name of the auditee: **Mrs. A. Naga Pavan Kumar**

Signature of the auditee

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: 10/5/21

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit: Closed

Not Closed:

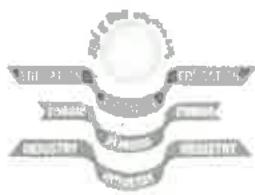
Signature of the Auditor:

Date:

10/5/21

CC: Auditor, Auditee

HOD/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/5/21

Dept of audit:	<b>Mechanical</b>	Category: Major <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>
----------------	-------------------	---	--------------------------------

Description of audit:

Verified faculty R&D register.

Name of the auditor:	<b>Dr. V. Srilakshmi</b>	Signature of the auditor
Name of the auditee:	<b>MR. A. Nagar Daram Kumar</b>	Signature of the auditee

Route cause for Non-Conformance – if observed:

Corrective Action:

Signature of Auditee:		Date: 10/5/21
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Probable date of completion of work:

Date of follow-up audit:	
--------------------------	--

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	 Date: 10/5/21

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : ..10/5/2021..

Dept of audit **ECE**

Category: Major  Minor

Description of audit:

1. checked students condonation and detention list
2. checked faculty feedback

Name of the auditor: **Mr. S.B.C Prabod**

Signature of the auditor

Name of the auditee: **Mr. B.R.K. Singh**

Signature of the auditee

Route cause for Non-Conformance – If observed : —

Corrective Action: —

Signature of Auditee:

Date: **10/5/2021**

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: **10/05/2021**

CC: Auditor, Auditee

HOD/Date  
10/5/21

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/05/2021

Dept of audit: <b>E.C.E.</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Department prepares student wise performance (attendance, Internal external marks) with all details to enable counselling further.</p>	
Sample1 :  <b>(17H71A0465)</b> — 80% attendance in (Bsem)	
Sample2 :  <b>(17H71A0460)</b> — 0 backlog.	
Name of the auditor: <b>Mr. S. B. C. Prasad</b>	Signature of the auditor
Name of the auditee: <b>Mr. B.R.K. Singh.</b>	Signature of the auditee
Root cause for Non-Conformance – if observed : — —	
Corrective Action: — —	
Signature of Auditee:	Date:
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit : — —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>10/05/2021</b>

CC: Auditor, Auditee

**Ch. Rulu**  
HOD/Date

**KJ**  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/05/2021

Dept of audit: <b>E.C.E.</b>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <p>Based on JNTUK curriculum department faculty members establishes course files with all details for smooth running of session.</p> <p>Sample:- 1 :- Mr. K. Sathesh - OC <sup>Sub</sup> — <u>II</u>/<u>I</u></p> <p>Sample: 2 : - Mr. Raj Jaiswal - NT — <u>III</u>/<u>I</u></p> <p>Sample: 3 : - Ms. T. Sridevi - MPMC — <u>III</u>/<u>III</u></p>	
Name of the auditor: <b>Mr. S.B.C. Prasad</b>	Signature of the auditor
Name of the auditee: <b>Mr. B.R.K. Singh,</b>	Signature of the auditee
Root cause for Non-Conformance – if observed : — —	
Corrective Action: — —	
Signature of Auditee:	Date:
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : — —	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: <b>10/05/2021.</b>

CC: Auditor, Auditee

**HOD/Date**

**Principal/Date**



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/05/2021

Dept of audit: E.C.E.

Category: Major  Minor

Description of audit:

Based on the Curriculum lesson plan have been prepared topicwise with no. of hours required.  
(2020-21 Semester)

Sample 1 :- Digital signal processing - 63 hrs

Sample 2 :- VLSI - 79 hrs - III/2

Sample 3 :- CMC - 66 hrs - III/2

Name of the auditor: Mr. S.B.C prasad

Signature of the auditor

Name of the auditee: Mr. B.R.K Singh.

Signature of the auditee

Route cause for Non-Conformance – if observed : — —

Corrective Action: — —

Signature of Auditee: Mr. B.R.K Singh.

Date:

Probable date of completion of work: — —

Date of follow-up audit: — —

Effectiveness of Corrective action verified (Report references): — —

Result of follow-up audit: — —

Status of audit: Closed

Not Closed:

Signature of the Auditor: BSF

Date: 10/05/2021.

CC: Auditor, Auditee Mr. B.R.K Singh.

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/05/2021

Dept of audit: E.C.E

Category: Major  Minor

Description of audit:

Dept. library , Record of issuing & Returning a text book maintained properly.

Sample 1 : - B. Nageswara Rao (ECA Text Book - Acc.No : 510213, Issue on 5/04/2021 & Returned on 12/04/2021)

Sample 2 : - B. Rajyalakshmi (AC Text Book - Acc.No : 901530, Issue on 8/04/2021 & Returned on 16/04/2021.

Name of the auditor: Mr. S.B.C Prasad

Signature of the auditor

Name of the auditee: Mr. B.R.K. Singh.

Signature of the auditee

Root cause for Non-Conformance – if observed : — —

Corrective Action: — —

Signature of Auditee:

Date: — —

Probable date of completion of work: — —

Date of follow-up audit: — —

Effectiveness of Corrective action verified (Report references): — —

Result of follow-up audit: — —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 10/05/2021

CC: Auditor, Auditee

C.L. Panth  
HOD Date

KJ  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/05/2021

Dept of audit: <u>E.C.E.</u>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <p>updated stocks of inspected I.C's, components Required fababs were evident in stock register after Every purchase.</p>	
Name of the auditor: <u>Mr. S.B.C Prasad</u>	Signature of the auditor
Name of the auditee: <u>Mr. B.R.K Singh</u>	Signature of the auditee
Route cause for Non-Conformance – if observed : <u>— —</u>	
Corrective Action: <u>— —</u>	
Signature of Auditee:	Date: _____
Probable date of completion of work: <u>— —</u>	
Date of follow-up audit: <u>— —</u>	
Effectiveness of Corrective action verified (Report references): <u>— —</u>	
Result of follow-up audit: <u>— —</u>	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <u>10/05/2021</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 10/3/2021

Dept of audit: <u>admin</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p style="text-align: center;"><u>Alumni Registration forms feedback from Alumni, Employers, Financers is maintained.</u></p>	
Name of the auditor: <u>V.Srilakshmi</u>	Signature of the auditor: <u>V.Srilakshmi</u>
Name of the auditee: <u>A.Balaji</u>	Signature of the auditee: <u>A.B.Kur.</u>
Route cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <u>10/5/2021</u>

CC: Auditor, Auditee

A.B.Kur.

HOD/Date

10/5/2021

Principal/Date

KJ



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**ACADEMIC AUDIT FINDING REPORT**

Date: 10/05/2021

Dept of audit: <b>Library</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

Department maintain its resources as soft copy available through internet ,the resources are documented in lib - foul .

- \* E -resources total - 7 types (e books/videos etc)
- \* Providing through - delnet /N-list KDL

Name of the auditor: <b>Mr S.B.C Prasad</b>	Signature of the auditor 
Name of the auditee: <b>mrs B. Mandira</b>	Signature of the auditee 

Root cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee: 	Date: —
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Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit : —

Status of audit: Closed

Not Closed:

Signature of the Auditor:	Date: <b>10/05/2021</b>
---------------------------	-------------------------

CC: Auditor, Auditee

  
HOD Date  
10/05/21

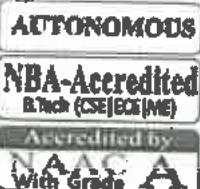
  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 11/5/2021

Dept of audit: <b>CSE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <b>Verification of course files - syllabus coverage, lesson plans</b>	
Name of the auditor: <b>B.R.K. Singh</b>	Signature of the auditor
Name of the auditee: <b>V. Smitabhami</b>	Signature of the auditee <b>V.S.M.</b>
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: <b>V.S.M.</b>	Date: 11/5/2021
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 11/5/2021

CC: Auditor, Auditee

  
HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 11/5/2021

Dept of audit: CSE	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <b>Verification of Internal examinations file</b>	
Name of the auditor: B. R. K. Singh	Signature of the auditor
Name of the auditee: V. Smrakshmi	Signature of the auditee
Route cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 11/5/2021
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 11/5/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 11/5/2021

Dept of audit: **CSE**

Category: Major  Minor

Description of audit:

**Details of Parent teacher Association meeting**

Name of the auditor: **B.R.L.Singh**

Signature of the auditor

Name of the auditee: **V.Srilakshmi**

Signature of the auditee

Route cause for Non-Conformance – if observed: —

Corrective Action: —

Signature of Auditee:

Date: 11/5/2021

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 11/5/2021

CC: Auditor, Auditee

  
HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 11/5/2021

Dept of audit: CSE

Category: Major  Minor

Description of audit:

Details of faculty participation in different activities

Name of the auditor: B. R. L. Singh

Signature of the auditor

Name of the auditee: V. Smrithi

Signature of the auditee

V. Smrithi

Root cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee: ✓

Date: 11/5/2021

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit : —

Status of audit: Closed  Not Closed:

Signature of the Auditor:

Date: 11/5/2021

CC: Auditor, Auditee

D. P. D.

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

20-21

Date : 11/5/2021

Dept of audit: <b>BED</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

1. Verified lab details of the Students
2. Verified lab Manuals

Name of the auditor: <b>K. prasad</b>	Signature of the auditor
Name of the auditee: <b>SBC prasad</b>	Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee:	Date: 11/5/21
-----------------------	---------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed  Not Closed:

Signature of the Auditor: Date: 11/5/21

CC: Auditor, Auditee

HOD/Date

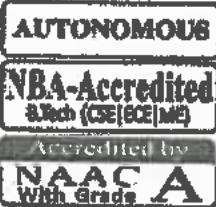
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT** 20-21

Date : 11/5/2021

Dept of audit: <b>BED</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
---------------------------	--

Description of audit:

1. Verified the Student feedback on faculty.

Name of the auditor: <b>K. Prasaj</b>	Signature of the auditor
Name of the auditee: <b>SBC prasad</b>	Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: 11/5/21
-----------------------	---------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed  Not Closed:

Signature of the Auditor:	Date: 11/5/21
---------------------------	---------------

CC: Auditor, Auditee

HOD/Date

Principal/Date



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## ACADEMIC AUDIT FINDING REPORT

20-21

Date : 11/5/2021

Dept of audit: **BED**

Category: Major  Minor

Description of audit:

Checked the Staff Attendance registers.  
Verified the Syllabus Coverage monitoring.

Name of the auditor: **E. Prasif**

Signature of the auditor

Name of the auditee: **SBC prasad**

Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee:

Date: 11/5/21

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 11/5/21

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

20-21

Date : 11/5/2021

Dept of audit: **BED**

Category: Major  Minor

Description of audit:

1. Checked the maintainance & Stock registers.
2. Verified Academic Book Statement.

Name of the auditor: **K. P. Prasad**

Signature of the auditor

Name of the auditee: **SBC prasad**

Signature of the auditee

Root cause for Non-Conformance – if observed: **Appl**

Corrective Action:

Signature of Auditee:

Date: **11/5/21**

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: **11/5/21**

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 20-21

Date : 11/5/2021

Dept of audit: <b>BED</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<p>Verified the Students Attendance reports          Dept has been actively Maintaining the          reports for every 15days and monthly.          -Fair good</p>	
Name of the auditor: <b>F. Prasad</b>	Signature of the auditor 
Name of the auditee: <b>SBC-prasad</b>	Signature of the auditee 
Root cause for Non-Conformance – if observed : <b>Nil</b>	
Corrective Action: <b>Nil</b>	
Signature of Auditee: <b>—</b>	Date: <b>11/5/21</b>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):  _____	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: 	Date: <b>11/5/21</b>

CC: Auditor, Audittee

**Signature of the Auditor**

Status of audit Closed

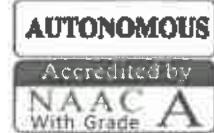
*(u)*)  
HOD/Date





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**ACADEMIC AUDIT FINDING REPORT**

Date : 11/5/2021

Dept of audit: <b>IT</b>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
<b>Description of audit:</b> <p>Before commencement of class work, department proposed Master time table for A-Y :2022-23/ I Sem reported in IT - FOB</p> <p><u>sample-I</u> Thu - 8th hour - NMVC - II IT</p> <p><u>Sample-II</u> Sat - 8th hour - 8TH - IV IT</p>	
Name of the auditor: <b>A. V Ravi Kumar</b>	Signature of the auditor
Name of the auditee: <b>P. Narasimha Rao</b>	Signature of the auditee
<b>Root cause for Non-Conformance – if observed :</b> —	
<b>Corrective Action:</b> —	
Signature of Auditee: —	Date: —
<b>Probable date of completion of work:</b> —	
<b>Date of follow-up audit:</b> —	
<b>Effectiveness of Corrective action verified (Report references):</b> —	
<b>Result of follow-up audit:</b> —	
<b>Status of audit:</b> Closed <input checked="" type="radio"/>	<b>Not Closed:</b> <input type="radio"/>
<b>Signature of the Auditor:</b> <span style="float: right;">Date: 11/5/2021</span>	

**CC: Auditor, Auditee**

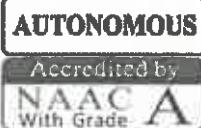
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**ACADEMIC AUDIT FINDING REPORT**

Date : 11/5/2021

Dept of audit: <b>IT</b>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
<b>Description of audit:</b> faculty subject allocation & other responsibilities for the A.Y 2022-23, II Sem, reported in FOOS	
<u>Sample-I</u> Mrs. R.Vijaya - cc(IV, IT) DS (I-AID) BDA (III, IT), Hadoop lab DS (I-AID)	
<u>Sample-II</u> Mrs. S. Mounika - DS (IMCA), cc (III - IT) DS (IIIT), cc (IV, IT)	
Name of the auditor:  A. V Ravi Kumar	Signature of the auditor
Name of the auditee:  P. Narasimha Rao	Signature of the auditee
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 11/5/2021

**CC: Auditor, Auditee**

HOD/Date

Principal/Date



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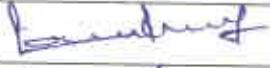
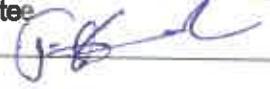
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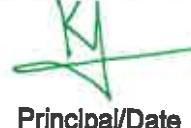
**ACADEMIC AUDIT FINDING REPORT**

Date : 11/5/2021

Dept of audit: <b>IT</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<p>Based on MIC 20 Regulation the Major projects allocation to the faculty for the A.Y : 2022-23 reported in IT FOB2 sample-2 Batch (I) -</p> <p>Kanya.T          Venkata Krishna          Dhoni Sindhu.E          Ravi.B          Krishna Sri.M } K. Mahanthi</p>	
Name of the auditor: <b>A.V Ravi Kumar</b>	Signature of the auditor 
Name of the auditee: <b>P. Narasimha Rao</b>	Signature of the auditee 
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: —	Date: _____
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>11/5/2021</b>

CC: Auditor, Auditee

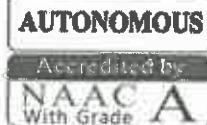
  
HOD/Date

  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 11/5/2021

Dept of audit: <u>IT</u>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit:	
<p><b>Department planned for the A.Y 2022-23 workshops / FDPS for the students reported in FD67</b></p> <p><b>sample-I:</b> Aparna.s - 20H7IA2104 - Building application with python (11/6/22 to 16/6/22)</p> <p><b>sample-II:</b> Harshitha.v - 20H7IA2110 - Building application with python (11/6/22 to 16/6/22)</p>	
Name of the auditor:	Signature of the auditor
A. V Ravi Kumar	
Name of the auditee:	Signature of the auditee
P. Narasimha Rao	
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date:
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <u>11/5/2021</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 11/5/2021

2

Dept of audit: **IT**

Category: Major  Minor

Description of audit:

1. checked Maintenance & Stock Registers
2. checked Academic Book statement.

Name of the auditor: **A.V. Ravi Kumar**

Signature of the auditor

Name of the auditee: **B.Karagimha Rao**

Signature of the auditee

Route cause for Non-Conformance – if observed : **NIL**

Corrective Action: **NIL**

Signature of Auditee:

Date: **11/5/2021**

Probable date of completion of work: **—**

Date of follow-up audit: **—**

Effectiveness of Corrective action verified (Report references): **—**

Result of follow-up audit: **—**

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date:

**11/5/2021**

CC: Auditor, Auditee

HOD/Date

Principal/Date



### ACADEMIC AUDIT FINDING REPORT

Date : 11-05-2021

Dept of audit: Exam cell	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Internal marks register	
sample 1: B.Tech III Sem - mar-2021 - EEE	
sample 2: B.Tech I Sem - mar-2021 - ECE	
Name of the auditor: Mr. BRK Singh	Signature of the auditor
Name of the auditee: Mr. M. Sunil Kumar	Signature of the auditee
Root cause for Non-Conformance – if observed : - NIL -	
Corrective Action:	
Signature of Auditee:	Date:
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 11-05-2021

CC: Auditor, Auditee

HOD/Date

18/05/21

Principal/Date



### ACADEMIC AUDIT FINDING REPORT

Date : 11-05-2021

Dept of audit: Examcell	Category: Major <input type="radio"/> Minor <input type="radio"/>
-------------------------	---

Description of audit: D-form report

Sample 1: B.Tech II Sem Reg/Sup- Thermodynamics -07-04-2021

Sample 2: B.Tech II Sem Reg- Digital Signal Processing -10-04-2021

Name of the auditor: Mr. B.R.K.Singh	Signature of the auditor
Name of the auditee: Mr. M. Srinivas Kumar	Signature of the auditee

Root cause for Non-Conformance – if observed : - NIL -

Corrective Action: -

Signature of Auditee: -	Date: -
-------------------------	---------

Probable date of completion of work: -

Date of follow-up audit: -

Effectiveness of Corrective action verified (Report references): -

Result of follow-up audit: -

Status of audit: Closed  Not Closed:

Signature of the Auditor:	Date: 11-05-2021
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CC: Auditor, Auditee

11/05/21

HOD/Date

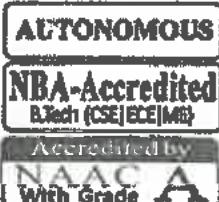
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**ACADEMIC AUDIT FINDING REPORT**

Date : 11-05-2021

Dept of audit: Examcell	Category: Major O Minor O
Description of audit: Exam Notice file	
Sample 1: B.Tech III Sem Reg/Suppl Mar-2021 ~ Exam Notification	Dt. 17-03-2021
Sample 2: B.Tech I Sem Regular - Mar-2021 ~ Exam. Notification	Dt. 17-03-2021

Name of the auditor: Mr B R K Singh	Signature of the auditor
Name of the auditee: Mr M. Srinivas Kumar	Signature of the auditee

Root cause for Non-Conformance – if observed : - NIL -

Corrective Action:

Signature of Auditee:	Date:
Probable date of completion of work:	

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 11-05-2021

CC: Auditor, Auditee

HOD/Date

KJ  
Principal/Date



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20-21

(2)

ACADEMIC AUDIT FINDING REPORT

Date : 11/5/2021

Dept of audit: T&P

Category: Major O Minor O

Description of audit:

- Maintained Record of mock interviewers and interviewers data is verified
- Verified call letters from qualified students.

