



DVR & Dr. HS
MIC College of Technology

ISO 9001:2015 Certified Institute
 (Approved by AICTE & Permanently Affiliated to JNTUK, Kakinada)
 Kanchikacherla - 521180, NTR Dist, A.P, India.
 Phones: 08678 - 273535 / 94914 57799 / 73826 16824
 E-mail: office@miotech.ac.in, Website: www.miotech.edu.in



Internal audit No: 01

QMS – F005
DATE:01-11-2022

INTERNAL AUDIT SCHEDULE

Sl. No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	07-11-2022	CE	HOD,CE & Mr.K. Prasad	Ms.B.Triveni
2		EEE	HOD, EEE & Mr.A.V.Ravi kumar	Mr.A.Naga pavan kumar
3		MECH	HOD, MECH & Mr.A.Naga pavan kumar	Dr.V.Srilakshmi
4		ECE	HOD, ECE & Dr. Pragathi	Mr.S.B.C.Prasad
5		ADMIN	Administrative officer	Dr.V.Srilakshmi
6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7		CSE	HOD, CSE & Dr.V.Srilakshmi	Dr. Pragathi
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
9		AI & IT MCA	HOD, AI& IT & Ms.B.Triveni	Mr.A.V.Ravi kumar
10		EXAM SECTION	COE	Dr. Pragathi
11		T&P	Mr.Katta Prasad	Mr.A.Naga pavan kumar

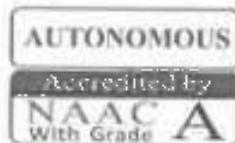

 AAC Coordinator


 (Dr. K.Srinivas)
 Principal



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



O/C – Outgoing

QMS – F 061

DEPARTMENT: AAC

DATE: 31-10-2022

ACADEMIC YEAR: 2022-23

SEMESTER: I

ORIGINATOR	PRINCIPAL
CIRCULATED TO	All HODs, Office, Library In charge, COE

This is to inform that Internal Academic audit is scheduled on 07-11-2022 to 08-11-2022 i.e Monday-Tuesday . In this regard , all the HODs and department Academic Audit Committee (AAC) coordinators are hereby informed to keep the necessary documents(related to A.Y 2022-23 Semester-I) updated and ready for smooth conduct of audit.

(Dr. K. Srinivas)
Principal



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

AUTONOMOUS

Accredited by
NAAC **A**
 With Grade

ACADEMIC AUDIT COMMITTEE

20-23
①

A committee consisting of the following members is hereby reconstituted as "ACADEMIC AUDIT COMMITTEE (AAC)" for the Academic Year 2022-23

The Academic Audit Committee is responsible:

1. To understand the existing system and assess the strengths and weaknesses of the Departments and Administrative Units.
2. To suggest the methods for improvement and for overcoming the weaknesses.
3. To identify the bottlenecks in the existing administrative mechanisms and the opportunities for academic reforms, administrative reforms and examination reforms etc.
4. To evaluate the optimum utilization of financial and other resources.
5. To suggest the methods for continuous improvement of quality, considering NBA, NAAC and other certification bodies.
6. For Designing effective teaching and learning processes.
7. For Evaluation of Course and Program Outcomes.
8. In Developing student assessment.
9. For Assuring quality education by implementation of co-curricular and extracurricular activities.

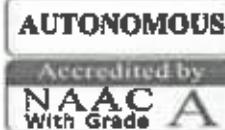
ACADEMIC AUDIT COMMITTEE MEMBERS :

S.No.	Name of the Staff Member	Designation	Designation in the committee
1	Dr. K. Srinivas	Principal	Chairman
2	Dr. P. Predeep	HOD,BEB	Convener
3	Mrs. B. Pragathi	Assistant Professor, ECE	Member
4	Mr.A.Naga Pavan Kumar	Assistant Professor, ME	Member
5	Dr. V. Sri Lakshmi	Assistant Professor, CSE	Member
6	Mr.S.B.C.Prasad	Assistant Professor, BED	Member
7	Ms. B.Triveni	Assistant Professor, AJ&IT	Member
8	Mr.K. Prasad	Assistant Professor, CE	Member
9	Mr.A.V.Ravi Kumar	Assistant Professor, EEE	Member
10	Mr. M. VenuBabu	Assistant Professor,EEE	Member
11	Mr.N.Naresh Baba	Asistant Professor,ME	Member
12	Mr. Narendra Kumar	Assistant Professor,ECE	Member



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



Internal audit No: 02

QMS – F005
 DATE:04-05-2023

INTERNAL AUDIT SCHEDULE

SL No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	08-05-2023	CE	HOD,CE & Mr.K. Prasad	Ms. B.Triveni
2		EEE	HOD, EEE & Mr.A.V.Ravi kumar	Mr.A.Naga pavan kumar
3		MECH	HOD, MECH & Mr.A.Naga pavan kumar	Dr. V.Srilakshmi
4		ECE	HOD, ECE & Dr.B. Pragathi	Mr.S.B.C.Prasad
5		ADMIN	Administrative officer	Dr.V.Srilakshmi
6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7		CSE	HOD, CSE & Dr.V.Srilakshmi	Dr.B. Pragathi
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
9		AI & IT MCA	HOD, AI& IT & Ms.B.Triveni	Mr.A.V.Ravi kumar
10		EXAM SECTION	COE	Dr.B. Pragathi
11		T&P	Mr.Katta Prasad	Mr.A.Naga pavan kumar


 AAC Coordinator


 (Dr. T.Varnsee Kiran)
 Principal



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OC – Outgoing

QMS – F 061

DEPARTMENT: AAC

DATE: 02-05-2023

ACADEMIC YEAR: 2022-23

SEMESTER: II

ORIGINATOR	PRINCIPAL
CIRCULATED TO	All HODs, Office, Library In-charge, COE

This is to inform that Internal Academic audit is scheduled on 08-05-2023 to 09-05-2023 i.e Monday-Tuesday . In this regard , all the HODs and department AAC coordinators are hereby informed to keep the necessary documents (related to A.Y 2022-23 Semester- II) updated and ready for smooth conduct of audit.


(Dr. T. Vamsee Kiran)
Principal



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AUTONOMOUS

Accredited by
NAAC With Grade A

ACADEMIC AUDIT COMMITTEE

A committee consisting of the following members is hereby reconstituted as “**ACADEMIC AUDIT COMMITTEE (AAC)**” for the Academic Year 2022-23

The Academic Audit Committee is responsible:

1. To understand the existing system and assess the strengths and weaknesses of the Departments and Administrative Units.
2. To suggest the methods for improvement and for overcoming the weaknesses.
3. To identify the bottlenecks in the existing administrative mechanisms and the opportunities for academic reforms, administrative reforms and examination reforms etc.
4. To evaluate the optimum utilization of financial and other resources.
5. To suggest the methods for continuous improvement of quality, considering NBA, NAAC and other certification bodies.
6. For Designing effective teaching and learning processes.
7. For Evaluation of Course and Program Outcomes.
8. In Developing student assessment.
9. For Assuring quality education by implementation of co-curricular and extracurricular activities.

ACADEMIC AUDIT COMMITTEE MEMBERS :

S.No.	Name of the Staff Member	Designation	Designation in the committee
1	Dr. T. Vamsee kiran	Principal	Chairman
2	Dr. P. Pradeep	HOD,EEE	Convener
3	Dr. B. Pragathi	Assistant Professor, ECE	Member
4	Mr.A.Naga Pavan Kumar	Assistant Professor, ME	Member
5	Ms. B. Triveni	Assistant Professor, AI&IT	Member
6	Mr.S.B.C.Prasad	Assistant Professor, BED	Member
7	Dr. V. Sri Lakshmi	Assistant Professor, CSE	Member
8	Mr.K. Prasad	Assistant Professor, CE	Member
9	Mr.A.V.Ravi Kumar	Assistant Professor, EEE	Member
10	Mr. M. VenuBabu	Assistant Professor, EEE	Member
11	Mr. Naresh Babu	Assistant Professor, ME	Member
12	Mr. Narendra Kumar	Assistant Professor, ECE	Member



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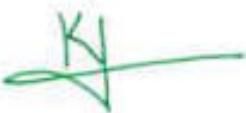
Internal audit No: 01

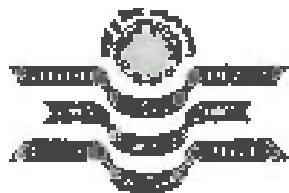
QMS – F005
 DATE:03-11-2021

INTERNAL AUDIT SCHEDULE

Sl. No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	08-11-2021	CE	HOD,CE & Mr.K. Prasad	Ms.B.Triveni
2		EEE	HOD, EEE & Mr.A.V.Ravi kumar	Mr.A.Naga pavan kumar
3		MECH	HOD, MECH & Mr.A.Naga pavan kumar	Dr.V.Srilakshmi
4		ECE	HOD, ECE & Dr. B Pragathi	Mr.S.B.C.Prasad
5		ADMIN	Administrative officer	Mrs.V.Srilakshmi
6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7		CSE	HOD, CSE & Mrs.V.Srilakshmi	Dr. B Pragathi
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
9		AI & IT MCA	HOD, AI& IT & Ms.B.Triveni	Mr.A.V.Ravi kumar
10		EXAM SECTION	COE	Dr. B Pragathi
11		T&P	Mr.Katta Prasad	Mr.A.Naga pavan kumar

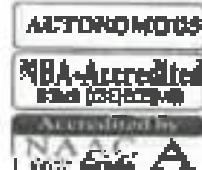

 AAC Coordinator


 (Dr.K.Srinivas)
 Principal



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



IOC - Outgoing

QMS - F 061

DEPARTMENT: AAC

DATE: 01-11-2021

ACADEMIC YEAR: 2021-22

SEMESTER: I

ORIGINATOR	PRINCIPAL
CIRCULATED TO	All HODs, Office, Library In charge, COE

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(Dr. K. Srinivas)
Principal



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ACADEMIC AUDIT COMMITTEE

Date: 22-07-2021

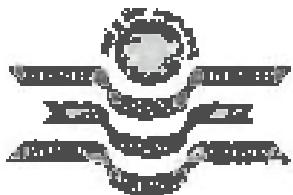
A committee consisting of the following members is hereby reconstituted as "ACADEMIC AUDIT COMMITTEE (AAC)" for the Academic Year 2021-22