Name of the auditor: A. NagaParanKumar Signature of the auditor

Name of the auditee: R. Prasad. Signature of the auditee

Route cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee: Date: 11/5/2021

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit : —

Status of audit: Closed O Not Closed: O

Signature of the Auditor: Date: 11/5/2021

CC: Auditor, Auditee

HOD/Date

KJ

Principal/Date



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With Grade

**ACADEMIC AUDIT FINDING REPORT**

Date : 11/15/2021

Dept of audit: <u>TG P</u>	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

Verified and Record the campus placement letters and record the selected student list.

Name of the auditor: <u>A. Naga Parvam Kumar</u>	Signature of the auditor
Name of the auditee: <u>R. Prasad</u>	Signature of the auditee

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: <u>11/15/2021</u>
-----------------------	-------------------------

Probable date of completion of work: —

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):	<u>—</u>
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Result of follow-up audit: —

Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
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Signature of the Auditor:	Date: <u>11/15/2021</u>
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CC: Auditor, Auditee

HOD/Date

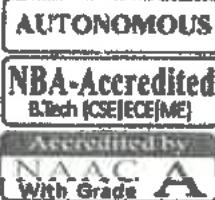
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**ACADEMIC AUDIT FINDING REPORT**

Date : 11/5/2021

Dept of audit:	TyP	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Record all the online - certification and Internships of the final year students.</p>		
Name of the auditor:	A. Naga Parvankumar	Signature of the auditor
Name of the auditee:	K. Prasad	Signature of the auditee
Route cause for Non-Conformance – if observed :		
Corrective Action:		
Signature of Auditee:	Date: 11/5/2021	
Probable date of completion of work:		
Date of follow-up audit:		
Effectiveness of Corrective action verified (Report references): <hr/>		
Result of follow-up audit :		
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 11/5/2021	

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 11/5/2021

Dept of audit: <u>TqP</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
---------------------------	--

Description of audit:	<p>Verified and Record the student performance about the aptitude test.</p>
-----------------------	---

Name of the auditor: <u>A. Naga Pavan Kumar</u>	Signature of the auditor
---	--------------------------

Name of the auditee: <u>K. Prasad</u>	Signature of the auditee
---------------------------------------	--------------------------

Route cause for Non-Conformance – if observed :

Corrective Action: —

Signature of Auditee:	Date: <u>11/5/2021</u>
-----------------------	------------------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):  
—

Result of follow-up audit : —

Status of audit: Closed  Not Closed:

Signature of the Auditor:   
Date: 11/5/2021

CC: Auditor, Auditee   
HOD/Date

Principal/Date



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Phone : 08678 - 273535, 273623, Fax: 08678 - 273569  
e-mail: dvhemic@mictech.ac.in, Website: www.mictech.ac.in

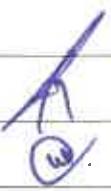
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**Accredited by**  
**NAAC** **A**  
With Grade

**ACADEMIC AUDIT FINDING REPORT**

Date : 11/5/2021

Dept of audit: <u>T&amp;P</u>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <u>Verified students Lab experience and Recorded.</u>	
Name of the auditor: <u>A. Nagapavan Kumar</u>	Signature of the auditor 
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee 
Route cause for Non-Conformance –if observed :	
Corrective Action: <u>—</u>	
Signature of Auditee:	Date: <u>11/5/2021</u>
Probable date of completion of work:	<u>—</u>
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit: <u>—</u>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: 	Date: <u>11/5/2021</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date

  
KJ



Devineni Venkata Ramana & Dr.Hima Sekhar  
**MIC College of Technology**

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With Grade

**ACADEMIC AUDIT FINDING REPORT**

Date : 11/5/2021

Dept of audit: T & P	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
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Description of audit:

Record of student data - (Post final/  
final year students)

Name of the auditor: A. Naga Pavan Kumar	Signature of the auditor 
Name of the auditee: R. Bisad	Signature of the auditee 

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: 11/5/2021
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Probable date of completion of work:

Date of follow-up audit:	
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Effectiveness of Corrective action verified (Report references):

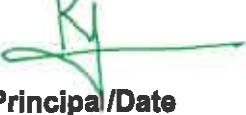
Result of follow-up audit :	
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Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
---	--------------------------------------

Signature of the Auditor: 	Date: 11/5/2021
---	-----------------

CC: Auditor, Auditee

 HOD/Date

 Principal/Date

**2019-2020**



Devineni Venkata Ramana & Dr.Hima Sekhar  
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e-mail: dvhima@micotech.ac.in, Website: www.micotech.ac.in



19. 20

I-0

**ACADEMIC AUDIT FINDING REPORT**

Date : 11-11-2019

Dept of audit: <u>CE</u>	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Department Analyses Sem-wise results in Course file	
<u>Sample 1:</u> 2018-19: II <sup>1</sup> (A-sem) - 86.27% pass in CT Subject. <u>Sample 2:</u> 2018-19: II <sup>1</sup> (A-sem) - 83.33% pass in GTE - 2 Subject. <u>Sample 3:</u> 2018-19: II <sup>1</sup> (B-sem) - 78.6% pass in ES & C subject.	
Name of the auditor: <u>A.V. Ravi Kumar</u>	Signature of the auditor <u>Ramakrishna</u>
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee <u>B</u>
Route cause for Non-Conformance – If observed : -	
Corrective Action: -	
Signature of Auditee: <u>10</u>	Date: <u>11-11-2019</u>
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <u>Ramakrishna</u>	Date: <u>11-11-2019</u>

CC: Auditor, Auditee

B. V. M.  
HOD/Date

B. S. S.  
Principal/Date



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11.10  
S-0

**ACADEMIC AUDIT FINDING REPORT**

Date: 11-11-2019

Dept of audit: CE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Before leaving the Campus department receives details of Outgoing students in Alumni registration form.</p>	
<p><u>Sample 1:</u> 2016-2017 - 16H175A0115 - K. Ravi Kumar - B.Tech</p> <p><u>Sample 2:</u> 2015-2019 - 15H171A-0103 - K. Anil - B.Tech</p> <p><u>Sample 3:</u> 2013-2016 - 13351C007 - K. Dunderwasi - DCET</p>	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route cause for Non-Conformance – if observed : -	
Corrective Action: -	
Signature of Auditee:	Date: 11-11-2019
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 11-11-2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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1-20  
 Dr. (3)

**ACADEMIC AUDIT FINDING REPORT**

Date : 11-11-2019

Dept of audit: <b>CE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <i>Department monitors subject wise syllabus allocated to the faculty for smooth running of B.Tech (2 years) after that basing on the syllabus coverage corrective actions planned.</i> <u>Sample 1:</u> Upto 04/10/2019 - II (I/CB) - MS - 100% covered. <u>Sample 2:</u> Upto 04/10/2019 - II (2CA) - SM - 60% covered. <u>Sample 3:</u> Upto 11/09/2019 - II (CB) - WRE - 81% covered.	
Name of the auditor: <b>A.V. Ravikumar</b>	Signature of the auditor
Name of the auditee: <b>K. Prasad</b>	Signature of the auditee
Root cause for Non-Conformance – if observed : -	
Corrective Action: -	
Signature of Auditee:	Date: <b>11-11-2019</b>
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>4-11-2019.</b>

**CC: Auditor, Auditee**

HOD/Date

Principal/Date



19-20  
2-4

**Devineni Venkata Ramana & Dr.Hima Sekhar**  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 11-11-2019

Dept of audit: <b>CE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <b>Based on JNTUH Curriculum department receives faculty requisition form from other departments for inter dept subjects.</b>	
<b>Sample 1:</b> Mrs. Aruna Kumar (DMS)- <b>B/LLB</b>	
<b>Sample 2:</b> Mr. C.M. Vijay Kiran (DMS)- <b>B/LLB</b>	
<b>Sample 3:</b> Mrs . Aruna Kumar (DMS)- <b>B/LLB</b>	
Name of the auditor: <b>A.V.Ravikumar</b>	Signature of the auditor
Name of the auditee: <b>K.Prasad</b>	Signature of the auditee
Route cause for Non-Conformance – if observed : -	
Corrective Action: -	
Signature of Auditee:	Date: <b>11-11-2019</b>
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>11-11-2019</b>

**CC: Auditor, Auditee**

HOD/Date

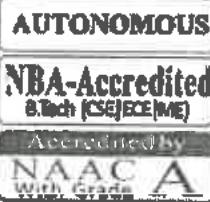
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**ACADEMIC AUDIT FINDING REPORT**

Date : 11-11-2019

Dept of audit: **CE**

Category: Major  Minor

Description of audit:

Verified Internal examination Data and Evaluation Scripts.

Name of the auditor: **A.V. Ravi Kumar**

Signature of the auditor

Name of the auditee: **K. Prasad**

Signature of the auditee

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: 11-11-2019

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit : —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 11-11-2019

CC: Auditor, Auditee

HOD/Date

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**ACADEMIC AUDIT FINDING REPORT**

Date : 11-11-2019

Dept of audit: <b>EEE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <i>Course files of each faculty are verified — found satisfactory</i>	
Name of the auditor: <b>Mr A NAGA RAMA Kumar</b>	Signature of the auditor 
Name of the auditee: <b>Mr AV RAVI Kumar</b>	Signature of the auditee 
Root cause for Non-Conformance – if observed :  <i>—</i>	
Corrective Action:  <i>—</i>	
Signature of Auditee: 	Date: <b>11/11/2019</b>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):  <hr/>	
Result of follow-up audit :  <i>—</i>	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: 	Date: <b>11/11/2019</b>

CC: Auditor, Auditee

*Dev*  
HOD/Date

*B.S.S.*  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 11-11-2019

Dept of audit: **FEES**

Category: Major  Minor

Description of audit:

Students extra curricular activities file has been verified - found satisfactory

Name of the auditor: **Mr ANjan Pavan Kumar**

Signature of the auditor

Name of the auditee: **Mr AV Karthi Kumar**

Signature of the auditee

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee: **Lakshmi**

Date: **11/11/2019**

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date:

**11/11/2019**

CC: Auditor, Auditee

**HOD/Date**

**Principal/Date**



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**ACADEMIC AUDIT FINDING REPORT**

Date : 11-11-2019

Dept of audit: <b>GEE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>checked students condonations and Detentions to b checked faculty feedback</p>	
Name of the auditor: <b>Mr A Nage Ravi Kumar</b>	Signature of the auditor
Name of the auditee: <b>Mr AV Ravi Kumar</b>	Signature of the auditee
Root cause for Non-Conformance – If observed : —	
Corrective Action: —	
Signature of Auditee:	Date: <b>11/11/2019</b>
Probable date of completion of work:	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit: —	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>11/11/2019</b>

**CC: Auditor, Auditee**

HOD/Date

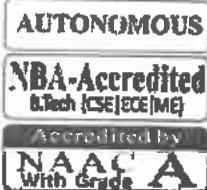
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**ACADEMIC AUDIT FINDING REPORT**

Date : 11-11-2019

Dept of audit: <b>EEE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>checked Stock Updated SC's, Components required for lab available in stock register after every purchase</p>	
Name of the auditor: <b>Mr A Naga Pavani Kumar</b>	Signature of the auditor
Name of the auditee: <b>Mr A V Ravu Kumar</b>	Signature of the auditee
Route cause for Non-Conformance – if observed: _____	
Corrective Action: _____	
Signature of Auditee:	Date: <b>11/11/2019</b>
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit: _____	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>11/11/2019</b>

**CC: Auditor, Auditee**

HOD/Date

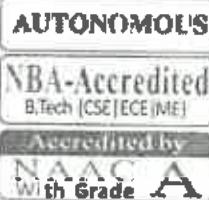
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**ACADEMIC AUDIT FINDING REPORT**

Date : 11-11-2019

Dept of audit: **EEE**

Category: Major  Minor

Description of audit:

1. Checked Student Performance Report and other documents.
2. Verified Record of Students - Mini Project

Name of the auditor: **Mr. A NAGA TANU LUMAR**

Signature of the auditor

Name of the auditee: **Mr. AV RAVI LUMAR**

Signature of the auditee

Root cause for Non-Conformance – if observed:

**Update Student Performance Report**

Corrective Action:

Signature of Auditee:

Date: 13-11-2019

Probable date of completion of work: 12-11-2019

Date of follow-up audit: 12-11-2019

Effectiveness of Corrective action verified (Report references):

**Updated student performance report**

Result of follow-up audit: **Completed**

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 13-11-2019

CC: Auditor, Auditee

**John**  
HOD/Date

**B.S.O.**  
Principal/Date



**ACADEMIC AUDIT FINDING REPORT**

Date : ...11...11/19

Dept of audit: <b>Mechanical</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:	Department Monitors Subject wise syllabus Allocated to the faculty for smooth running of I sem. After that basing on the syllabus coverage corrective actions planned.
Name of the auditor: Mrs. V. Srilakshmi	Signature of the auditor
Name of the auditee: M.T.A. Naga Pavan Kumar	Signature of the auditee

Route cause for Non-Conformance – if observed:

Corrective Action:

Signature of Auditee:

Date: 11/11/19

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit Closed

Not Closed:

Signature of the Auditor:

Date: 11/11/19

CC: Auditor, Auditee

Beevar



**ACADEMIC AUDIT FINDING REPORT**

Date : ...11/11/19

Dept of audit:	Mechanical	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	Basing on Curriculum department receives faculty requisition form from other departments for interdepartment subjects for smooth running of (7-20) ISEM	
Name of the auditor:	Mrs. V. Srilakshmi	Signature of the auditor
Name of the auditee:	Mr. A. Naga Pavan Kumar	Signature of the auditee
Route cause for Non-Conformance – if observed :		
Corrective Action:		
Signature of Auditee:	Date: 11/11/19	
Probable date of completion of work:		
Date of follow-up audit:		
Effectiveness of Corrective action verified (Report references):		
Result of follow-up audit :		
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	V. Saini.	Date: 11/11/19

CC: Auditor, Auditee

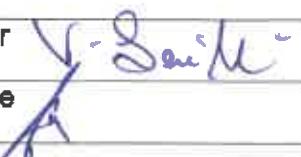
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Principal/Date



**ACADEMIC AUDIT FINDING REPORT**

Date : 11/11/19

Dept of audit:	Mechanical	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	Dept Evaluates and Analyse subject wise marks achieved by the students in MID-I and MID-II of (19-20) ISEM details.	
Name of the auditor:	Mrs. V. Sri Lakshmi	Signature of the auditor 
Name of the auditee:	Mr. A. Naga Powan Kumar	Signature of the auditee 
Root cause for Non-Conformance – If observed :		
Corrective Action:		
Signature of Auditee:		
Probable date of completion of work:	Date: 11/11/19	
Date of follow-up audit:		
Effectiveness of Corrective action verified (Report references):		
<hr/>		
Result of follow-up audit :		
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 11/11/19 	

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 11/11/19

Dept of audit: <b>Mechanical</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Dept Evaluates after completion of lab internals dept reports lab wise performance of individual students with all the details.	
Name of the auditor: <b>Mrs. V. Srilakshmi</b>	Signature of the auditor
Name of the auditee: <b>Ms. A. Naga Pavan Kumar</b>	Signature of the auditee
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 11/11/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): <hr/>	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 11/11/19

CC: Auditor, Auditee

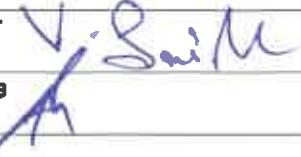
HOD/Date

Principal/Date



**ACADEMIC AUDIT FINDING REPORT**

Date : ..11/11/19

Dept of audit: <b>Mechanical</b>	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <b>checked student Result Analysis is Department wise . checked student details Register.</b>	
Name of the auditor: <b>Mrs. V. Srilakshmi</b>	Signature of the auditor 
Name of the auditee: <b>Mr.A. Nagapavan Kumar</b>	Signature of the auditee 
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: 	Date: 11/11/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input checked="" type="checkbox"/>
Signature of the Auditor: 	Date: 11/11/19

CC: Auditor, Auditee

 HOD/Date

 Principal/Date



**ACADEMIC AUDIT FINDING REPORT**

Date : 11/11/19

Dept of audit: **Mechanical**

Category: Major

Minor

Description of audit:

**Verified faculty R&D register.**

Name of the auditor: **Mrs. V. Sri Lakshmi**

Signature of the auditor

Name of the auditee: **Mr. A. Naga Pavan Kumar**

Signature of the auditee

Root cause for Non-Conformance – If observed :