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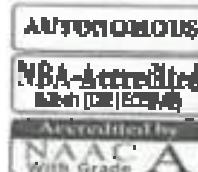
ACADEMIC AUDIT COMMITTEE MEMBERS :

S.No.	Name of the Staff Member	Designation	Designation in the committee
1	Dr. K. Srinivas	Principal	Chairman
2	Dr.P.Pradeep	HOD,EEE	Convener
3	Mrs. B. Pragathi	Assistant Professor, ECE	Member
4	Mr.A.Naga Pavan Kumar	Assistant Professor, ME	Member
5	Mrs. V. Sri Lakshmi	Assistant Professor, CSE	Member
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10	Mr. M. Venu Babu	Assistant Professor, EEE	Member
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Kanchimacherla - 521180, Krishna Dist, A.P., India.
Phone: 08678 - 273933 / 94914 57190 / 73826 16824
E-mail: office@mictechno.edu.in, Website: www.mictechno.edu.in



Internal audit No: 02

**QMS – F003
DATE:02-05-2022**

INTERNAL AUDIT SCHEDULE

SL No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	10-05-2022	CE	HOD,CE & Mr.K. Prasad	Ms.B.Triveni
2		EEE	HOD, EEE & Mr.A.V.Ravi kumar	Mr.A.Naga pavan kumar
3		MECH	HOD, MECH & Mr.A.Naga pavan kumar	Mrs.V.Srilakshmi
4		ECE	HOD, ECE & Dr. B.Pragathi	Mr.S.B.C.Prasad
5		ADMTN	Administrative officer	Dr.V.Srilakshmi
6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7		CSE	HOD, CSE & Mrs.V.Srilakshmi	Dr. B.Pragathi
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
9		AI & IT MCA	HOD, AI& IT & Ms.B.Triveni	Mr.A.V.Ravi kumar
10		EXAM SECTION	COE	Dr. B.Pragathi
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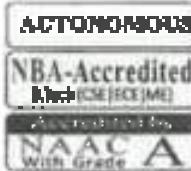

AAC Coordinator


(Dr. K. Brinivas)
Principal



DVR & Dr. HS
MIC College of Technology

ISO 9001:2015 Certified Institute
(Approved by AICTE & Permanently Affiliated to RNTU, Kannur)
Kozhikode - 673130, Kerala Dist, A.P., India.
Phone: 04678 - 273433 / 94914 57729 / 7342616824
Email: office@mictech.ac.in, Website: www.mictech.ac.in



IOC – Outgoing

QMS – F 061

DEPARTMENT: AAC

DATE: 02-05-2022

ACADEMIC YEAR: 2021-22

SEMESTER: II

ORIGINATOR	PRINCIPAL
CIRCULATED TO	ALL HODs, Office, Library In charge, COE

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(Dr. K. Srinivas)
Principal



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ACADEMIC AUDIT COMMITTEE

21-22 (1)

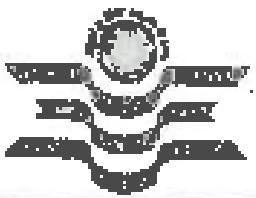
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5	Mrs. V. Sri Lakshmi	Assistant Professor, CSE	Member
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11	Mr. N. Naresh Babu	Assistant Professor, ME	Member
12	Mr. Narendra Kumar	Assistant Professor, ECE	Member



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

(Approved by AICTE & Previously Affiliated to JNTUH, Kakinada)

KanchiKotha - 521180, Krishna Dist, A.P, India.
 Phone : 08675-273535, 273621, Fax 08675-271667
 E-mail: dyctm@rediffmail.com, Website: www.mictech.edu.in



Internal audit No: 01

QMS – F005
DATE:02-11-2020

INTERNAL AUDIT SCHEDULE

SL No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	09-11-2020	CE	HOD,CE & Mr.K. Prasad	Mr P Narasimha Rao
2		EEE	HOD, EEE & Mr.A.V.Ravi kumar	Mr.A.Naga pavan kumar
3		MECH	HOD, MECH & Mr.A.Naga pavan kumar	Dr.V.Srilakshmi
4		ECE	HOD, ECE & Mr. B.R.K Singh	Mr.S.B.C.Prasad
5		ADMIN	Administrative officer	Mrs.V.Srilakshmi
6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7		CSE	HOD, CSE & Mrs.V.Srilakshmi	Mr. B.R.K Singh
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
9		IT & MCA	HOD, IT & MCA & Mr P Narasimha Rao	Mr.A.V.Ravi kumar
10		EXAM SECTION	COE	Mr. B.R.K Singh
11		T&P	Mr.Katta Prasad	Mr.A.Naga pavan kumar