Corrective Action:

Signature of Auditee:

Date: 11/11/19

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 11/11/19

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar  
**MIC College of Technology**

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**ACADEMIC AUDIT FINDING REPORT**

Date : 11.11.2019

Dept of audit: <b>ECB</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  checked faculty FDP details, paper publication details, no. of workshops attended	
Name of the auditor: <b>Mr. S. B. C Prasad</b>	Signature of the auditor
Name of the auditee: <b>Mr. B. R. k. Singh</b>	Signature of the auditee
Route cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: <b>11/11/2019</b>
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):  —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>11/11/2019</b>

**CC: Auditor, Auditee**

HOD Date **11/11/19**

Principal/Date



**Devineni Venkata Ramana & Dr.Hima Sekhar**  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 11/11/2019

Dept of audit <b>ECE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <b>Alumni survey</b> sample 1 : K. Ramya (15H71A0439) feed back taken on 3/9/2019 sample 2 : S. Kotegowda Rao (15H71A0473) feed back taken on 27/06/19.	
Name of the auditor: Mr. SBC. Prasad	Signature of the auditor
Name of the auditee: Mr. BPK. Singh	Signature of the auditee
Root cause for Non-Conformance – If observed : ---	
Corrective Action: ---	
Signature of Auditee:	Date: 11/11/2019
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit: ---	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 11/11/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 11.11.2019

Dept of audit: ECE	Category: Major 0 Minor 0
Description of audit: Placement analysis for the Academic years 2018-19 and 2019-20 till date has been recorded in file sample1: 2018-19 - Registered - 172, placed - 54 sample2: 2019-20 (till date) - Registered - 101, placed - 15	
Name of the auditor: Mr. S BC Prasad	Signature of the auditor
Name of the auditee: Mr. B.R.K. Singh	Signature of the auditee
Root cause for Non-Conformance – if observed:	
Corrective Action:	
Signature of Auditee:	Date: 11/11/2019
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: 0
Signature of the Auditor:	Date: 11/11/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr. Hima Selkar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 11.11.2019

Dept of audit: **ECE**

Category: Major  Minor

Description of audit:

After completion of internal lab session and examination, the department reports achievement of marks ( day to day evaluation, record, internal lab performance ) in ECE

sample 1 : A. Manjusha - III II - 17H71A0422 - 23/25 - DKA

sampled : R. Sai Romya - III II - 17H71A0448 - 25/25 - PDC lab

Name of the auditor: Mrs. S. B. C. Prasad

Signature of the auditor

Name of the auditee: Mr. B. R. K. Singh

Signature of the auditee

Root cause for Non-Conformance – If observed :

Corrective Action:

— —

Signature of Auditee:

Date: 11/11/2019

Probable date of completion of work:

Date of follow-up audit:

— —

Effectiveness of Corrective action verified (Report references):

— —

Result of follow-up audit:

— —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

*Sek*

Date: 11/11/2019

CC: Auditor, Auditee

*G*  
HOD/Date

*Bh*

Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 11.11.2019

Dept of audit <b>ECE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

Verified the profile of details of research activity

Sample 1: VLSI chip design hands on using open source EDA FDP from 8th-12th July, 2019. All faculty members attended, certificates verified.

Sample 2: Paper published in Elsevier 0141-9331(2019) M-ABRe using virtual sliding window technique - St. Mard

Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor
Name of the auditee: Mr. B.R.K. Singh	Signature of the auditee

Root cause for Non-Conformance – if observed:

Corrective Action:

Signature of Auditee:	Date: 11/11/2019
Probable date of completion of work:	
Date of follow-up audit:	

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:	— —
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 11/11/2019

CC: Auditor, Auditee

*C*  
HOD Date

*B.S.S.*  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 11/11/2019

Dept of audit: ECE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Workshops attended file by students file verified. Sample 1 : PCB-workshop - 9/9/19 to 11/9/19 - II year for A,B,C all students conducted by APSSD C Total number of students attended - 192	
Name of the auditor: Mr. S. B. C. Prasad	Signature of the auditor:
Name of the auditee: Mr. B.R.E. Singh	Signature of the auditee:
Root cause for Non-Conformance - If observed: — —	
Corrective Action: — —	
Signature of Auditee:	Date: 11/11/2019
Probable date of completion of work:	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit: — —	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 11/11/2019

CC: Auditor, Auditee

C  
HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 11/11/2019

Dept of audit: Admin	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  Misaligned transport , Hostel Application forms of students, staff or faculty.	
Name of the auditor: V.Sri Lakshmi	Signature of the auditor V.Sri M
Name of the auditee: A. Balaji	Signature of the auditee A. Balaji
Root cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 11/11/2019

CC: Auditor, Auditee

Ars.Renu  
HOD/Date 11/11/2019

B.Srinivas  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 11/11/2019, ...

Dept of audit: library	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
------------------------	--

Description of audit:

Department receives details of faculty students who want to avail the library in a registration form to proceed further

Sample 1:- MS. R.Naga Sai Sravya - 1921 (Emp 20)

Sample 2 :- Mr. B.Chenna Reddy - 12114 (Stud Admin. ND)

Name of the auditor: Mr.SBC PRASAD	Signature of the auditor
Name of the auditee: B.MANODHARA	Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee:	Date:
-----------------------	-------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

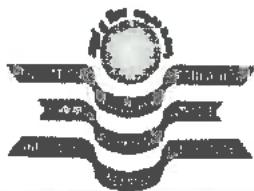
Status of audit: Closed  Not Closed:

Signature of the Auditor:	Date: 11/11/2019
---------------------------	------------------

CC: Auditor, Auditee

HOD/Date 11/11/19

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date 19/11/2019...

Dept of audit: **CSE**

Category: Major  Minor

Description of audit:

**verification of Course files Prepared by the faculty**

Name of the auditor: **B.R. Ic. Singh**

Signature of the auditor

Name of the auditee: **V.Srilakshmi**

Signature of the auditee

Route cause for Non-Conformance – if observed: —

Corrective Action: —

Signature of Auditee:

Date: 19/11/2019

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

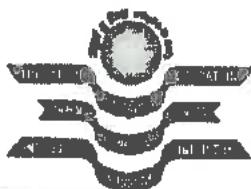
Date: 19/11/2019

CC: Auditor, Auditee

*[Signature]*

*Lkls*  
HOD/Date

*BBM*  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 19/11/2019

Dept of audit: **CSE**

Category: Major  Minor

Description of audit:

Subject wise internal Marks achieved by the students were reported in internal Marks.

Name of the auditor: **B. R. K. Singh**

Signature of the auditor

Name of the auditee: **V. Sri Lakshmi**

Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee:

Date: 19/11/2019

Probable date of completion of work:

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 19/11/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 19/11/2019

Dept of audit: **CSE**

Category: Major  Minor

Description of audit:

**Condition and detention list of the students**

Name of the auditor: **B.R.Ic-Singh**

Signature of the auditor

Name of the auditee: **V.Srilakshmi**

Signature of the auditee

Route cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee:

Date: **19/11/2019**

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit : —

Status of audit: Closed  Not Closed:

Signature of the Auditor:

Date: **19/11/2019**

CC: Auditor, Auditee

**AKLS**  
HOD/Date

**SSR**  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/2019

Dept of audit: **CSE**

Category: Major  Minor

Description of audit:

**Verification of lab Maintenance Records.**

Name of the auditor: **B.R.Ic.Singh**

Signature of the auditor

Name of the auditee: **V. Sri Lakshmi**

Signature of the auditee

Route cause for Non-Conformance – if observed : **—**

Corrective Action: **—**

Signature of Auditee:

Date: **12/11/2019**

Probable date of completion of work: **—**

Date of follow-up audit: **—**

Effectiveness of Corrective action verified (Report references): **—**

Result of follow-up audit: **—**

Status of audit Closed  Not Closed:

Signature of the Auditor:

Date: **12/11/2019**

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Rajanna & Dr. Hima Sohani  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/2019

Dept of audit: <b>CSE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <i>Verification of student Industrial visit,          Student feedback Analysis - class          Student feedback Analysis - lab</i>	
Name of the auditor: <b>B.R.L. Singh</b>	Signature of the auditor- <i>Ji</i>
Name of the auditee: <b>V. Smita Devi</b>	Signature of the auditee <i>V.Smita</i>
Root cause for Non-Conformance – if observed : <b>Nil</b>	
Corrective Action: <b>—</b>	
Signature of Auditee: <i>V.Smita</i>	Date: <b>12/11/2019</b>
Probable date of completion of work: <b>—</b>	
Date of follow-up audit: <b>—</b>	
Effectiveness of Corrective action verified (Report references): <b>—</b>	
Result of follow-up audit : <b>—</b>	
Status of audit: <b>Closed</b> <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <i>Ji</i>	Date: <b>12/11/2019</b>

CC: Auditor, Auditee

*aksls*  
HOD/Date **12/11/2019**

*38m*  
Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT 19-20**

Date : 12/11/2019

Dept of audit: BED

Category: Major  Minor

Description of audit:

Class time tables and Individual faculty time tables are verified. No deviations observed.

Name of the auditor: F. Prasad

Signature of the auditor SP

Name of the auditee: SBC prasad

Signature of the auditee SP

Root cause for Non-Conformance – if observed: Nil

Corrective Action: Nil

Signature of Auditee:  

Date: 12/11/19

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit: Closed

Not Closed:

Signature of the Auditor: SP

Date: 12/11/19

CC: Auditor, Auditee

HOD/Date G. V. S

B. S. Rao  
Principal/Date



ACADEMIC AUDIT FINDING REPORT

19-20

Date : 12/11/2019

Dept of audit: <b>BED</b>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
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Description of audit:

The internal marks register file has been Verified and found to be satisfactory. It is evident that the department is consistently updating the file in a branch-wise, Semester-wise, and Subject-wise manner.

Name of the auditor: <b>k. prasad</b>	Signature of the auditor 
Name of the auditee: <b>SBC prasad</b>	Signature of the auditee 

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee:	Date: 12/11/19
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Probable date of completion of work:

Date of follow-up audit:	
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Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :	
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Status of audit Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
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Signature of the Auditor: 	Date: 12/11/19
---	----------------

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

19-20

Date : 12/11/2019

Dept of audit: <b>BED</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

Lessons plans for each subject are verified and found to be good with faculty & HOD signatures indicating that each class is being delivered in a systematic & well-planned manner.

Name of the auditor: <b>K.P.Yefay</b>	Signature of the auditor 
Name of the auditee: <b>SBC prasad</b>	Signature of the auditee 

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee:	Date: 12/11/19
-----------------------	----------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit: Closed  Not Closed:

Signature of the Auditor: 	Date: 12/11/19
---	----------------

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT 19-20**

Date : 12/11/2019

Dept of audit: <u>BED</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

Course plan files (coursefile) for each faculty are verified and found satisfactory. It is found that each faculty maintains 21 different types of contents in the course file, which are duly signed by Course and Module Coordinators.

Name of the auditor: <u>K. P Jay</u>	Signature of the auditor <u>[Signature]</u>
Name of the auditee: <u>SBC prasad</u>	Signature of the auditee <u>[Signature]</u>

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee:	Date: <u>12/11/19</u>
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Probable date of completion of work:

Date of follow-up audit:	
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Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :	
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Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
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Signature of the Auditor: <u>[Signature]</u>	Date: <u>12/11/19</u>
--	-----------------------

CC: Auditor, Auditee

g✓  
HOD/Date

B.S. Sankar  
Principal/Date



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Kanchikacherla - 521180, Krishna Dist, A.P, India.  
Phone : 08678 - 273535, 273623, Fax: 08678 - 273569  
e-mail: dvthemic@mictech.ac.in, Website: www.mictech.ac.in



**ACADEMIC AUDIT FINDING REPORT**

19-20

Date : 12/11/2019

Dept of audit: <b>BED</b>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
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Description of audit:

- The Student Extra curricular/ co-curricular activities file has been verified and found to be satisfactory. The department is actively encouraging students to participate in these activities.

Name of the auditor: <b>K. P. Raju</b>	Signature of the auditor
Name of the auditee: <b>SBC prasad</b>	Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee:	Date: <b>12/11/19</b>
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Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: **12/11/19**

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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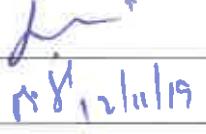
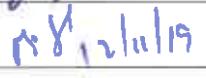
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**ACADEMIC AUDIT FINDING REPORT**

Date : 12-11-2019

Dept of audit: <u>Examcell.</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Exam result analysis. Sample 1: BTech II Sem - result analysis of Ap/May 2019. Sample 2: MBA II Sem - result analysis of Ap/May 2019. Sample 3: M.Tech II Sem - result analysis of Ap/May 2019.	
Name of the auditor: <u>Mr. B.R.K Singh</u>	Signature of the auditor 
Name of the auditee: <u>Mr. M. Sunil Kumar</u>	Signature of the auditee 
Root cause for Non-Conformance – if observed :	<u>NIL</u>
Corrective Action:	<u>—</u>
Signature of Auditee: <u>—</u>	Date: <u>—</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: 	Date: <u>12-11-2019</u>

CC: Auditor, Auditee



 HOD/Date



Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 12-11-2019

Dept of audit: <u>Examsell</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit: D-form report

Sample 1: B.Tech II Sem Regular - Applied chemistry - 14-06-2019

Sample 2: B.Tech II Sem Regular - Engg graphics - 21-06-2019

Sample 3: B.Tech I Sem Supply - Engg mechanics - 31-05-2019

Name of the auditor: <u>Mr. B.R.K. Singh</u>	Signature of the auditor
Name of the auditee: <u>Mr. M. Sunil Kumar</u>	Signature of the auditee

Route cause for Non-Conformance – if observed : NIL

Corrective Action: —

Signature of Auditee: <u>—</u>	Date: <u>—</u>
--------------------------------	----------------

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 12-11-2019

CC: Auditor, Auditee

12/11/19

HOD/Date

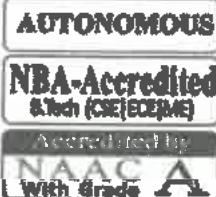
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 12-11-2019

Dept of audit: Examcell	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Exam Notice file	
Sample 1: B.Tech III Sem Reg. Nov-2019 - Exam notification Dt. 18-10-2019	
Sample 2: B.Tech II Sem Supple Nov-2019. Exam notification Dt. 18-10-2019	
Sample 3:	
Name of the auditor: Mr. B.R.K. Singh	Signature of the auditor
Name of the auditee: Mr. M. Sunit Kumar	Signature of the auditee
Route cause for Non-Conformance – If observed : NIL	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 12-11-2019

CC: Auditor, Auditee

*[Signature]*

HOD/Date

*12/11/2019*

*[Signature]*  
Principal/Date



Devireni Venkata Ramana & Dr.Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/2019

Dept of audit: T&P	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <ul style="list-style-type: none"><li>- Verified record of Career counseling and skills training - Students.</li><li>- Verified Training Program Register.</li></ul>	
Name of the auditor: A. Nagapavan Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance – if observed : —	
Corrective Action:	
Signature of Auditee:	Date: 12/11/2019
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): ____	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 12/11/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/2019

Dept of audit: T G P	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <i>'Verified Record of placement Analysis Department wise'</i>	
Name of the auditor: A. Naga Pavani Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance – if observed : —	
Corrective Action:	
Signature of Auditee:	Date: 12/11/2019
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 12/11/2019
CC: Auditor, Auditee	HOD/Date
Principal/Date	



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**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/2019

Dept of audit: <u>T Gy P</u>	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Verified Academic Performance, placement and Higher studies.</u>	
Name of the auditor: <u>A.Naga Parv Kumar</u>	Signature of the auditor
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: <u>12/11/2019</u>
Probable date of completion of work:	<u> </u>
Date of follow-up audit:	<u> </u>
Effectiveness of Corrective action verified (Report references): <hr/>	
Result of follow-up audit : <u> </u>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <u>12/11/2019</u>
CC: Auditor, Auditee	HOD/ <sup>u</sup> Date
Principal/	



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With Grade

**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/2019

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
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Description of audit:

Verified internal audit finding report / non-conformance report.

Name of the auditor: A. Naga Pavankumar	Signature of the auditor
Name of the auditee: K. Prasad.	Signature of the auditee

Root cause for Non-Conformance – If observed : —

Corrective Action:

Signature of Auditee:	Date: 12/11/2019
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Probable date of completion of work: —

Date of follow-up audit: —	
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Effectiveness of Corrective action verified (Report references):

Result of follow-up audit : —	
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Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
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Signature of the Auditor:	Date: 12/11/2019
---------------------------	------------------

CC: Auditor, Auditee

HOD/Date

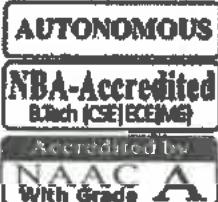
  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/2019

Dept of audit: <u>T &amp; P</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
---------------------------------	--

Description of audit: <u>Verified Record of placement Analysis</u>
--

Name of the auditor: <u>A. Naga Pavam Kumar</u>	Signature of the auditor 
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee 

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: <u>12/11/2019</u>
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Probable date of completion of work:	<u>—</u>
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Date of follow-up audit:	<u>—</u>
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Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:	<u>—</u>
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Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
--	-----------------------------------

Signature of the Auditor: 	Date: <u>12/11/2019</u>
---	-------------------------

CC: Auditor, Auditee

 HOD/Date

 Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/2019

Dept of audit: T & P	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
----------------------	--

Description of audit:

Verified Record of Campus placements

Name of the auditor: A. Naga Pavankumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee:	Date: 12/11/2019
-----------------------	------------------

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit : —

Status of audit: Closed  Not Closed:

Signature of the Auditor:	Date: 12/11/2019
---------------------------	------------------

CC: Auditor, Auditee

HOD/Date

Principal/Date



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19-20  
I-V

ACADEMIC AUDIT FINDING REPORT

Date : 08-05-2020

Dept of audit: Civil Engineering	Category: Major O Minor O
Description of audit: <p>Department evaluates and analyse subject wise marks achieved by the students in MID-S &amp; MID-P (19-20, I sem)</p>	
Name of the auditor: A.V.Ravikumar	Signature of the auditor
Name of the auditee: K. Prasad.	Signature of the auditee
Route cause for Non-Conformance – If observed : —	
Corrective Action: —	
Signature of Audittee:	Date: 08-05-2020
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 08-05-2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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P. 10  
S ②

**ACADEMIC AUDIT FINDING REPORT**

Date : 08-05-2020

Dept of audit: **civil Engineering.**

Category: Major  Minor

Description of audit:

After completion of lab internals department reports lab wise performance of individual students with all the details.

Name of the auditor: **A.V. Ravikumar**

Signature of the auditor

Name of the auditee: **K. Prasad.**

Signature of the auditee

Route cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee:

Date: 08-05-2020

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit Closed

Not Closed:

Signature of the Auditor:

Date: 08-05-2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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19-20  
S1-2

**ACADEMIC AUDIT FINDING REPORT**

Date : 08-05-2020

Dept of audit: Civil Engineering	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Department takes the feedback from the students once in a semester to measure the deviations if any against cutoff satisfaction level reported in file.	
Name of the auditor: Ar Ravi Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance – if observed : -	
Corrective Action: -	
Signature of Auditee:	Date: 08-05-2020
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 08-05-2020

CC: Auditor, Auditee

HOD/Date

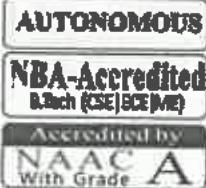
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 08-05-2020

Dept of audit: <b>Civil Engineering</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Dept of Civil Engineering conducts one week workshop for students in 19-20 Sem 2 - AutoCAD.</p>	
Name of the auditor: <b>A-V. Ravikumar</b>	Signature of the auditor
Name of the auditee: <b>K. Prasad</b>	Signature of the auditee
Route cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 08-05-2020
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 08-05-2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



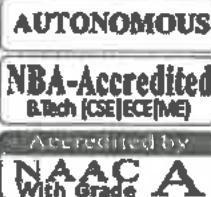
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19-20  
21

**ACADEMIC AUDIT FINDING REPORT**

Date : 08-05-2020

Dept of audit: Civil Engineering	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

Verification of Student/Faculty Association Activities.

Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: K. Prasad.	Signature of the auditee

Root cause for Non-Conformance – if observed: Update Registers

Corrective Action:

Signature of Auditee:	Date: 08-05-2020
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Probable date of completion of work:

Date of follow-up audit: 09-05-2020

Effectiveness of Corrective action verified (Report references): Completed

Result of follow-up audit: Closed

Status of audit: Closed

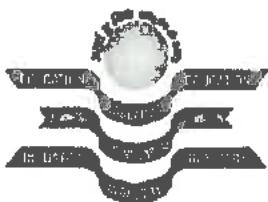
Not Closed:

Signature of the Auditor:	Date: 09-05-2020
---------------------------	------------------

CC: Auditor, Auditee

HOD/Date

Principal/Date



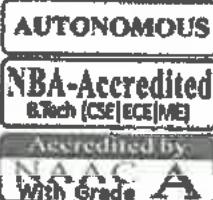
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**ACADEMIC AUDIT FINDING REPORT**

Date : 08-05-2020

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

1. Checked count of Papers published by the faculty and other related documents

Name of the auditor: <u>Mr A. Naga Pawan Kumar</u>	Signature of the auditor
Name of the auditee: <u>Mr AV Ravinder</u>	Signature of the auditee

Route cause for Non-Conformance – if observed : -NIL-

Corrective Action: —

Signature of Auditee: <u>Lendarat</u>	Date: <u>08-5-2020</u>
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Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:	Date: <u>08-5-2020</u>
---------------------------	------------------------

CC: Auditor, Auditee

*Gupta*  
HOD/Date

*B.S. S*  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 08-05-2020

Dept of audit: <i>ECE</i>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <i>Visited Internal Examinations file and other related documents</i>	
Name of the auditor: <i>Mr A Naga Praveen Kumar</i>	Signature of the auditor <i>[Signature]</i>
Name of the auditee: <i>Mr A V Ravi Kumar</i>	Signature of the auditee <i>[Signature]</i>
Root cause for Non-Conformance – if observed:	<i>Update Internal Examination file</i>
Corrective Action:	
Signature of Auditee: <i>[Signature]</i>	Date: <i>8/5/2020</i>
Probable date of completion of work: <i>9/5/2020</i>	
Date of follow-up audit: <i>9/5/2020</i>	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit: <i>Completed</i>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <i>[Signature]</i>	Date: <i>9/5/2020</i>

CC: Auditor, Auditee

*Satya*  
HOD/Date

*B.S.S.*  
Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 08-05-2020

Dept of audit: **EEG**

Category: Major  Minor

Description of audit:

checked details of parent teacher Associations meeting

Name of the auditor: **Mr A Naga Parvam Tumman**

Signature of the auditor

Name of the auditee: **Mr A V Kish Tumman**

Signature of the auditee

Route cause for Non-Conformance – If observed : —

Corrective Action: —

Signature of Auditee: **Lakshmi**

Date: **8/5/2020**

Probable date of completion of work:

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date:

**8/5/2020**

CC: Auditor, Auditee

*Syrate*  
HOD/Date

*B.S. Srinivas*

Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 08-05-2020

Dept of audit: **EE**

Category: Major  Minor

Description of audit:

Chuhed details of family participation in different activities

Name of the auditor: **Mr A Naga Prasad Kumar**

Signature of the auditor

Name of the auditee: **Mr A V Kavi Kumar**

Signature of the auditee

Route cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee: **Lakshmi**

Date: **8/5/2020**

Probable date of completion of work:

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: **8/5/2020**

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 08-05-2020

Dept of audit: **EEG**

Category: Major

Minor

Description of audit:

Verified Course files  
Verified Lab records, stock registers and other  
related documents

Name of the auditor: **Mr A Naga Parvathimai**

Signature of the auditor

Name of the auditee: **Mr A V Lakshmi Kumar**

Signature of the auditee

Root cause for Non-Conformance – if observed : **Update stock registers**

Corrective Action: \_\_\_\_\_

Signature of Auditee:

Date: **8/5/2020**

Probable date of completion of work: **9/5/2020**

Date of follow-up audit:

**9/5/2020**

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

**Completed**

Status of audit Closed

Not Closed:

Signature of the Auditor:

Date:

**9/5/2020**

**CC: Auditor, Auditee**

*cc: Auditor*  
HOD/Date

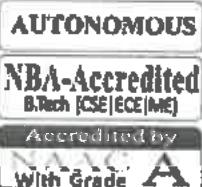
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 08/05/2020

Dept of audit: <b>Mechanical</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Department monitors subject wise syllabus Allocated to the faculty for smooth running of II SEM. After that basing on the Syllabus Coverage, corrective actions planned.	
Name of the auditor: <b>D.V.Srilakshmi</b>	Signature of the auditor
Name of the auditee: <b>Mr. A. Naga Pavani Kumar</b>	Signature of the auditee
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 08/05/20
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input type="checkbox"/>	Not Closed: <input checked="" type="checkbox"/>
Signature of the Auditor:	Date: 08/05/20

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 08/05/20

Dept of audit:	Mechanical	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	Basing on Curriculum department receives Faculty requisition form from other departments for inter department subjects for smooth running of (19-20) II SEM.	
Name of the auditor:	Dr. V. Sri Lakshmi	Signature of the auditor
Name of the auditee:	Mr. A. Naga Parvath Kumar	Signature of the auditee
Route cause for Non-Conformance – if observed :		
Corrective Action:		
Signature of Audittee:	Date: 08/05/20	
Probable date of completion of work:		
Date of follow-up audit:		
Effectiveness of Corrective action verified (Report references):		
Result of follow-up audit :		
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 08/05/20	

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 08/05/20

Dept of audit:	Mechanical	Category:	Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit:	Dept Evaluates and analyse subject wise marks achieved by the students in MID-I and MID-II of (19-20) II SEM.		
Name of the auditor:	Dr. V. Srilakshmi	Signature of the auditor	V. Srilakshmi
Name of the auditee:	Mr. A. Naga Palan Kumar	Signature of the auditee	A. Naga Palan Kumar
Route cause for Non-Conformance – If observed :			
Corrective Action:			
Signature of Auditee:	Date: 08/05/20		
Probable date of completion of work:			
Date of follow-up audit:			
Effectiveness of Corrective action verified (Report references):			
Result of follow-up audit:			
Status of audit Closed:	<input checked="" type="checkbox"/>	Not Closed:	<input checked="" type="checkbox"/>
Signature of the Auditor:	Date: 08/05/20		

CC: Auditor, Auditee

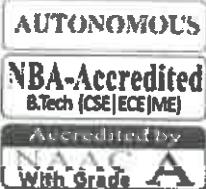
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HOD/Date

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**ACADEMIC AUDIT FINDING REPORT**

Date : 08/05/20

Dept of audit:	Mechanical	Category: Major <input checked="" type="checkbox"/>	Minor <input checked="" type="checkbox"/>
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Description of audit:

checked student Result Analysis  
Department wise checked student details

Register -

Name of the auditor:	Dr. V. Srilakshmi	Signature of the auditor
Name of the auditee:	Mr. A. Naga Pavan Kumar	Signature of the auditee

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: 08/05/20
-----------------------	----------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed  Not Closed

Signature of the Auditor:	Date: 08/05/20
---------------------------	----------------

CC: Auditor, Auditee

HOD/Date

  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 08/05/20

Dept of audit: **Mechanical**

Category: Major  Minor

Description of audit:

**Verified faculty R&D Register.**

Name of the auditor: **Dr. V. Srilakshmi**

Signature of the auditor

Name of the auditee: **MT A. Naga Paray Kumar**

Signature of the auditee

Route cause for Non-Conformance – if observed :

**update R&D Register.**

Corrective Action:

Signature of Auditee:

Date: 08/05/20

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 08/05/20

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 08/05/2020

Dept of audit	E-C-E	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit	<p>After identifying slow learners department plans and conducts make up classes and the details were reported properly. After completion of semester classes department receives and analyses subject wise feed back from student in ECE.</p> <p>Sample1:- K. Manasa Lakshmi - EMI - II/II - 88%.</p> <p>Sample2:- Mr. Ic. Tirupati Rao - HPMC - III/II - 80%.</p>	
Name of the auditor:	Mr. S.B.C Prasad	Signature of the auditor
Name of the auditee:	Mr. B.R.K Singh	Signature of the auditee
Root cause for Non-Conformance – If observed : — —		
Corrective Action: — —		
Signature of Auditee	Date:	
Probable date of completion of work:	— —	
Date of follow-up audit:	— —	
Effectiveness of Corrective action verified (Report references): — —		
Result of follow-up audit : — —		
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 08/05/2020.	

CC: Auditor, Auditee

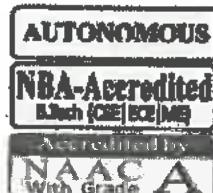
G  
HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 08/05/2020

Dept of audit <b>E.C.E.</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  2015-19 batch Alumni details were evident in ECE File	
1. 15H71A0404 - Arif kareen shaik 2. 15H71A0471 - Jayakrishna G 3. 15H71A0441 - Vasundhara M 4. 16H75A0435 - Venkata Nithil P	
Name of the auditor: <b>Mr. S.B.C Prasad</b>	Signature of the auditor 
Name of the auditee: <b>Mr. B.R.K Singh.</b>	Signature of the auditee 
Root cause for Non-Conformance – if observed: — —	
Corrective Action: — —	
Signature of Auditee:	Date:
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit : — —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 08/05/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 08/05/2020

Dept of audit: G-C-E	Category: Major O Minor O
Description of audit: Department prepares student wise performance (Attendance, internal, external marks) with all details enable counselling further. Sample # : 18H71A0438 - Sai Sudheer B - 58.3% Attendance	
Name of the auditor: Mr. S.B.C prasad	Signature of the auditor:
Name of the auditee: Mr. B.R.K Singh	Signature of the auditee:
Root cause for Non-Conformance – if observed: — —	
Corrective Action: — —	
Signature of Auditee:	Date:
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit: — —	
Status of audit Closed: <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 08/05/2020

CC: Auditor, Auditee

G  
HQD/Date

Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar  
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 With Grade

**ACADEMIC AUDIT FINDING REPORT**

Date : 8/05/2020

Dept of audit	ECE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:		
<p>Basing on JNTUK Curriculum department faculty establishes course files with all details for smooth running of session.</p> <p>Sample 1 : Mr. K.S.R. Sastry - Digital system design - II / II</p> <p>Sample 2 : Mr. Ch. Pilla Rao - EHWTL - II / II</p> <p>Sample 3 : M.S. S.T. MPUDULU - SC - II / II</p>		
Name of the auditor:	SBC Prasath	Signature of the auditor
Name of the auditee:		Signature of the auditee
Root cause for Non-Conformance – if observed : — —		
Corrective Action: — —		
Signature of Auditee:	Date:	
Probable date of completion of work:	— —	
Date of follow-up audit:	— —	
Effectiveness of Corrective action verified (Report references): — —		
Result of follow-up audit : — —		
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date:	

CC: Auditor, Auditee

C  
HOD/Date

*B.S. Ramu*

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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19-20  
II SEM

**ACADEMIC AUDIT FINDING REPORT**

Date : 08/05/2020

Dept of audit: <u>E.C.E.</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <u>After completion of Semester classes, department receives and analyzes subject wise feedback from student in ECE. After identifying issue, department plans and conducts make up classes and details reported property.</u> <u>Sample -1: 18H71A0460 - Achieved 5 marks against 30 internal marks</u> <u>Sample -2: 18H71A0438 - Achieved 3 marks against 30 internal marks.</u> <u>After</u>	
Name of the auditor: <u>Mr. S.B.C. Prasad.</u>	Signature of the auditor <u>SBC</u>
Name of the auditee: <u>Mr. B.R.K. Singh.</u>	Signature of the auditee <u>BRK</u>
Root cause for Non-Conformance – If observed: <u>— —</u>	
Corrective Action: <u>— —</u>	
Signature of Auditee: <u>BRK</u>	Date: <u>— —</u>
Probable date of completion of work: <u>— —</u>	
Date of follow-up audit: <u>— —</u>	
Effectiveness of Corrective action verified (Report references): <u>— —</u>	
Result of follow-up audit: <u>— —</u>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <u>SBC</u>	Date: <u>08/05/2020</u>

CC: Auditor, Auditee

C  
HOD/Date

B.S.S.  
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 8/05/2020

Dept of audit: **ECE**

Category: Major  Minor

Description of audit:

checked and verified student result  
Analysis

Name of the auditor: **Mr. S.B.C Prasad**

Signature of the auditor

Name of the auditee: **Mr. B.R.K Singh**

Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: 8/05/2020

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed  Not Closed:

Signature of the Auditor:

Date: 08/05/2020.

CC: Auditor, Auditee

HOD/Date 8/5/20

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 8/5/2020

Dept of audit: <u>Admin</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<p><u>Verified minutes of Meeting - Management</u> <u>with principal.</u> <u>Maintained staff or faculty leave register.</u> <u>Proper attendance records.</u></p>	
Name of the auditor: <u>V. Srilakshmi</u>	Signature of the auditor <u>V. Srilakshmi</u>
Name of the auditee: <u>A. Balaji</u>	Signature of the auditee <u>A. Balaji</u>
Route cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):—	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <u>8/5/2020</u>

CC: Auditor, Auditee

A. Balaji  
HOD/Date 8/5/2020

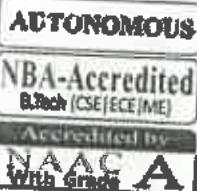
Balaji  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 08/05/2020

Dept of audit: <b>Library</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Department maintains the details of the student who are detained, to restrict the unauthorised access of resources.</p>	
Name of the auditor: <b>Mr. S.B.C Prasad</b>	Signature of the auditor
Name of the auditee: <b>Mrs B. Mandira</b>	Signature of the auditee
Route cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: —	Date: 08/05/2020

CC: Auditor, Auditee

HOD/Date  
8/5/20

Principal/Date



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Kenchikacherla - 521180, Krishna Dist, A.P, India.  
Phone : 08678 - 273535, 273423, Fax: 08678 - 273569  
e-mail: dvrhsmic@micotech.ac.in, Website: www.mictech.ac.in

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NAAC A  
With Grade

**ACADEMIC AUDIT FINDING REPORT**

Date : 9/5/2020

Dept of audit CSE	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Verification of existing faculty profiles	
Name of the auditor: B. R. K. Singh	Signature of the auditor
Name of the auditee: V. Srinivasulu	Signature of the auditee V. Srinivasulu
Root cause for Non-Conformance – If observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 9/5/2020
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 9/5/2020

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date: 9/5/2020

Dept of audit: CSE	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	Subject wise feed back from the students
Name of the auditor: B. R. L. Singh	Signature of the auditor
Name of the auditee: V. Santoshwini	Signature of the auditee V. S. M.
Root cause for Non-Conformance – If observed :	
Corrective Action: —	
Signature of Auditee:	Date: 9/5/2020
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):—	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 9/5/2020

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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With Grade

ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2020

Dept of audit: **CSE**

Category: Major  Minor

Description of audit:

After identifying slow learners, department plans and conducts makeup classes and the details were reported properly

Name of the auditor: **B.R.K. Singh**

Signature of the auditor

Name of the auditee: **V. Srilakshmi**

Signature of the auditee

Route cause for Non-Conformance – if observed: —

Corrective Action: —

Signature of Auditee:

Date: 9/5/2020

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 9/5/2020

CC: Auditor, Auditee

*dkls*  
HOD/Date

*SSanu*  
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2020

Dept of audit: CSE

Category: Major  Minor

Description of audit:

Verification of Alumnus details

Name of the auditor: B. R. k. Singh

Signature of the auditor

Name of the auditee: V. Srinivasulu

Signature of the auditee

Root cause for Non-Conformance – if observed: —

Corrective Action: —

Signature of Auditee:

Date: 9/5/2020

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 9/5/2020

CC: Auditor, Auditee

*AKS*  
HOD/Date

*B.S.S.*  
Principal/Date



Dixyute Venkata Rani and Dr. Hima Sekhar  
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With Grade

**ACADEMIC AUDIT FINDING REPORT**

Date : 9/5/2020

Dept of audit: <u>CSE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <u>Verification of student / faculty Association Activities</u>	
Name of the auditor: <u>B.R.K. Singh</u>	Signature of the auditor 
Name of the auditee: <u>V. Saini</u>	Signature of the auditee <u>V. Saini</u>
Route cause for Non-Conformance – if observed : <u>Nil</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>V. Saini</u>	Date: <u>9/5/2020</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
<hr/>	
Result of follow-up audit :	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: 	Date: <u>9/5/2020</u>

CC: Auditor, Auditee

dtkb  
HOD/Date 9/5/2020

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Principal/Date



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**ACADEMIC AUDIT FINDING REPORT** 9-20

Date: 9/5/2020

Dept of audit: **BED**

Category: Major  Minor

Description of audit:

Checked the record of Syllabus monitoring.  
Dept has been Maintaining the record for every 15 days. Found good.