AAC Coordinator


(Dr.K.Srinivas)
Principal



Devineni Venkata Ramaia & Dr.Hima Sekhar
MIC College of Technology

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

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DOC – Outgoing

QMS – F 061

DEPARTMENT: AAC

DATE:02-11-2020

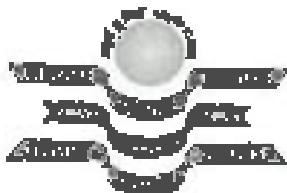
ACADEMIC YEAR:2020-21

SEMESTER: I

ORIGINATOR	PRINCIPAL
CIRCULATED TO	All HODs, Office, Library In charge, COE

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(Dr.K. Srinivas)
Principal



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 Kondikonda - 521160, Krishna Dist, A.P, India.
 Phone: 08672 - 273303 / 9491457799 / 7332616024
 E-mail: office@mictech.ac.in, Website: www.mictech.edu.in



ACADEMIC AUDIT COMMITTEE

20-21-13

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10	Mr. M. Venu Babu	Assistant Professor, EEE	Member
11	Mr. N. Naresh Babu	Assistant Professor, ME	Member
12	Mr. Narendra Kumar	Assistant Professor, ECE	Member

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Devineni Venketa Ramana & Dr.Hima Sekhar
MIC College of Technology

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

Kanchikacherla - 521180, Krishna Dist, A.P, India.
 Phone : 08678 - 273535, 273623, Fax: 08678 - 273569
 e-mail: dvchancio@mictech.ac.in, Website: www.mictech.ac.in

AUTONOMOUS

NBA-Accredited
 &Tech (CSE|ECE|ME)

NAAC
 With Grade **A**

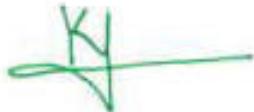
Internal audit No: 02

QMS – F005
 DATE:01-05-2021

INTERNAL AUDIT SCHEDULE

SL. No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	10-05-2021	CE	HOD,CE & Mr.K. Prasad	Mr P Narasimha Rao
2		EEE	HOD, EEE & Mr.A.V.Ravi kumar	Mr.A.Naga pavan kumar
3		MECH	HOD, MECH & Mr.A.Naga pavan kumar	Dr.V.Srilakshmi
4		ECE	HOD, ECE & Mr. B.R.K Singh	Mr.S.B.C.Prasad
5		ADMIN	Administrative officer	Mrs. V.Srilakshmi
6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7		CSE	HOD, CSE & Mrs.V.Srilakshmi	Mr. B.R.K Singh
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
9		IT ,MCA	HOD, IT & MCA Mr P Narasimha Rao	Mr.A.V.Ravi kumar
10		EXAM SECTION	COE	Mr. B.R.K Singh
11		T&P	Mr.Katta Prasad	Mr.A.Naga pavan kumar


 AAC Coordinator


 (Dr.K.Srinivas)
 Principal



IOC – Outgoing

QMS – F 061

DEPARTMENT: AAC

DATE:04-05-2021

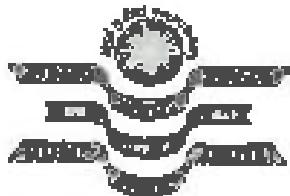
ACADEMIC YEAR:2020-21

SEMESTER: I

ORIGINATOR	PRINCIPAL
CIRCULATED TO	All HODs, Office, Library In charge, COE

This is to inform that Internal Academic audit is scheduled on 10-05-2021 to 11-05-2021 ie Monday-Tuesday . In this regard , all the HODs and department Academic Audit Committee (AAC) coordinators are hereby informed to keep the necessary documents (related to A.Y 2020-21 Semester-I) updated and ready for smooth conduct of audit.

(Dr.K. Srinivas)
Principal



DVR & Dr. HS
MIC College of Technology

ISO 9001:2015 Certified Institute
 (Approved by AICTE & Permanently Affiliated to JNTUK, Kakinada)
 Ramachandrapuram - 521180, Krishna Dist, A.P, India.
 Phone: 08678 - 273535 / 04914 57789 / 73826 16824
 E-mail: office@mictech.ac.in, Website: www.mictech.ac.in



ACADEMIC AUDIT COMMITTEE

2.D-21(10)

A committee consisting of the following members is hereby reconstituted as "ACADEMIC AUDIT COMMITTEE (AAC)" for the Academic Year 2020-21

The Academic Audit Committee is responsible:

1. To understand the existing system and assess the strengths and weaknesses of the Departments and Administrative Units.
2. To suggest the methods for improvement and for overcoming the weaknesses.
3. To identify the bottlenecks in the existing administrative mechanisms and the opportunities for academic reforms, administrative reforms and examination reforms etc.
4. To evaluate the optimum utilization of financial and other resources.
5. To suggest the methods for continuous improvement of quality, considering NBA, NAAC and other certification bodies.
6. For Designing effective teaching and learning processes.
7. For Evaluation of Course and Program Outcomes.
8. In Developing student assessment.
9. For Assuring quality education by implementation of co-curricular and extracurricular activities.

ACADEMIC AUDIT COMMITTEE MEMBERS :

S.No.	Name of the Staff Member	Designation	Designation in the committee
1	Dr. K. Srinivas	Principal	Chairman
2	Dr.P.Pradeep	HOD,EEE	Convener
3	Mrs. B. Pragathi	Assistant Professor, ECE	Member
4	Mr.A.Naga PavanKumar	Assistant Professor, ME	Member
5	Mrs. V. Sri Lakshmi	Assistant Professor, CSE	Member
6	Mr.S.B.C.Prasad	Assistant Professor, BED	Member
7	Ms. P.Narasimha Rao	Assistant Professor, AI&IT	Member
8	Mr. K. Prasad	Assistant Professor, CE	Member
9	Mr.A.V.Ravi Kumar	Assistant Professor, EEE	Member
10	Mr. M. Venu Babu	Assistant Professor, EEE	Member
11	Mr. N. Naresh Babu	Assistant Professor, ME	Member
12	Mr. Narendra Kumar	Assistant Professor, ECE	Member

*Mr.
Convener
V.Sai.M
Smt
Mr
Chairman
Autonomous
NAAC Accredited
With Grade A*



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

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

AUTONOMOUS

NBA-Accredited
 and (CE | SOF | ME)

Accredited by
NAAC A
 With Grade

QMS – F005

Internal audit No: 01

DATE:01-11-2019

INTERNAL AUDIT SCHEDULE

Sl. No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	11-11-2019	CE	HOD,CE & Mr.K. Prasad	Mr. A V Ravi Kumar
2		EEE	HOD, EEE & Mr.A.V.Ravi kumar	Mr.A.Naga pavan kumar
3		MECH	HOD, MECH & Mr.A.Naga pavan kumar	Mrs.V.Srilakshmi
4		ECE	HOD, ECE & Mr. B.R.K Singh	Mr.S.B.C.Prasad
5		ADMIN	Administrative officer	Mrs.V.Srilakshmi
6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7		CSE	HOD, CSE & Mrs.V.Srilakshmi	Mr. B.R.K Singh
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
10		EXAM SECTION	COE	Mr. B.R.K Singh
11		T&P	Mr.B Rajesh	Mr.A.Naga pavan kumar

AAC Coordinator

(Dr.Y.Sudheer Babu)
 Principal



Devineni Venkata Rama Rao & Dr. Hima Sekhar
MIC College of Technology

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

AUTONOMOUS

NBA-Accredited
B.Tech (CSE|ECE|MCA)

Accredited by
NAAC **A**
With Grade

IOC – Outgoing

DEPARTMENT: AAC

ACADEMIC YEAR:2019-20

QMS – F 061

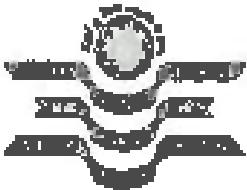
DATE:05-11-2019

SEMESTER: I

ORIGINATOR	PRINCIPAL
CIRCULATED TO	All HODs, Office, Library In charge, COE

This is to inform that Internal Academic audit is scheduled on 11-11-2019 to 12-11-2019 ie Monday & Tuesday. In this regard , all the HODs and department Academic Audit Committee (AAC) coordinators are hereby informed to keep the necessary documents (related to A.Y 2019-20 Semester-I) updated and ready for smooth conduct of audit.

(Dr.Y.Sudheer Babu)
Principal



QMS – F005
DATE:01-05-2020

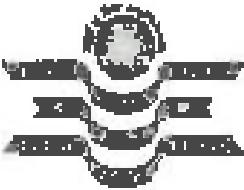
Internal audit No: 02

INTERNAL AUDIT SCHEDULE

Sl. No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	08-05-2020	CE	HOD,CE & Mr.K. Prasad	Mr. A V Ravi Kumar
2		EEE	HOD, EEE & Mr.A.V.Ravi kumar	Mr.A.Naga pavan kumar
3		MECH	HOD, MECH & Mr.A.Naga Pavan Kumar	Dr.V.Srilakshmi
4		ECE	HOD, BCE & Mr. B.R.K Singh	Mr.S.B.C.Prasad
5		ADMIN	Administrative officer	Mrs. V.Srilakshmi
6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7		CSE,IT & MCA	HOD, CSE & Mrs. V.Srilakshmi	Mr. B.R.K Singh
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
10		EXAM SECTION	COE	Mr. B.R.K Singh
11		T&P	Mr.B Rajesh	Mr.A.Naga pavan kumar

AAC Coordinator

(Dr.Y.Sudheer Babu)
 Principal



Devineni Venkata Ramaiah & Dr. Hima Sekhar
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Kannikatti - 521130, Kadapa Dist, A.P. India.
Phone : 08673 - 273553, 273553, Fax: 08673 - 273569
e-mail : dyshar@mictechno.edu.in, Website : www.mictechno.edu.in



IQC – Outgoing

DEPARTMENT: AAC

ACADEMIC YEAR: 2019-20

QMS – F 061

DATE: 01-05-2020

SEMESTER: II

ORIGINATOR	PRINCIPAL
CIRCULATED TO	All HODs, Office, Library In charge, COE

This is to inform that Internal Academic audit is scheduled on **08-05-2020 to 09-05-2020** ie Friday & Saturday. In this regard , all the HODs and department Academic Audit Committee (AAC) coordinators are hereby informed to keep the necessary documents (related to A.Y 2019-20 Semester-II) updated and ready for smooth conduct of audit.