Name of the auditor: **K. Prasad**

Signature of the auditor

Name of the auditee: **SBC Prasad**

Signature of the auditee

Root cause for Non-Conformance – if observed: **NIL**

Corrective Action: **NIL**

Signature of Auditee:

Date: 9/5/20

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 9/5/20

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT 19-20**

Date : 9/5/2020

Dept of audit: <b>BED</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <i>Record of Competence of Staff / faculty Verified. Found satisfactory</i>	
Name of the auditor: <b>K. P. Prasath</b>	Signature of the auditor
Name of the auditee: <b>SISC prasad</b>	Signature of the auditee
Root cause for Non-Conformance – if observed : —	
Corrective Action:	
Signature of Auditee:	Date: <b>9/5/20</b>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>9/5/20</b>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

19-20

Date : 9/5/2020

Dept of audit: <b>BED</b>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
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Description of audit:

Staff paper presentations / publications file verified.  
Dept. Encouraging faculty to publish papers  
found satisfactory.

Name of the auditor: <b>k.prasad</b>	Signature of the auditor <b>B</b>
Name of the auditee: <b>SBC prasad</b>	Signature of the auditee <b>Bsf</b>

Root cause for Non-Conformance – if observed : **—**

Corrective Action:

Signature of Auditee:	Date: <b>9/5/20</b>
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Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :	
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Status of audit: Closed  Not Closed:

Signature of the Auditor: <b>B</b>	Date: <b>9/5/20</b>
------------------------------------	---------------------

CC: Auditor, Auditee

*gve*  
HOD/Date

*BB*  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT 19-20**

Date : 9/5/2020

Dept of audit: **BED**

Category: Major  Minor

Description of audit:

Verified Student Feedback on faculty - class wise.  
- Found good -

Name of the auditor: **K. P. Prasad**

Signature of the auditor **[Signature]**

Name of the auditee: **SBC prasad**

Signature of the auditee **[Signature]**

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee:

Date: **9/5/20**

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor: **[Signature]**

Date: **9/5/20**

CC: Auditor, Auditee

**CV**  
HOD/Date

**[Signature]**  
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

19-20

Date : 9/5/2020

Dept of audit: <b>BED</b>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
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Description of audit:

Verified lab manuals , lab time-tables &  
labwise students attendance register - Found Satisfactory.

Name of the auditor: <b>k.pYag</b>	Signature of the auditor
Name of the auditee: <b>SBC prasad</b>	Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee:	Date: <b>9/5/20</b>
-----------------------	---------------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: **9/5/20**

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : **09-05-2020**

Dept of audit: <b>Exam cell</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <b>provisional certificates.</b>	
<b>Sample 1: 15TH41AD368 - P. Ram Sai - m-BCTH</b>	
<b>Sample 2: 15TH41AD0410 - Chandrakala M - ECE</b>	
Name of the auditor: <b>Mr. B.R.K Singh</b>	Signature of the auditor
Name of the auditee: <b>Mr. M. Sunit Kumar</b>	Signature of the auditee
Route cause for Non-Conformance – if observed :	<b>NIL</b>
Corrective Action:	<b>-</b>
Signature of Auditee:	Date: <b>—</b>
Probable date of completion of work: <b>—</b>	
Date of follow-up audit: <b>—</b>	
Effectiveness of Corrective action verified (Report references): <b>—</b>	
Result of follow-up audit : <b>—</b>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <b>09-05-2020</b>

CC: Auditor, Auditee

**HOD/Date**

**Principal/Date**



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**ACADEMIC AUDIT FINDING REPORT**

Date : 09-05-2020

Dept of audit: Examcell	Category: Major 0 Minor 0
Description of audit: Internal market regulator Sample 1: IV B.Tech Item - Oct/Nov 2019. Sample 2: B.Tech Item Reg/Suppl - Dec 2019.	
Name of the auditor: Mr. B.R.K Singh	Signature of the auditor
Name of the auditee: Mr. M. Sudh Kumar	Signature of the auditee
Route cause for Non-Conformance – if observed : - NIL -	
Corrective Action: -	
Signature of Auditee:	Date:
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 09-05-2020

CC: Auditor, Auditee

nV9l5l20  
HOD/Date

Principal/Date



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### ACADEMIC AUDIT FINDING REPORT

Date : 09-05-2020

Dept of audit: Examcell	Category: Major 0      Minor 0
Description of audit: D-form report	
Sample 1: B.Tech I Sem Reg /Supplar Linear Algebra & Differential equations Dt - 04-01-2020 ,	
Name of the auditor: Mr. B.R.K Singh	Signature of the auditor
Name of the auditee: Mr. M. Sunil Kumar	Signature of the auditee 19/5/20
Route cause for Non-Conformance – if observed : N12	
Corrective Action:	
Signature of Auditee:	Date:
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 09-05-2020

CC: Auditor, Auditee

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HOD/Date

19/5/20

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2020

Dept of audit: T&P	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>✓ Verified Alumni Registration Form and student backlog details.</p>	
Name of the auditor: A. Naga Pavankumar	Signature of the auditor 
Name of the auditee: B. Rajesh	Signature of the auditee 
Root cause for Non-Conformance – if observed : 	
Corrective Action:	
Signature of Auditee:	Date: 9/5/2020
Probable date of completion of work: 	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): <hr/>	
Result of follow-up audit : 	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: 	Date: 9/5/2020

CC: Auditor, Auditee

  
HOD/Date

  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 9/5/2020

Dept of audit: <u>TyP</u>	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p style="text-align: center;"><u>Verified Internal audit finding &amp; report Non-conformance report.</u></p>	
Name of the auditor: <u>A.Nagapavan Kumar</u>	Signature of the auditor
Name of the auditee: <u>B. Rajesh</u>	Signature of the auditee
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: <u>9/5/2020</u>
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____ _____	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <u>9/5/2020</u>

CC: Auditor, Auditee

HOD/Date

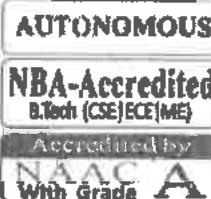
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**ACADEMIC AUDIT FINDING REPORT**

Date : 9/5/2020

Dept of audit: T & P	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
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Description of audit:

Recorded Feedback from Employers.

Name of the auditor: A. Naga Pavankumar	Signature of the auditor
Name of the auditee: B. Rajesh	Signature of the auditee

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: 9/5/2020
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Probable date of completion of work:

Date of follow-up audit:	—
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Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :	—
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Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
---	--------------------------------------

Signature of the Auditor:	Date: 9/5/2020
---------------------------	----------------

CC: Auditor, Auditee

HOD/Date

Principal Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 9/5/2020

Dept of audit: T&P	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

checked Interested parties & their expectations.

Name of the auditor: A. Naga Pavan Kumar	Signature of the auditor
Name of the auditee: B. Rajesh	Signature of the auditee

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: 9/5/2020
-----------------------	----------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed  Not Closed:

Signature of the Auditor: Date: 9/5/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 9/5/2020

Dept of audit: T & P	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

Verified internal and external issues action plan of the students.

Name of the auditor: A. Naga Pavan Kumar	Signature of the auditor
Name of the auditee: B. Rajesh	Signature of the auditee B. Rajesh

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: 9/5/2020
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Probable date of completion of work: \_\_\_\_\_

Date of follow-up audit: \_\_\_\_\_

Effectiveness of Corrective action verified (Report references):  
\_\_\_\_\_

Result of follow-up audit : _____	
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Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
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Signature of the Auditor:	Date: 9/5/2020
---------------------------	----------------

CC: Auditor, Auditee

HOD/Date

KJ  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 9/5/2020

Dept of audit: TGP	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
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Description of audit:

Verified Internal & external issues,  
action plan of the students Recorded.

Name of the auditor: A. Naga Pavankumar	Signature of the auditor
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Name of the auditee: B. Rajesh	Signature of the auditee
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Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: 9/5/2020
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Probable date of completion of work:	
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Date of follow-up audit:	
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Effectiveness of Corrective action verified (Report references):	
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Result of follow-up audit :	
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Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="radio"/>
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Signature of the Auditor:	Date: 9/5/2020
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CC: Auditor, Auditee	HOD/Date	Principal/Date
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**2018-2019**



Devineni Venkata Ramana & Dr.Hima Sekhar  
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18-19

I - I

### ACADEMIC AUDIT FINDING REPORT

Date : 12-11-2018

Dept of audit: Civil Engineering.	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Based on JNTUK syllabus existing faculty in the Department established cause files with all details for monitoring and measurement subject wise performance of student, faculty.	
Name of the auditor: AV Ravikumar	Signature of the auditor
Name of the auditee: H. Prasad	Signature of the auditee
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 12-11-2018
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
<hr/> Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 12-11-2018

CC: Auditor, Auditee

HOD/Date

Principal/Date



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16-19

I-2

**ACADEMIC AUDIT FINDING REPORT**

Date : 12-11-2018

Dept of audit: <u>Civil Engineering.</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Department analyzed batch wise Academic performance and all details were evident to review further.</u>	
Name of the auditor: <u>A.V. Ravikumar</u>	Signature of the auditor <u>Lakshmi</u>
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee <u>PS</u>
Root cause for Non-Conformance – If observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>PS</u>	Date: <u>12-11-2018</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: <u>Lakshmi</u>	Date: <u>12-11-2018</u>

CC: Auditor, Auditee

6/11/18  
HOD/Date

BS  
Principal/Date



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18-19

I - 3

**ACADEMIC AUDIT FINDING REPORT**

Date : ...12-11-2018

Dept of audit: **Civil Engineering**

Category: Major  Minor

Description of audit: **Faculty members analyses sem-wise results in respective branch of I, II, III, IV students.**

Name of the auditor: **A. V. Ravi Kumar**

Signature of the auditor

Name of the auditee: **K. Prasad**

Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee:

Date: **12-11-2018**

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed  Not Closed:

Signature of the Auditor:

Date: **12-11-2018**

CC: Auditor, Auditee

HOD/Date

Principal/Date



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U-19  
 I - 4

**ACADEMIC AUDIT FINDING REPORT**

Date : 12-11-2018

Dept of audit	<u>CE</u>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: Before leaving the Campus department receives details of outgoing students in Alumni registration form.		
<u>Sample 1:</u> 2016-2019 - Batch Irregular students <u>Sample 2:</u> 2015-2019 - Batch Regular students .		
Name of the auditor:	<u>A. V. Ravikumar</u>	Signature of the auditor
Name of the auditee:	<u>K. Prasad</u>	Signature of the auditee
Root cause for Non-Conformance – if observed : —		
Corrective Action: —		
Signature of Auditee:		
Date: <u>12-11-2018</u>		
Probable date of completion of work: —		
Date of follow-up audit: —		
Effectiveness of Corrective action verified (Report references): —		
Result of follow-up audit : —		
Status of audit: Closed	<input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:		
Date: <u>12-11-2018</u>		

CC: Auditor, Auditee

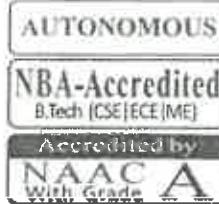
HOD/Date

Principal/Date



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18-19  
①

### ACADEMIC AUDIT FINDING REPORT

Date : 12-11-2018

Dept of audit: CE

Category: Major  Minor

Description of audit:

Verification of Syllabus Coverage

Name of the auditor: A V Ravi Kumar

Signature of the auditor

Name of the auditee: K. Prasad

Signature of the auditee

Route cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee:

Date: 12-11-2018

Probable date of completion of work: —

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit : —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 12-11-2018

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 12-11-2018

Dept of audit: **EEE**

Category: Major  Minor

Description of audit:

1. Verified Syllabus Coverage Monitoring and other related documents

Name of the auditor: **Mr. A Naga Prasad Kumar**

Signature of the auditor

Name of the auditee: **Mr A V Ravi Kumar**

Signature of the auditee

Route cause for Non-Conformance – if observed : **Nil**

Corrective Action:

Signature of Audittee: **Lakshmi**

Date: **12-11-2018**

Probable date of completion of work: **—**

Date of follow-up audit: **—**

Effectiveness of Corrective action verified (Report references):  
\_\_\_\_\_  
\_\_\_\_\_

Result of follow-up audit: **—**

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: **12-11-2018**

CC: Auditor, Auditee

HOD/Dates

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 12-11-2018

Dept of audit: <b>EEE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Unfind student performance report Unfind Stock registers Unfind Lab sectional record</p>	
Name of the auditor: <b>Mr ANAGA RAJAN Komme</b>	Signature of the auditor
Name of the auditee: <b>Mr AV LAKHUMO</b>	Signature of the auditee
Root cause for Non-Conformance – if observed: <b>Maintain Stock registers</b>	
Corrective Action:	
Signature of Auditee:	Date: 12-11-2018
Probable date of completion of work:	
Date of follow-up audit: 13-11-2018	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit: <b>Closed</b>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 13-11-2018

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 12-11-2018

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>checked syllabus coverage monitoring semester wise checked staff attendance register</p>	
Name of the auditor: <u>Mr A Naga Rama Kumar</u>	Signature of the auditor
Name of the auditee: <u>Mr A V Loni Kumar</u>	Signature of the auditee
Root cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee:	Date: <u>12-11-2018</u>
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <u>12-11-2018</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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## ACADEMIC AUDIT FINDING REPORT

Date : 12-11-2018

Dept of audit: **EEG**

Category: Major  Minor

Description of audit:

Verification of Laboratory details, Stock and log books

Name of the auditor: **Mr A Naya Pawan Kumar**

Signature of the auditor

Name of the auditee: **Mr AV Suresh Kumar**

Signature of the auditee

Route cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee: **Lokesh**

Date: 12-11-2018

Probable date of completion of work:

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit: **Completed**

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 12-11-2018

CC: Auditor, Auditee

**HOD**  
HOD/Date

**B.S. Sankar**  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 12-11-2018

Dept of audit: **EEG**

Category: Major  Minor

Description of audit:

Details of Seminars & Workshops attended by  
the students

Name of the auditor: **Mr. A Naga Suresh Kumar**

Signature of the auditor

Name of the auditee: **Mr. A V Lakshmi Kumar**

Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee: **Lakshmi**

Date: 12-11-2018

Probable date of completion of work:

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 12-11-2018

CC: Auditor, Auditee

**HOD/Date**

Principal/Date



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18-19

**ACADEMIC AUDIT FINDING REPORT**

Date : ...12/11/2018

Dept of audit **Mechanical Engineering** Category: Major  Minor

Description of audit: Department Monitors subject wise syllabus Allocated to the faculty for smooth running of I SEM. After that basing on the syllabus coverage corrective actions planned.