(Dr. Y. Sudheer Babu)
Principal



Devineni Venkata Ramana & Dr.Hima Sekhar
MIC College of Technology
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Phone : 08678 - 273333, 273623, Fax: 08678 - 273169
e-mail: dvhimanis@mictech.ac.in, Website: www.mictech.ac.in



ACADEMIC AUDIT COMMITTEE

(1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100)

A committee consisting of the following members is hereby reconstituted as "ACADEMIC AUDIT COMMITTEE (AAC)" for the Academic Year 2019-20

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7. For Evaluation of Course and Program Outcomes.
8. In Developing student assessment.
9. For Assuring quality education by implementation of co-curricular and extracurricular activities.

ACADEMIC AUDIT COMMITTEE MEMBERS :

S.No.	Name of the Staff Member	Designation	Designation in the committee
1	Dr. Y.sudheer Babu	Principal	Chairman
2	Dr.P.Pradeep	HOD,ECE	Convenor
3	Mr. B.R.K .Singh	Assistant Professor,ECE	Member
4	Mr.A.Naga PavanKumar	Assistant Professor, ME	Member
5	Mrs. V. Sri Lakshmi	Assistant Professor, CSE	Member
6	Mr.S.B.C.Prasad	Assistant Professor, BED	Member
7	Mr. K. Prasad	Assistant Professor,CE	Member
8	Mr.A.V.Ravi Kumar	Assistant Professor, EEE	Member
9	Mr. M. Venu Babu	Assistant Professor, EEE	Member
10	Mr. N. Naresh Babu	Assistant Professor,ME	Member
11	Mr. Narendra Kumar	Assistant Professor,ECE	Member

P.M.
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N.W.
A.S.
A.P.



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



Internal Audit No: 01

QMS – F005
 DATE:01-11-2018

INTERNAL AUDIT SCHEDULE

S. No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	12-11-2018	CE	HOD,CE & Mr.K. Prasad	Mr. A V Ravi Kumar
2		EEE	HOD, EEE & Mr.A.V.Ravi Kumar	Mr.A.Naga Pavan Kumar
3		MECH	HOD, MECH & Mr.A.Naga Pavan Kumar	Mrs.V.Srilakshmi
4		ECE	HOD, ECE & Mr. B.R.K Singh	Mr.S.B.C.Prasad
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7		CSE	HOD, CSE & Mrs.V.Srilakshmi	Mr. B.R.K Singh
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
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11		T&P	Mr.B Rajesh	Mr.A.Naga Pavan Kumar


 AAC Coordinator


 (Dr.Y.Sudheer Babu)
 Principal



Devineni Venkata Ramana & Dr.Hima Sekhar
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Phone : 08678 - 273535, 273623, Fax: 08678 - 273569
e-mail: dvhmic@mictech.ac.in, Website: www.mictech.ac.in



IOC – Outgoing
DEPARTMENT: AAC
ACADEMIC YEAR: 2018-2019

QMS – F 061
DATE:01-11-2018
SEMESTER: I

ORIGINATOR	PRINCIPAL
CIRCULATED TO	All HODs, Office, Library In-charge, COE

This is to inform that Internal Academic audit is scheduled on 12-11-2018 to 13-11-2018 i.e on Monday & Tuesday. In this regard , all the HODs and department Academic Audit Committee (AAC) coordinators are hereby informed to keep the necessary documents(related to A.Y 2018-19 Semester-I) updated and ready for smooth conduct of audit.


(Dr. Y. Sudheer Babu)
Principal



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MIC College of Technology

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Kanchikacherla - 521180, Krishna Dist, A.P, India.
 Phone : 08678 - 273535, 273623, Fax: 08678 - 273569
 e-mail: drhima@mictech.ac.in, Website: www.mictech.ac.in



ACADEMIC AUDIT COMMITTEE

A committee consisting of the following members is hereby reconstituted as “ACADEMIC AUDIT COMMITTEE (AAC)” for the Academic Year 2018-19

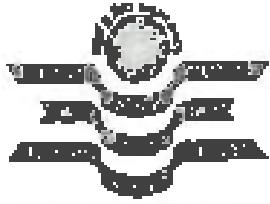
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5. To suggest the methods for continuous improvement of quality, considering NBA, NAAC and other certification bodies.
6. For Designing effective teaching and learning processes.
7. For Evaluation of Course and Program Outcomes.
8. In Developing student assessment.
9. For Assuring quality education by implementation of co- curricular and extracurricular activities.

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5	Mrs. V. Sri Lakshmi	Assistant Professor, CSE	Member
6	Mr.S.B.C.Prasad	Assistant Professor, BED	Member
7	Mr. K. Prasad	Assistant Professor,CE	Member
8	Mr.A.V.Ravi Kumar	Assistant Professor, EEE	Member
9	Mr. M. Venu Babu	Assistant Professor, EEE	Member
10	Mr. N. Naresh Babu	Assistant Professor,ME	Member
11	Mr. Narendra Kumar	Assistant Professor,ECE	Member

R.M.R.
 Dr.
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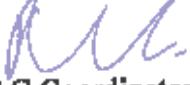


Internal audit No: 02

DATE: 01-05-2019

INTERNAL AUDIT SCHEDULE

S. No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	06-05-2019	CE	HOD,CE & Mr.K. Prasad	Mr.A.V.Ravikumar
2		EEE	HOD, EEE & Mr.A.V.Ravikumar	Mr.A.Nagapavankumar
3		MECH	HOD, MECH & Mr.A.Nagapavankumar	Mrs.V.Srilakshmi
4		ECE	HOD, ECE & Mr. B.R.K Singh	Mr.S.B.C.Prasad
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6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7		CSE	HOD, CSE & Mrs.V.Srilakshmi	Mr. B.R.K Singh
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
10		EXAM SECTION	COE	Mr. B.R.K Singh
11		T&P	Mr.B Rajesh	Mr.A.Nagapavankumar


 AAC Coordinator


 (Dr. Y. Sudheer Babu)
 Principal



IOC – Outgoing
DEPARTMENT: AAC
ACADEMIC YEAR: 2018-2019

QMS – F 061
DATE:30-04-2019
SEMESTER: II

ORIGINATOR	PRINCIPAL
CIRCULATED TO	All HODs, Office, Library In-charge, COE

This is to inform that Internal Academic audit is scheduled on 06-05-2019 to 07-05-2019 i.e on Monday & Tuesday. In this regard, all the HODs and department Academic Audit Committee (AAC) coordinators are hereby informed to keep the necessary documents(related to A.Y 2018-19 Semester-II) updated and ready for smooth conduct of audit.

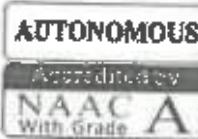

(Dr. Y.Sudheer Babu)
Principal

2022-2023



DVR & Dr. HS
MIC College of Technology

(Approved by AICTE & Permanently Affiliated to JNTUH, Kakinada)
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E-mail: office@mictech.ac.in Website: www.mictech.edu.in



22-23
I - 0

ACADEMIC AUDIT FINDING REPORT

Date : 07-11-2022

Dept of audit	Civil Engineering		Category: Major 0 Minor 0
Description of audit	Faculty Published the papers of Main Projects of Final year students A.Y (22-23, II sem).		
Sample 1:	N. V. Subba Rao - Planning & designing environmentally Sustainable College Campus at DVR & Dr. HS College of Technology.		
Sample 2:	K. Prasad - Study on Manufacturing of Bricks by using Minerals Admixture in Alternate solution.		
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="checkbox"/>	Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 07-11-2022		

CC: Auditor, Auditee

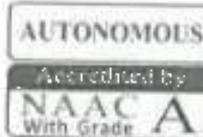
B. Triveni
HOD, Date

KY
Principal/Dean



DVR & Dr. HS
MIC College of Technology

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Kanchikacherla - 521180, NTR Dist, A.P, India.
Phone: 08678 - 273535 / 94914 57799 / 73826 16824
Email: office@mistech.ac.in, Website: www.mistech.edu.in



2-0

ACADEMIC AUDIT FINDING REPORT

Date : 07-11-2022

Dept of audit: Civil Engineering.	Category: Major 0 Minor 0
Description of audit: After completion of lab Internals Dept reports lab wise performance of individual students with all the details <u>Sample 1:</u> R. Harumangai (20H7A0106) : 16/16 (Crt Lab), <u>Sample 2:</u> G. Narendra (22H7A0101) : 12/16 (CAD Lab), <u>Sample 3:</u> B. Gopikrishna (19H7A0101) : 24/24 12/12 (ETRUS 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



DVR & Dr. HS
MIC College of Technology

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



2 - 3

ACADEMIC AUDIT FINDING REPORT

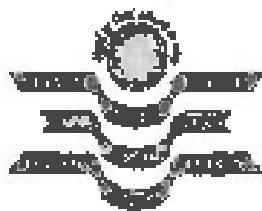
Date : 07-11-2022

Dept of audit: <u>Civil Engineering</u>	Category: Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>
Description of audit: <u>Student Merit榜 Books observed in the respective Department in 22-23 A.Y Sem 2.</u>	
<u>Sample 1:</u> 21M71B-0103 : S. Danish, Attendance: (85% in 2sem)	
<u>Sample 2:</u> 22H75A-0116 : V. Yawantik, Attendance: (78% in 2sem)	
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="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <u>B. Triveni</u>	Date: <u>07-11-2022</u>

CC: Auditor, Auditee

DATU
HOD/Date

KJ
Principal/Date



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



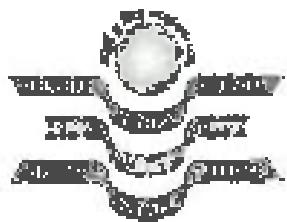
L-4

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 Internal Marks are Uploaded to Moodle for 22-23 A.Y. Sem-2.	
<u>Sample 1:</u> D/12 : 19H71A0108 : 22/30 - WRE-II <u>Sample 2:</u> D/12 : 20H71A0102 : 12/30 - IDRCS <u>Sample 3:</u> D/12 : 21H71A0106 : 17/30 - CT.	
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: 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: 07-11-2022

CC: Auditor, Auditee



DVR & Dr. HS

22-22
0 August

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 With Grade

ACADEMIC AUDIT FINDING REPORT

Date : 07-11-2022

Dept of audit: Civil Engineering.	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. 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 Not Closed:

Signature of the Auditor:	Date: 07-11-2022
---------------------------	------------------