Name of the auditor: Mrs. V. Sailakshmi

Signature of the auditor

Name of the auditee: Mr. A. Naga Pavan Kumar

Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: 12/11/2018

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 12/11/2018

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/2018

Dept of audit: **Mechanical**

Category: Major  Minor

Description of audit:

Based on JNTUK Curriculum department receives faculty requisitions from other departments For inter-department subjects for smooth running of sem I

Name of the auditor: Mrs. V. Sri Lakshmi

Signature of the auditor

V. Sri Lakshmi

Name of the auditee: Mr. A. Naga Parvath Kumar

Signature of the auditee

Root cause for Non-Conformance – if observed:

Corrective Action:

Signature of Auditee:

Date: 12/11/2018

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 12/11/2018

CC: Auditor, Auditee

HOD/Date

Principal/Date



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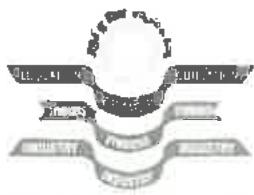
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**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/2018

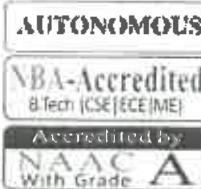
Dept of audit <b>Mechanical</b>	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Dept Evaluates and analyse subject wise marks achieved by the students in MID-I and MID-II of (18-19) Sem I details	
Name of the auditor: <b>Mrs.V.Sai Lakshmi</b>	Signature of the auditor
Name of the auditee: <b>Mr.A.Naga Pavankumar</b>	Signature of the auditee
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 12/11/18
Probable date of completion of work:	
Date of follow-up audit	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 12/11/18
CC: Auditor, Auditee	HOD/Date
Principal/Date	



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**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/2018

Dept of audit	<b>Mechanical</b>	Category: Major <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>
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Description of audit:

After completion of lab internals dept reports lab wise performance of individual students with all the details

Name of the auditor:	<b>Mrs. V. Sri Lakshmi</b>	Signature of the auditor	
Name of the auditee:	<b>Mr. A. Naga Ravankumar</b>	Signature of the auditee	

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: 12/11/2018
-----------------------	------------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:	
----------------------------	--

Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
--	-----------------------------------

Signature of the Auditor:		Date: 12/11/2018
---------------------------	--	------------------

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/18

Dept of audit **Mechanical**

Category: Major  Minor

Description of audit:

**checked student Result Analysis**

**Department wise :**

**checked student details Register.**

Name of the auditor: **Mrs. V. Sri Lakshmi**

Signature of the auditor

*V. Sri Lakshmi*

Name of the auditee: **Mr. A. Naga Pavani Kumar**

Signature of the auditee

*A*

Root cause for Non-Conformance – If observed :

Corrective Action:

Signature of Auditee:

Date: 12/11/18

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 12/11/18

*V. Sri Lakshmi*

CC: Auditor, Auditee

HOD/Date

Principal Date

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**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/18

Dept of audit: **Mechanical**

Category: Major  Minor

Description of audit:

**Verified faculty R&D Register,**

Name of the auditor: **Mrs . V.Srilakshmi**

Signature of the auditor

*V.Srilakshmi*

Name of the auditee: **Mr. A.Naga Pavan Kumar**

Signature of the auditee

*Kumar*

Root cause for Non-Conformance – If observed :

**update faculty R&D Register.**

Corrective Action:

Signature of Auditee:

Date: 12/11/18

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 12/11/18

*V.Srilakshmi*

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/2018

Dept of audit: ECE

Category: Major

Minor

Description of audit:

→ checked internal examination files, Answer booklets, evaluation of internal Job marks

Name of the auditor: Mr. S B C. Prasad

Signature of the auditor

Name of the auditee: Mr. B.R.K. Singh

Signature of the auditee

Route cause for Non-Conformance – if observed: —

Corrective Action: —

Signature of Auditee:

Date: 12/11/2018

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 12/11/2018

CC: Auditor, Auditee

D.P.S  
HOD/Date 12/11/18

B.S.  
Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
**MIC College of Technology**

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**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/2018.

Dept of audit: E.C. E.	Category: Major O Minor O
Description of audit: After Completion of Internal lab session & Examinations, the department reports achievements of marks (day to day evaluation, record, internal lab performance) in ECE - F046.	
Sample 1: Hemani Jyothi K - 16H71AO414 - II/2sem - 23/25 - PDCLABS	
Sample 2: D. Devi Shyama - 16 H71AO4B7 - II/2sem - 18/25 - LICA LAB	
Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor
Name of the auditee: Mr. B.R.K Singh	Signature of the auditee
Root cause for Non-Conformance – if observed: — —	
Corrective Action: — —	
Signature of Auditee:	Date:
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit: — —	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 12/11/2018,

CC: Auditor, Auditee

HOD Date

Principal/Date



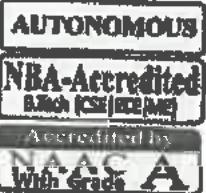
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**ACADEMIC AUDIT FINDING REPORT**

Date: 12/11/2018

Dept of audit: E.C.E	Category: Major O Minor O
Description of audit: Based on Curriculum lesson plans have been prepared topic wise with no. of hours required, BCE -007 (2018-19, II-Semester). Sample1: Mr. D. Rahul - AC - II/I Sem - Total hours - 68. Sample2: Mr. K.V. Seshagiri Rao - MWE - II/I Sem = Total hours - 66.	
Name of the auditor: MT. S.B.C Prasad	Signature of the auditor
Name of the auditee: MT. B.R.K Singh	Signature of the auditee
Root cause for Non-Conformance – if observed : — —	
Corrective Action: — —	
Signature of Auditee:	Date:
Probable date of completion of work:	— —
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit : — —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 12/11/2018,
CC: Auditor, Auditee	

HOD Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/2018.

Dept of audit: <b>EC-E</b>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Subject option forms taken from faculty and subjects are allocated properly. ECE-003 (2018-19, Isem). Sample1 : Mr. B.R.K Singh — Options given (DE, BMI) The subject allotted is Electronic measurement & Instrumentation. Sample2 : Mr. L.Siruganesh — Option given (MPMC, MWE, SS) — The subject allotted MPMC & MPMC lab, & CMC for one section.	
Name of the auditor: <b>Mr. S.B.C Prasad</b>	Signature of the auditor
Name of the auditee: <b>Mr. B.R.K Singh</b>	Signature of the auditee
Root cause for Non-Conformance – If observed : —	
Corrective Action: —	
Signature of Auditee:	Date:
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: <b>12/11/2018.</b>

CC: Auditor, Auditee

HOD Date

Principal/Date



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**NAAC A**  
With Grade

**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/2018

Dept of audit: <b>ECE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>1. Syllabus analysis for II, III, IV years have been placed. 2. Subject allocation &amp; other responsibilities have been placed. 3. Subjects have been allotted based on options given by the faculty, K.S.R Sastry interested Subjects lowpower IC design, DE, CAO allotted subject lowpower IC design.</p>	
Name of the auditor: <b>Mr. S.B.C prasad</b>	Signature of the auditor
Name of the auditee: <b>Mr. B.R.K. Singh.</b>	Signature of the auditee
Root cause for Non-Conformance – if observed : — —	
Corrective Action: — —	
Signature of Auditee:	Date:
Probable date of completion of work: — —	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): _____ _____	
Result of follow-up audit : — —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 12/11/2018,

CC: Auditor, Auditee

HOD/Date

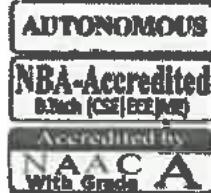
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/2018

Dept of audit <b>ECE</b>	Category: Major <input type="radio"/> Minor <input type="radio"/>
<b>Description of audit:</b> Department library, ECE-022, Record of issuing Textbooks to faculty & Return. <b>Sample 1 :</b> T. Sri devi (AC Textbook - ACC No : 901560) Issue on 3/11/2018 and Returned on 9/11/2018. <b>Sample 2 :</b> Savithresh madhulika sharma (VLSI Text-book - ACC NO: 10211) issue on 4/10/2018 and returned on 15/10/2018.	
Name of the auditor: <b>Mr. S.B.C prasad</b>	Signature of the auditor
Name of the auditee: <b>Mr. B.R.K. Singh</b>	Signature of the auditee
<b>Root cause for Non-Conformance – if observed:</b> — —	
<b>Corrective Action:</b> — —	
Signature of Auditee:	Date: _____
<b>Probable date of completion of work:</b> _____	
<b>Date of follow-up audit:</b> — —	
<b>Effectiveness of Corrective action verified (Report references):</b> — —	
<hr/> <b>Result of follow-up audit :</b> — —	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: — —	Date: <b>12/11/2018.</b>

CC: Auditor, Auditee

HOD Date

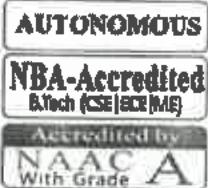
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/2018.

Dept of audit: Admin	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: verified internal circulars verified students admission registers. sample Rajani verified	
Name of the auditor: V. Sri Lakshmi	Signature of the auditor
Name of the auditee: A. Balaji	Signature of the auditee
Route cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 12/11/2018

CC: Auditor, Auditee

HOD/Date 12/11/2018

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 12/11/2018

Dept of audit: **Library**

Category: Major  Minor

Description of audit: Department Maintenance, Students feedback on Library resources and Maintenance. reports are verified.

Department analysis utility of Student faculty month wise. for knowing the status of Library usage

Name of the auditor: **Mr.SBC PRASAD .**

Signature of the auditor

Name of the auditee: **B MANDHIRA**

Signature of the auditee

Root cause for Non-Conformance – If observed : —

—

Corrective Action: —

Signature of Auditee: —

Date: —

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit : —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date:

12/11/2018

CC: Auditor, Auditee

HOD/Date  
12/11/18

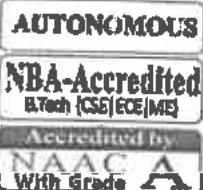
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 13/11/2018

Dept of audit: CSE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <b>Verification of students selected in on and off Campus recruitment along with offer letter</b>	
Name of the auditor: B. R. E. Singh	Signature of the auditor
Name of the auditee: V. Srilakshmi	Signature of the auditee
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 13/11/2018
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 13/11/2018
CC: Auditor, Auditee 	Jayal HOD Date 
 Principal/Date	



Devineni Venkata Ramana & Dr.Hima Sekhar  
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Accredited by

NAAC

With Grade A

ACADEMIC AUDIT FINDING REPORT

Date : 13/11/2018

Dept of audit: **CSE**

Category: Major  Minor

Description of audit:

Verification of faculty workload and other responsibilities assign to the faculty

Name of the auditor: **B. R. K. Singh**

Signature of the auditor

Name of the auditee: **V. Srinivasulu**

Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee: **V. Srinivasulu**

Date: 13/11/2018

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

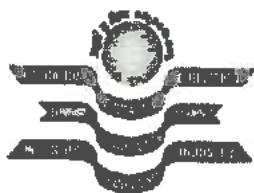
Date: 13/11/2018

CC: Auditor, Auditee

*[Signature]*

*Jayal*  
HOD/Date

*BSR*  
Principal/Date



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NAAC **A**

With Grade

**ACADEMIC AUDIT FINDING REPORT**

Date : 13/11/2018

Dept of audit: CSE

Category: Major  Minor

Description of audit:

Semesters wise subject list and subject allotment to the faculty, Assigning lab changes

Name of the auditor: B.R.K. Singh

Signature of the auditor

Name of the auditee: V. Smrakshmi

Signature of the auditee

Root cause for Non-Conformance – if observed: —

Corrective Action: —

Signature of Auditee: V. Smrakshmi

Date: 13/11/2018

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 13/11/2018

CC: Auditor, Auditee

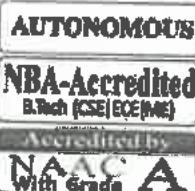
Jayal  
HOD/Date

  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 13/11/2018

Dept of audit: <u>CSE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>	
Description of audit: <u>Details of FDPS attended by the faculty</u>		
Name of the auditor: <u>B.R.K. Singh</u>	Signature of the auditor <u>Ji</u>	
Name of the auditee: <u>V. Srilakshmi</u>	Signature of the auditee <u>V.S.Lakshmi</u>	
Root cause for Non-Conformance – if observed : <u>—</u>		
Corrective Action: <u>—</u>		
Signature of Auditee: <u>J.S.Lakshmi</u>	Date: <u>13/11/2018</u>	
Probable date of completion of work: <u>—</u>		
Date of follow-up audit: <u>—</u>		
Effectiveness of Corrective action verified (Report references): <u>—</u>		
Result of follow-up audit: <u>—</u>		
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>13/11/2018</u>	
CC: Auditor, Auditee <u>✓</u>	Jayal HOD/Date <u>—</u>	Principal/Date <u>✓</u>



**ACADEMIC AUDIT FINDING REPORT**

Date: 13/11/2018

Dept of audit: **CSE**

Category: Major  Minor

Description of audit:

Verification of faculty workload, Timetables  
and other responsibilities  
Subjectwise feedback forms

Name of the auditor: **B.R.K. Singh**

Signature of the auditor

Name of the auditee: **V. Srilakshmi**

Signature of the auditee

Root cause for Non-Conformance – if observed: **Nil**

Corrective Action:

Signature of Auditee: **V. Srilakshmi.**

Date: **13/11/2018**

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit: Closed  Not Closed:

Signature of the Auditor:

Date: **13/11/2018**

CC: Auditor, Auditee

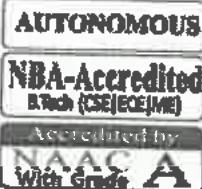
**Jayal**  
HOD/Date **13/11/2018**

**B.S.M.**  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT 18-19**

Date : 13/11/2018

Dept of audit: **BED**

Category: Major  Minor

Description of audit:

Checked the faculty Qualifications & distribution of workload -- Found Satisfactory.

Name of the auditor: **E. Prasad**

Signature of the auditor

Name of the auditee: **SBC prasad**

Signature of the auditee

Root cause for Non-Conformance – if observed : **nil**

Corrective Action: **nil**

Signature of Auditee:

Date: **13/11/18**

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: **13/11/18**

CC: Auditor, Auditee

HOD/Date

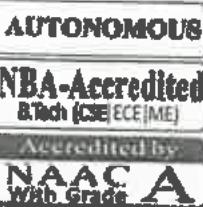
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT 18-19**

Date : 13/11/2018

Dept of audit: **BED**

Category: Major  Minor

Description of audit:

Record of workshop/ Guest lecturer / Seminar attendance by the Staff / Faculty file is verified. Confirmed that Dept. is actively allowing the Staff & faculty their attendance for workshops / G.L / Seminars etc.

Name of the auditor: **K. prasad**

Signature of the auditor

Name of the auditee: **S.B.C. prasad**

Signature of the auditee

Root cause for Non-Conformance – if observed : **Nil**

Corrective Action:

Signature of Auditee:

Date: 13/11/2018

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 13/11/2018

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT 18-19

Date : 13/11/2018

Dept of audit: <b>BED</b>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
---------------------------	--

Description of audit:

Verified the Students Monthly attendance report  
- found good.

Name of the auditor: <b>F. Prasad</b>	Signature of the auditor 
Name of the auditee: <b>SBC Prasad</b>	Signature of the auditee 

Root cause for Non-Conformance – if observed : **Nil**

Corrective Action:

Signature of Auditee:	Date:
-----------------------	-------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed  Not Closed:

Signature of the Auditor: 	Date:
---	-------

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT 18-19**

Date : 13/11/2018

Dept of audit: <b>BED</b>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
---------------------------	--

Description of audit:

Verified the Result analysis file.  
Found that Dept is maintaining Result analysis file upto date & Semester wise & department wise analysis is observed.

Name of the auditor: <b>k.prasad</b>	Signature of the auditor
Name of the auditee: <b>SBC prasad</b>	Signature of the auditee

Root cause for Non-Conformance – if observed : **Nil**

Corrective Action:

Signature of Auditee:	Date: <b>13/11</b>
-----------------------	--------------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

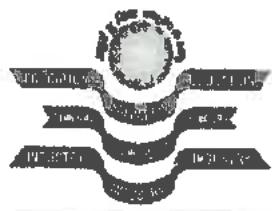
Status of audit: Closed  Not Closed:

Signature of the Auditor:	Date: <b>13/11</b>
---------------------------	--------------------

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 18 - 19

Date : ..... 13/11/2018

Dept of audit: <b>BED</b>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
---------------------------	--

Description of audit:

Verified the condonation list - Sem wise - Found good -

Name of the auditor: <b>K. P. Suresh</b>	Signature of the auditor
Name of the auditee: <b>SBC prasad.</b>	Signature of the auditee

Root cause for Non-Conformance – if observed : **nil**

Corrective Action:

Signature of Auditee:	Date: <b>13/11</b>
-----------------------	--------------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: **13/11**

CC: Auditor, Auditee

HOD/Date

Principal/Date



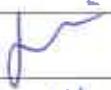
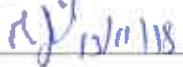
Devineni Venkata Ramana & Dr.Hima Sekhar  
**MIC College of Technology**  
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e-mail: dvrbselio@mitotech.ac.in, Website: www.mitotech.ac.in



**ACADEMIC AUDIT FINDING REPORT**

Date : 13-11-2018

Dept of audit: Exam Cell	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: provisional certificate	
sample 1: 14H7IA0441 - P.Vijayalakshmi - ECE	
sample 2: 14H7IA0544 - Sri Sudha Alekya - CSE	
Name of the auditor: Mr. B.R.K. Singh.	Signature of the auditor 
Name of the auditee: Mr. M. Sunil Kumar	Signature of the auditee 
Root cause for Non-Conformance – if observed : - NIL -	
Corrective Action: 	
Signature of Auditee: 	Date: 
Probable date of completion of work: 	
Date of follow-up audit: 	
Effectiveness of Corrective action verified (Report references): 	
Result of follow-up audit: 	
Status of audit: Closed  <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: 	Date: 13-11-2018

CC: Auditor, Auditee

 13/11/18

HOD/Date

 13/11/18

Principal/Date





### ACADEMIC AUDIT FINDING REPORT

Date : 13-11-2018

Dept of audit: Exam cell	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Exam Notice file.	
Sample 1: IIB.Tech II sem Supple Nov-2018 - Exam timetable notification 27-10-2018	
Sample 2: MCA II sem reg / supple Nov-2018 - Exam timetable notification 01-10-2018	
Name of the auditor: Mr B.R.K Singh	Signature of the auditor
Name of the auditee: Mr. M. Srinivas Kumar	Signature of the auditee
Root cause for Non-Conformance – if observed : - NIL -	
Corrective Action: -	
Signature of Auditee:	Date:
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 13-11-2018

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**With Grade A**

**ACADEMIC AUDIT FINDING REPORT**

Date : 13-11-2018

Dept of audit: Exam cell	Category: Major O	Minor O
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Description of audit:

D-form Report

Sample 1: ~~MBA I sem~~ - MBA II sem - organizational behaviour - Dt. 25-06-2018

Sample 2: ~~IV B.Tech I sem~~ - computer networks - Dt. 29-10-2018

Name of the auditor: Mr. B. Rk Singh	Signature of the auditor
Name of the auditee: M. Sunil Kumar OIE	Signature of the auditee

Root cause for Non-Conformance – if observed : - NIL -

Corrective Action:

Signature of Auditee:	Date:
-----------------------	-------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed  Not Closed:

Signature of the Auditor:	Date: 13-11-2018
---------------------------	------------------

CC: Auditor, Auditee

HOD/Date

13-11-2018

Principal/Date



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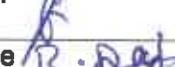
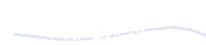
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NAAC A

With Grade A

**ACADEMIC AUDIT FINDING REPORT**

Date : 13/11/2018

Dept of audit T&P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <ul style="list-style-type: none"><li>- Verified staff acquisition form to recruit placement staff.</li><li>- Verified material issued of (lab) to students</li></ul>	
Name of the auditor: A. Naga Pavankumar	Signature of the auditor 
Name of the auditee: B. Rajesh	Signature of the auditee 
Route cause for Non-Conformance – if observed : —	
Corrective Action: 	
Signature of Auditee:	Date: 13/11/2018
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): _____ _____	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: 	Date: 13/11/2018

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



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e mail: dvchmic@mictech.ac.in, Website: www.mictech.ac.in



**ACADEMIC AUDIT FINDING REPORT**

Date : 13/11/2018

Dept of audit: T & P	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:

-verified student Performance of Training data, material Indent of (Lab) etc Student

Name of the auditor: A. Naga Pavan Kumar	Signature of the auditor
Name of the auditee: B. Rajesh	Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee:	Date: 13/11/2018
-----------------------	------------------

Probable date of completion of work:

Date of follow-up audit:	
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Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:	—
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Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
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Signature of the Auditor:	Date: 13/11/2018
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CC: Auditor, Auditee

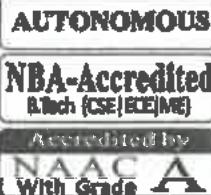
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Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 13/11/2018

Dept of audit: <u>T &amp; P</u>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <u>verified Record of mock interview conducted students</u>	
Name of the auditor: <u>A. Naga Parvam Kumar</u>	Signature of the auditor
Name of the auditee: <u>B. Rajesh.</u>	Signature of the auditee
Root cause for Non-Conformance – if observed : —	
Corrective Action:	
Signature of Auditee:	Date: <u>13/11/2018</u>
Probable date of completion of work:	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): _____ _____	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <u>13/11/2018</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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With Grade

**ACADEMIC AUDIT FINDING REPORT**

Date : 13/11/2018

Dept of audit: <u>T &amp; P</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
---------------------------------	--

Description of audit:	<u>Verified online Internship of Training and verified the data</u>
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Name of the auditor: <u>A. Naga Parankumay</u>	Signature of the auditor
Name of the auditee: <u>B. Ragesh</u>	Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:	
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Signature of Auditee:	Date: <u>13/11/2018</u>
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Probable date of completion of work:	<u>—</u>
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Date of follow-up audit:	<u>—</u>
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Effectiveness of Corrective action verified (Report references):	
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Result of follow-up audit :	<u>—</u>
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Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
--	-----------------------------------

Signature of the Auditor:	Date: <u>13/11/2018</u>
---------------------------	-------------------------

CC: Auditor, Auditee	
----------------------	--

HOD/Date

Principal/Date



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Accredited by

**NAAC**

With Grade **A**

**ACADEMIC AUDIT FINDING REPORT**

Date : 13/11/2018

Dept of audit:	<u>Training and Placement</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
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Description of audit:  
Verified and checked campus placements and academic performance of students

Name of the auditor:	<u>A.Naga Payam Kumar</u>	Signature of the auditor
Name of the auditee:	<u>B. Rajesh</u>	Signature of the auditee <u>B.Rajesh</u>

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: <u>13/11/2018</u>
-----------------------	-------------------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date:

13/11/2018

CC: Auditor, Auditee

HOD/ Date

  
Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 13/11/2018

Dept of audit: <u>T q P</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
-----------------------------	--

Description of audit:

Verified Record of Aptitude test conducted for students

Name of the auditor: <u>A. Naga Pavankumar</u>	Signature of the auditor 
Name of the auditee: <u>B. Ragesh</u>	Signature of the auditee 

Root cause for Non-Conformance – If observed :

Corrective Action:

Signature of Auditee:	Date: <u>13/11/2018</u>
-----------------------	-------------------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor: 	Date: <u>13/11/2018</u>
---	-------------------------

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date

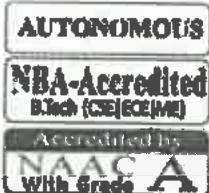


19-17  
II. (1)

**Devineni Venkata Ramana & Dr. Hima Sekhar**  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 06-05-2019

Dept of audit: <u>Civil Engineering.</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Department maintains Subject wise syllabus allocated to the faculty for smooth running of Isem. After that basing on the syllabus coverage corrective actions planned.</u>	
Name of the auditor: <u>A.V. Ravikumar</u>	Signature of the auditor: <u>Laudury</u>
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee: <u>SP</u>
Root cause for Non-Conformance – if observed: –	
Corrective Action: –	
Signature of Auditee: <u>SP</u>	Date: <u>06-05-2019</u>
Probable date of completion of work: –	
Date of follow-up audit: –	
Effectiveness of Corrective action verified (Report references): –	
Result of follow-up audit: –	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>Laudury</u>	Date: <u>06-05-2019</u>

CC: Auditor, Auditee

B.G/S  
HOD/Date

B.Srinivas  
Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar  
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18-19  
1 (2)

**ACADEMIC AUDIT FINDING REPORT**

Date : 06-05-2019

Dept of audit: **Civil**

Category: Major O Minor O

Description of audit:

Basing on JNTUK curricular department receives faults requisition form from other departments for interdepartment subjects for smooth running of 18-19 (II sem).

Name of the auditor: **A.V.Ravikumar**

Signature of the auditor

Name of the auditee: **K. Prasad**

Signature of the auditee

Route cause for Non-Conformance – if observed : \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Signature of Auditee:

Date: 06-05-2019

Probable date of completion of work: \_\_\_\_\_

Date of follow-up audit: \_\_\_\_\_

Effectiveness of Corrective action verified (Report references): \_\_\_\_\_

Result of follow-up audit : \_\_\_\_\_

Status of audit: Closed  Not Closed:

Signature of the Auditor:

Date: 06-05-2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar  
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18-19  
II - ③

**ACADEMIC AUDIT FINDING REPORT**

Date 06-05-2019

Dept of audit: <u>Civil Engineering</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Dept Evaluates and analyse subject wise marks achieved by the students in MID-I and MID-II of (18-19) II sem details.	
Name of the auditor: <u>A.V. Ravi Kumar</u>	Signature of the auditor
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee
Route cause for Non-Conformance – if observed : -	
Corrective Action: -	
Signature of Auditee:	Date: <u>06-05-2019</u>
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <u>06-05-2019</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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18-19

J. (4)

**ACADEMIC AUDIT FINDING REPORT**

Date : 06-05-2019

Dept of audit: **Civil**

Category: Major  Minor

Description of audit:

After completion of Lab Internals dept reports Lab wise performance of individual students with all the details.

Name of the auditor: **A. V. Ravikumar**

Signature of the auditor

Name of the auditee: **K. Prasad**

Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: 06-05-2019

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit Closed

Not Closed:

Signature of the Auditor:

Date: 06-05-2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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IE-19  
(2)

**ACADEMIC AUDIT FINDING REPORT**

Date : 06-05-2019

Dept of audit: **Civil Engineering**

Category: Major  Minor

Description of audit:

checked student Result Analysis Department wise.

checked student detail Register.

Name of the auditor: **A.V. Ravi Kumar.**

Signature of the auditor

Name of the auditee: **K. Prasad**

Signature of the auditee

Route cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee:

Date: 06-05-2019

Probable date of completion of work: —

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit: —

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 06-05-2019.

CC: Auditor, Auditee

HOD/Date

Principal/Date



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### ACADEMIC AUDIT FINDING REPORT

Date : ..06/05/19

Dept of audit:	Mechanical	Category: Major <input checked="" type="checkbox"/>	Minor <input checked="" type="checkbox"/>
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Description of audit:

Department Monitors subject wise syllabus Allocated to the faculty for smooth running of II SEM. After that basing on the syllabus Coverage corrective actions planned.

Name of the auditor: Mrs .V.Srilakshmi	Signature of the auditor 
Name of the auditee: Mrs.A.Naga Pavani Kumar	Signature of the auditee 

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Audittee: 	Date: 06/05/19
--	----------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit Closed

Not Closed:

Signature of the Auditor:



Date: 06/05/19

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



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With Grade A

**ACADEMIC AUDIT FINDING REPORT**

Date : 06/05/19

Dept of audit: **Mechanical**

Category: Major  Minor

Description of audit:

Basing on Curriculum Department receives faculty requisition form from other departments for interdepartment Subjects for smooth running of (18-19) (II SEM)

Name of the auditor: **Mrs. V. Srilakshmi**

Signature of the auditor

Name of the auditee: **Mr. A. Naga Payan Kumar**

Signature of the auditee

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: 06/05/19

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 06/05/19

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : ..06/05/19

Dept of audit: **Mechanical**

Category: Major  Minor

Description of audit:

Dept Evaluates and analyse subject wise marks achieved by the students in MID-I and MID-II of (18-19) II sem details.

Name of the auditor: **Mrs. V. Sri Lakshmi**

Signature of the auditor

Name of the auditee: **Mrs. A. Naga Pavay Kumar**

Signature of the auditee

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: **06 / 05 / 19**

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: **06 / 05 / 19**

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar  
**MIC College of Technology**  
(Approved by AICTE & Permanently Affiliated to JNTUK, Kakinada)

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With Grade

**ACADEMIC AUDIT FINDING REPORT**

Date : ...06/05/19

Dept of audit	Mechanical	Category: Major <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>
Description of audit: <p>After completion of lab internals dept reports lab wise performance of individual students with all the details.</p>			
Name of the auditor:	Mrs. V. Srilakshmi	Signature of the auditor	V. Srilakshmi
Name of the auditee:	Mr. A. Naga Payan Kumar	Signature of the auditee	A. Naga Payan Kumar
Root cause for Non-Conformance – if observed :			
Corrective Action:			
Signature of Auditee:	Date: 06/05/19		
Probable date of completion of work:			
Date of follow-up audit:			
Effectiveness of Corrective action verified (Report references):			
Result of follow-up audit :			
Status of audit Closed	<input checked="" type="checkbox"/>	Not Closed:	<input type="checkbox"/>
Signature of the Auditor:	Date: 06/05/19		

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar  
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### ACADEMIC AUDIT FINDING REPORT

Date : ..06/05/19

Dept of audit **Mechanical**

Category: Major

Minor

Description of audit:

Checked student Result Analysis  
Department wise.

Checked student details Register.

Name of the auditor: **Mrs. V. Sri Lakshmi**

Signature of the auditor

Name of the auditee: **Mr. A. Nagar Pavan Kumar**

Signature of the auditee

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: **06/05/19**

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit Closed

Not Closed:

Signature of the Auditor:

Date: **06/05/19**

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
**MTC College of Technology**

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With Grad

**ACADEMIC AUDIT FINDING REPORT**

Date : ..06/05/19

Dept of audit: **Mechanical**

Category: Major  Minor

Description of audit:

verified faculty R&D details.  
Publications, Projects, Conferences etc.

Name of the auditor: **Mrs. V.Srilakshmi**

Signature of the auditor 

Name of the auditee: **Mr. A.Naga Pavan Kumar**

Signature of the auditee 

Route cause for Non-Conformance – if observed:

Corrective Action:

Signature of Auditee: 

Date: **06/05/19**

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:



Date: **06/05/19**

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



# Devineni Venkata Ramana & Dr. Hima Sekhar MIC College of Technology

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## ACADEMIC AUDIT FINDING REPORT

Date : 06-05-2019

Dept of audit: EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>1. Verified Feedback - forms of Employees and other related documents</p>	
Name of the auditor: Mr A Nage Pavan Kumar	Signature of the auditor
Name of the auditee: Mr AV Ravi Kumar	Signature of the auditee
Root cause for Non-Conformance – if observed: Update feedback forms	
Corrective Action:	
Signature of Auditee: <u>Lakshmi</u>	Date: 7-5-2019
Probable date of completion of work: 7-5-2019	
Date of follow-up audit: 7-5-2019	
Effectiveness of Corrective action verified (Report references): Updated	
Result of follow-up audit: Compliant	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 7-5-2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 06-05-2019

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Maintenance of department - Library and publications of faculty</p>	
Name of the auditor: <u>Mr A Naga Parbat Kumar</u>	Signature of the auditor 
Name of the auditee: <u>Mr AV Rakesh Kumar</u>	Signature of the auditee 
Route cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee: 	Date: <u>6/5/2019</u>
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: 	Date: <u>6/5/2019</u>

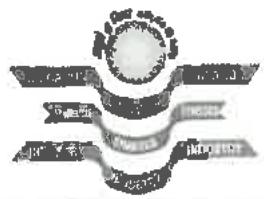
CC: Auditor, Auditee



HOD/Date



Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar  
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With Grade A

ACADEMIC AUDIT FINDING REPORT

Date : 06-05-2019

Dept of audit: **EEE**

Category: Major

Minor

Description of audit:

Verified student performance report  
Record of students mini-project

Name of the auditor:

**Mr. A.NAAA. RAMA KUMAR**

Signature of the auditor

Name of the auditee:

**Mr. A.V. KAN DUMAR**

Signature of the auditee

Route cause for Non-Conformance – if observed:

Student mini project to be maintained

Corrective Action:

Signature of Auditee:

Date: 5/5/2019

Probable date of completion of work:

7/5/2019

Date of follow-up audit:

7/5/2019

Effectiveness of Corrective action verified (Report references):

Completed

Result of follow-up audit:

Closed

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 7/5/2019

CC: Auditor, Auditee

HOD/Date

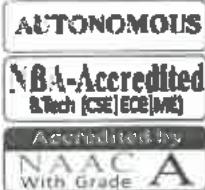
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

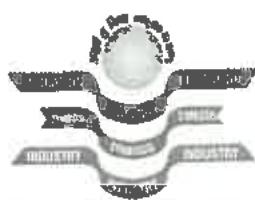
Date : 06-05-2019

Dept of audit: <b>EEE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  <i>verified the faculty Qualification and distribution of workload — found unsatisfactory</i>	
Name of the auditor: <b>Mr A Naga Rama Tiwari</b>	Signature of the auditor
Name of the auditee: <b>Mr AV Ravinder Kumar</b>	Signature of the auditee
Root cause for Non-Conformance – if observed:	
Corrective Action: —	
Signature of Auditee: <i>Ravinder Kumar</i>	Date: <b>1/5/2019</b>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):  _____	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <i>A</i>	Date: <b>1/5/2019</b>

CC: Auditor, Auditee

*D.S.*  
HOD/Date

*B.S.*  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 06-05-2019

Dept of audit: EEE

Category: Major

Minor

Description of audit:

Verified student feedback analysis (classwork)  
- found good

Name of the auditor: Mr. ANJANA PAWAR DUMA Signature of the auditor L

Name of the auditee: Mr. AV RAVI KUMAR Signature of the auditee L

Root cause for Non-Conformance – if observed :

Corrective Action: —

Signature of Auditee: L

Date: 6/5/2019

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date:

6/5/2019

CC: Auditor, Auditee

HOD/Date

RSS

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : . 6/05/2019

Dept of audit: **ECE**

Category: Major  Minor

Description of audit:

Verified faculty R&D register.

Name of the auditor: **Mr. S.B.C Prasad**

Signature of the auditor

Name of the auditee: **Mr. B.R.K. Singh**

Signature of the auditee

Root cause for Non-Conformance – If observed :

update R&D register

Corrective Action: — —

Signature of Auditee:

Date: 8/05/2019

Probable date of completion of work: 7/05/2019

Date of follow-up audit: 7/05/2019

Effectiveness of Corrective action verified (Report references): Update of

Result of follow-up audit: completed

Status of audit Closed

Not Closed:

Signature of the Auditor:

Date: 6/05/2019

CC: Auditor, Auditee

HOD/Date  
6/05/19

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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18-19  
1st sem

**ACADEMIC AUDIT FINDING REPORT**

Date : 06/05/2019

Dept of audit: ECE	Category: Major 0 Minor 0
--------------------	---------------------------

Description of audit: Based on curriculum, department review syllabus deliver once in a fortnight with all details in ECE-008. (2018-19 II Semester) from 16/1/19 to 27/3/19

Sample 1: Mr. Ch. Pulla Rao - EMTL - II (I) - 48%. Covered  
 Sample 2: Ms. Y. Sruvithi - DSP - II (I) - 50%. Covered  
 Sample 3: Ms. T. Sridevi - ES - II (I) - 60%. Covered

Based on lesson plan allotted.

Name of the auditor: M.Y. S. B.C. Prasad	Signature of the auditor
Name of the auditee: M.Y. B.R.K. Singh	Signature of the auditee

Root cause for Non-Conformance – if observed: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Signature of Auditee:	Date: 06/05/2019
-----------------------	------------------

Probable date of completion of work: \_\_\_\_\_

Date of follow-up audit: _____
--------------------------------

Effectiveness of Corrective action verified (Report references): \_\_\_\_\_

Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	Date: 06/05/2019
Signature of the Auditor:	Date: 06/05/2019

CC: Auditor, Auditee

HOD Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date : **06/05/2019**

Dept of audit: <b>ECE</b>	Category: Major 0 Minor 0
Description of audit: Subjectwise feedback received from the student, analyzed by the department & were properly reported & corrective actions. (2018-19 II Sem)	
Sample 1: Ms. G. Anantha Lakshmi - II (I) - PDC - 88% (A)	
Sample 2: Mr. L. Jishu Ganesh - III (I) - NPMCC - 85%.	
Sample 3: Ms. T. Sridevi - IV (I) - ES (B) - 91%.	
Name of the auditor: <b>Mr. S. B. C. Prasad</b>	Signature of the auditor <b>81</b>
Name of the auditee: <b>Mr. B. R. K. Singh</b>	Signature of the auditee <b>J</b>
Root cause for Non-Conformance – if observed: — —	
Corrective Action: — —	
Signature of Auditee: <b>J</b>	Date: <b>06/05/2019</b>
Probable date of completion of work: <b>—</b>	
Date of follow-up audit: <b>—</b>	
Effectiveness of Corrective action verified (Report references): <b>—</b>	
Result of follow-up audit: <b>—</b>	
Status of audit: Closed <b>○</b>	Not Closed: <b>○</b>
Signature of the Auditor: <b>81</b>	Date: <b>06/05/2019</b>

CC: Auditor, Auditee **J**

**HOD Date**  
**J**

**B.S. Ramana**

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
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**ACADEMIC AUDIT FINDING REPORT**

Date: 06/05/2019

Dept of audit: **ECE**

Category: Major  Minor

Description of audit:

Basing on Curriculum, Subject allocation to faculty department established master time table for smooth running of 18-19, II Sem.

Sample 1: III II (Section B) Thu - 2<sup>nd</sup> hr - MPMC - T.M.S. Baya - depy.

Sample 2: B I II (Section C) Fri - 1<sup>st</sup> hr - ES - M.S.S. Ramgopal VP.

Name of the auditor: **Mr. S.B.C. Prasad**

Signature of the auditor

Name of the auditee: **Mr. B.R.K. Singh**

Signature of the auditee

Root cause for Non-Conformance – if observed:

Corrective Action:

Signature of Auditee:

Date: 06/05/2019

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit Closed  Not Closed:

Signature of the Auditor:

Date: 06/05/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



# **ACADEMIC AUDIT FINDING REPORT**

Date : 06/05/2019

Dept of audit ECE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Department conducted remedial classes for the students before going for Supply Exam.	
Sample 1: 1GH71A0419 - EMTL - Enhanced 'D' from 'P-A-S'	
Sample 2: 15H71A0443 - DSP - Enhanced "45/23" - Ms. Y. S. S.	
Name of the auditor: MR. S. B. C. Prasad	Signature of the auditor 
Name of the auditee: MR. B. R. K. Singh	Signature of the auditee 
Root cause for Non-Conformance – If observed: — —	
Corrective Action: — —	
Signature of Auditee: 	Date: 06/05/2019
Probable date of completion of work:	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
<hr/>	
Result of follow-up audit : — —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: 	Date: 06/05/2019

**CC: Auditor, Audittee**

*Ljubljana*  
HOD Date

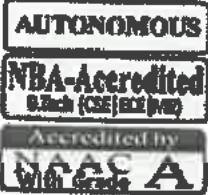
  
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**ACADEMIC AUDIT FINDING REPORT**

Date : 06/05/2019

Dept of audit <b>ECE</b>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:  After completion of lab session department receives feedback from students about the lab facilities, etc., (18-19 II Sem). Sample 1: ECA lab - <u>21</u> / <u>2</u> Students Sample 2: DC lab - <u>21</u> / <u>2</u> Students Sample 3: MPMC lab - <u>21</u> / <u>2</u> Students.	
Name of the auditor: <u>Mr. S. B. C. Prasad</u>	Signature of the auditor <u>SP</u>
Name of the auditee: <u>Mr. B. R. k. Singh</u>	Signature of the auditee <u>JR</u>
Route cause for Non-Conformance – If observed : — —	
Corrective Action: — —	
Signature of Auditee: <u>JR</u>	Date: <u>06/05/2019</u>
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit : — —	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <u>Bsf</u>	Date: <u>06/05/2019</u>

CC: Auditor, Auditee

LPSY  
HOD Date

BShanu

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 6/5/2019

Dept of audit: <u>Admin</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>After review of academic indent from by the authorized person, office receives the same established. In purchase order.</p>	
Name of the auditor: <u>V. Sri Lakshmi</u>	Signature of the auditor <u>V. Sri M</u>
Name of the auditee: <u>A. Balaji</u>	Signature of the auditee <u>A. B. KM</u>
Route cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <u>6/5/2019</u>

CC: Auditor, Auditee

A.R.Kum  
HOD/Date 6/5/2019

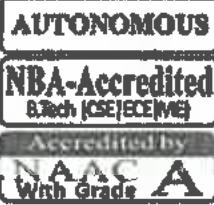
C.B.Srinivas  
Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar  
**MIC College of Technology**

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e-mail: dvthemic@mictech.ac.in, Website: www.mictech.ac.in



**ACADEMIC AUDIT FINDING REPORT**

Date : 06/05/2019...

Dept of audit: LIBRARY	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: UPDATE STOCK OF GENEJOURNALS WITH ALL THE DETAILS.  EVIDENT IN MAGAZINE JOURNAL REGISTER	
A PROVED PROVIDED EXTERNALS WERE EVIDENT BEFORE PURCHASING ACADEMIC BOOK FOR SMOOTH RUNNING DIPLOMA, UG, PG PROGRAMS	
Name of the auditor: MR. SBC PRASAD	Signature of the auditor
Name of the auditee: B. MANDHIRA	Signature of the auditee
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 06/05/2019

CC: Auditor, Auditee

HOD/Date 06/05/19

Principal/Date



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## **ACADEMIC AUDIT FINDING REPORT**

Date : 7.5.2019

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Details of workshops attended by the faculty and students	
Name of the auditor: B. R. K. Singh	Signature of the auditor
Name of the auditee: V. Srilakshmi	Signature of the auditee
Root cause for Non-Conformance – if observed: -	
Corrective Action: -	
Signature of Auditee: 	Date: 15/10/2019
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
<hr/>	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 15/10/2019

**CC: Auditor, Auditee**

or, Audit

Jayal  
HOD Date



**Principal/Dates**



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With Grade

**ACADEMIC AUDIT FINDING REPORT**

Date : 7/5/2019

Dept of audit: **CSE**

Category: Major  Minor

Description of audit:

Every 15 days Postlight department will conduct the syllabus coverage meeting for staff

Name of the auditor: **B. R. E. Singh**

Signature of the auditor

Name of the auditee: **V. Smtakshmi**

Signature of the auditee

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:

Date: 7/5/2019

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit: Closed  Not Closed:

Signature of the Auditor:

Date: 7/5/2019

CC: Auditor, Auditee

**Jayal**  
HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 7/5/2019

Dept of audit: CSE

Category: Major  Minor

Description of audit:

Details of students and their addressee,  
student attendance percentage verification

Name of the auditor: B.R.K. Singh

Signature of the auditor

Name of the auditee: V. Smrithi

Signature of the auditee

Route cause for Non-Conformance – if observed : —

Corrective Action: —

Signature of Auditee: Jayal

Date: 7/5/2019

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

Result of follow-up audit : —

Status of audit: Closed  Not Closed:

Signature of the Auditor:

Date: 7/5/2019

CC: Auditor, Auditee

Jayal

Jayal  
HOD/Date

B.S. Srinivasulu  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date: 7/5/2019

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Details of papers published by the faculty	
Name of the auditor: B.R.K.Singh	Signature of the auditor
Name of the auditee: V.Srilakshmi	Signature of the auditee
Route cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 7/5/2019
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 7/5/2019

CC: Auditor, Auditee

Jayal  
HOD/Date

B.Srinivas  
Principal/Date



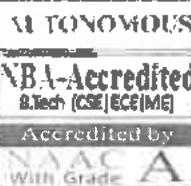
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**ACADEMIC AUDIT FINDING REPORT**

Date : 7/5/2019.

Dept of audit: **CSE**

Category: Major  Minor

Description of audit:

Verification of syllabus coverage,  
Student Attendance register  
Identifying slow learners, departmental Plans

Name of the auditor: **B.R.K. Singh**

Signature of the auditor

Name of the auditee: **V. Srinivasulu**

Signature of the auditee

Root cause for Non-Conformance – if observed:

Corrective Action:

Signature of Auditee: Date: 7/5/2019

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 7/5/2019

CC: Auditor, Auditee

Jayal  
HOD/Date 7/5/2019

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT 18-19**

Date : 7/5/2019

Dept of audit: BED

Category: Major  Minor

Description of audit:

Lesson plans of Each Subject & lesson notes are verified & found good.

Name of the auditor: F. Prasad

Signature of the auditor [Signature]

Name of the auditee: SBC prasad

Signature of the auditee [Signature]

Root cause for Non-Conformance – if observed: Nil

Corrective Action: Nil

Signature of Auditee: —

Date: 7/5/19

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):  
\_\_\_\_\_

Result of follow-up audit :

Status of audit Closed  Not Closed:

Signature of the Auditor:

F. Prasad

Date: 7/5/19

CC: Auditor, Auditee

HOD/✓

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**ACADEMIC AUDIT FINDING REPORT 18-19**

Date : 7/5/2019

Dept of audit: <b>BED</b>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
---------------------------	--

Description of audit:

Verified the record of the month-wise Syllabus monitoring file and found that the department has been actively monitoring Syllabus coverage every 15 days.

Name of the auditor: <b>k.prasad</b>	Signature of the auditor <b>B</b>
Name of the auditee: <b>SBC prasad</b>	Signature of the auditee <b>SSP</b>

Root cause for Non-Conformance – if observed : **Nil**

Corrective Action:

Signature of Auditee:	Date: <b>7/5/19</b>
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Probable date of completion of work:

Date of follow-up audit:	
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Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :	
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Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
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Signature of the Auditor: <b>B</b>	Date: <b>7/5/19</b>
------------------------------------	---------------------

CC: Auditor, Auditee

**✓**  
HOD/Date

**BB**  
Principal/Date



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18-19

Date : 7/5/2019

**ACADEMIC AUDIT FINDING REPORT**

Dept of audit: **BED**

Category: Major  Minor

Description of audit:

The verification of the "Record of Student mentoring (Student Counseling)" file found that the department is actively involved in Student Counseling, as evidenced by Students' attendance and internal marks (Semewise/Subjectwise/Every 15 days)

Name of the auditor: <b>K. P. Prasad</b>	Signature of the auditor 
Name of the auditee: <b>BPC Prasad.</b>	Signature of the auditee 

Root cause for Non-Conformance – if observed : **Nil**

Corrective Action:

Signature of Auditee:	Date: <b>7/5/19</b>
-----------------------	---------------------

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor: 

Date: **7/5/19**

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT 18-19**

Date : 7/5/2019

Dept of audit: BED

Category: Major  Minor

Description of audit:

Verified the Student Feedback on Faculty-class file.  
 Found that the department is actively monitoring its faculty performance by analyzing Student feedback collected through Systems software. (Semwise)

Name of the auditor: F. prasad

Signature of the auditor D

Name of the auditee: SBC prasad

Signature of the auditee BJ

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee:

Date: 7/5/17

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor: D

Date: 7/5/18

CC: Auditor, Auditee

g.v  
HOD/Date

B.S  
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**ACADEMIC AUDIT FINDING REPORT**

18-19

Date : 7/5/2019

Dept of audit: **BED**

Category: Major  Minor

Description of audit:

Faculty requisitions for internal departmental subjects file has been verified. It has been found that the department is actively communicating with other internal departments to request that faculty be deputed to teach inter-departmental subjects.

Name of the auditor: **k.prasad**

Signature of the auditor

Name of the auditee: **lBprasad**

Signature of the auditee

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee:

Date: 7/5/19

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 7/5/19

CC: Auditor, Auditee

HOD/Date

Principal/Date



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## **ACADEMIC AUDIT FINDING REPORT**

Date : 07-05-2019

Dept of audit: Examcell	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Exam Notice file sample 1: II B.Tech I Sem Reglsup Apr/May-2019 sample 2: III B.Tech II Sem Regular Apr/May-2019. TimeTable Dt 18-03-2019	
Name of the auditor: Mr. B.R.K. Singh	Signature of the auditor
Name of the auditee: Mr. M. Sunil Kumar	Signature of the auditee
Root cause for Non-Conformance – if observed: — NIL —	
Corrective Action:	
Signature of Auditee:	Date:
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
<hr/>	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 07-05-2019

**CC: Auditor, Auditee**

15

HOD/Date

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**ACADEMIC AUDIT FINDING REPORT**

Date : 07-05-2019

Dept of audit: Examcell	Category: Major O	Minor O
Description of audit: Consolidated marks memo		
sample 1: 141171A0224 - Parash Kumar G - EEE		
sample 2: 141171A03 C& - Jeewan Jaihi V - MEC		
Name of the auditor: Mr. B.R.K Singh	Signature of the auditor	
Name of the auditee: Mr. M. Laxmi Kumar	Signature of the auditee	
Root cause for Non-Conformance – if observed: - NIL -		
Corrective Action: -		
Signature of Auditee:	Date: 07-05-2019	
Probable date of completion of work: 07-05-2019		
Date of follow-up audit: 07-05-2019		
Effectiveness of Corrective action verified (Report references): 07-05-2019		
Result of follow-up audit :		
Status of audit: Closed	Not Closed: O	
Signature of the Auditor:	Date: 07-05-2019	

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 07-05-2019

Dept of audit: Exam cell.	Category: Major O Minor O
Description of audit: Internal marks register.	
sample 1: <input checked="" type="checkbox"/> B.Tech II sem - Ap/may 2019 - EEE.	
sample 2: <input checked="" type="checkbox"/> B.Tech II sem - Ap/may 2019 - MECH.	
sample 3: <input checked="" type="checkbox"/> B.Tech II sem Reg. Ap/may - 2019 - ECE	
Name of the auditor: Mr. BRK Singh	Signature of the auditor
Name of the auditee: Mr. M. Sunil Kumar	Signature of the auditee
Root cause for Non-Conformance – if observed : - null -	
Corrective Action: -	
Signature of Auditee: -	Date: -
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: O
Signature of the Auditor:	Date: 07-05-2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 7/5/2019

Dept of audit: T&P.

Category: Major  Minor

Description of audit:

Verified Internal and external Issues, action plan of the students.

Name of the auditor: A. Naga Parvankumar Signature of the auditor A. P.

Name of the auditee: B. Rajesh Signature of the auditee B. Raj

Root cause for Non-Conformance – if observed : —

Corrective Action:

Signature of Auditee:

Date:

7/5/2019

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references):  
—

Result of follow-up audit: —

Status of audit: Closed  Not Closed:

Signature of the Auditor: A.

Date:

7/5/2019

CC: Auditor, Auditee

HOD/Date

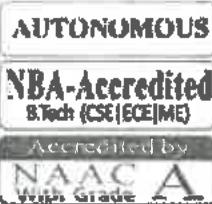
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 7/5/2019

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
----------------------	--

Description of audit:

Verified system backup details,  
breakdown record and system configuration  
register.

Name of the auditor: A. Naga Pavan Kumar	Signature of the auditor
Name of the auditee: B. Ragesh	Signature of the auditee

Root cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: 7/5/2019
-----------------------	----------------

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit : —	
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Status of audit: Closed  Not Closed:

Signature of the Auditor:	Date: 7/5/2019
---------------------------	----------------

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 7/5/2019

Dept of audit: <u>T &amp; P</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
---------------------------------	--

Description of audit:

Verified Record of Job advertisements,  
News letters, magazines department-wise.

Name of the auditor: <u>A. Naga Parvam Kumar</u>	Signature of the auditor:
Name of the auditee: <u>B. Rajesh.</u>	Signature of the auditee:

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: <u>7/5/2019</u>
-----------------------	-----------------------

Probable date of completion of work: —

Date of follow-up audit: <u>—</u>	
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Effectiveness of Corrective action verified (Report references):

Result of follow-up audit : <u>—</u>	
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Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
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Signature of the Auditor:	Date: <u>7/5/2019</u>
---------------------------	-----------------------

CC: Auditor, Auditee

HOD/Date

Principal/Date



**ACADEMIC AUDIT FINDING REPORT**

Date : 7/5/2019

Dept of audit: <u>T Q P</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
-----------------------------	--

Description of audit:

Verified staff acquisition form to recruit placement staff.

Name of the auditor: <u>A. Naga Pavankumar</u>	Signature of the auditor 
Name of the auditee: <u>B. Rajesh</u>	Signature of the auditee 

Route cause for Non-Conformance – if observed:

Corrective Action:

Signature of Auditee:	Date: <u>7/5/2019</u>
-----------------------	-----------------------

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references):  
—

Result of follow-up audit : —

Status of audit: Closed  Not Closed:

Signature of the Auditor: 	Date: <u>7/5/2019</u>
---	-----------------------

CC: Auditor, Auditee

  
HOD/Date

  
Principal/Date



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**ACADEMIC AUDIT FINDING REPORT**

Date : 7/5/2019

Dept of audit: TQP	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
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Description of audit:

verified and Record the competence of staff in placement and training.

Name of the auditor: A. Naga Pavani Kumar	Signature of the auditor
Name of the auditee: B. Rajesh	Signature of the auditee B. Rajesh

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: 7/5/2019
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Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit : —

Status of audit: Closed  Not Closed:

Not Closed:

Signature of the Auditor:	Date: 7/5/2019
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CC: Auditor, Auditee

HOD/Date

  
Principal/Date



**ACADEMIC AUDIT FINDING REPORT**

Date : 7/5/2019

Dept of audit: <u>T &amp; P</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
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Description of audit:

Verified workshops and Training core courses and Recorded.

Name of the auditor: <u>A. Naga Pavani Kumar</u>	Signature of the auditor
Name of the auditee: <u>B. Rajesh</u>	Signature of the auditee

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee:	Date: <u>7/5/2019</u>
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Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit : <u>—</u>	
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Status of audit: Closed  Not Closed:

Signature of the Auditor:	Date: <u>7/5/2019</u>
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CC: Auditor, Auditee

HOD/Date

Principal/Date