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 2-11-2022

Dept of audit EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<p style="margin-left: 20px;">Class time-tables and individual faculty time-tables are verified - No deviations observed</p>	
Name of the auditor: Mr A Nagi Pawm Dima	Signature of the auditor
Name of the auditee: Mr A V Laxmi Kumar	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: 2/11/2022	
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

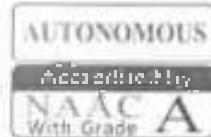
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 7-11-2022

Dept of audit: **EEE**

Category: Major Minor

Description of audit

Unified Students Industrial Visit and other related documents

Name of the auditor: **Mr. A Nagayyan 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:

Corrective Action: ✓

Signature of Auditor: **Lokesh** 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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HOD/Dean

KJ
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 7-11-2022

Dept of audit: EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Unified Lab maintenance stand and other related documents	
Name of the auditor: Mr A Naga Parvesh Tiwari	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: 8/11/2022
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): <hr/>	
Result of follow-up audit : <hr/>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 8/11/2022

CC: Auditor, Auditee

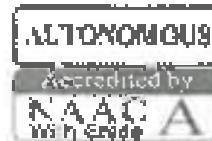
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ACADEMIC AUDIT FINDING REPORT

Date: 09-11-2022

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

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

Name of the auditor: Mr. A Nagi Ravikumar	Signature of the auditor
---	--------------------------

Name of the auditee: Mr AV Ravikumar	Signature of the auditee
--------------------------------------	--------------------------

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

Corrective Action:

Signature of Auditee:	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

A/Nag 11/11/22
HOD/Date

KJ
Principal/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 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: Dr. V.S. Lakshmi

Signature of the auditor:

Name of the auditee: M/S. A. Naga Parvath 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

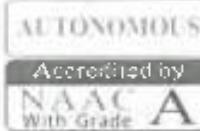
HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date : 07/11/22

Dept of audit: Mechanical

Category: Major Minor

Description of audit:

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: Mrs. A. Naga Pavan 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

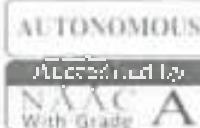
MO/D Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 07/11/21

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 (22-23) I 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

Root cause for Non-Conformance – If observed :

Corrective Action:

Signature of Auditee:

Date: 07/11/21

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: 07/11/21

CC: Auditor, Auditee

Principal/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

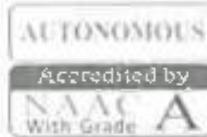
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ACADEMIC AUDIT FINDING REPORT

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 Pavan Kumar	Signature of the auditee:

Root cause for Non-Conformance – if observed:

Corrective Action:

Signature of Auditor:

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

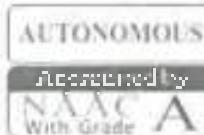
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ACADEMIC AUDIT FINDING REPORT

Date: 07/11/22

Dept of audit: Mechanical

Category: Major Minor

Description of audit:

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

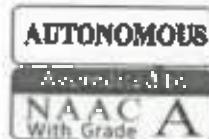
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22-23
Jsem

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: Based on Curriculum department review syllabus delivered once in a fortnight with all details in EEE (2022-2023) Completed: Ch. Lakshmana - 32% - 33 Completed: Mr. M. Anil Kumar - EEA - 49%	
Name of the auditor: M.S.B Prasad	Signature of the auditor
Name of the auditee: DY. 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

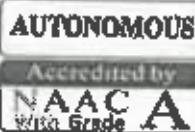
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ACADEMIC AUDIT FINDING REPORT

Date : 7/11/2022

Dept of audit: ECR	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>1. checked maintenance & Stock register 2. Academic Book statement.</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: N/A	
Corrective Action: N/A	
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 <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 7/11/2022

CC: Auditor, Auditee

HOD/Della
7/11/22

Principal/Date



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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 of year 6OE 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. 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: 07/11/2022

CC: Auditor, Auditee

HOD/Dean

Principal/Deputy Principal



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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: Placement analysis for the Academic Year 2021-22 and 2021-22 till date has been recorded. Sample 1 : 2021-22 - Registered - 163, placed - 120 Sample 2 : 2022-23 - Registered - 140, placed - 80.	
Name of the auditor: Mr. S.B.C Prasad	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 reference): — —	
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

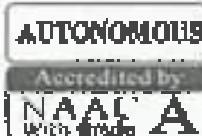
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ACADEMIC AUDIT FINDING REPORT

Date : 07/11/2022

Dept of audit: <u>E.C.E.</u>	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit	
<u>Alumni Survey verified in ECE department during the academic Year 2022-23.</u> <u>Sample 1: B1. pusphalekha - She is cooking 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>BSP</u>
Name of the auditee: <u>Dr. B. peragathi.</u>	Signature of the auditee <u>BT</u>
Root cause for Non-Conformance – If observed: — —	
Corrective Action: — —	
Signature of Auditee: <u>BT</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>SP</u>	Date: <u>07/11/2022</u>

CC: Auditor, Auditee

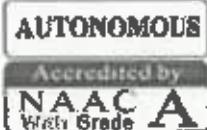
Ch. Raja
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KH
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ACADEMIC AUDIT FINDING REPORT

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 :- 21 H71A0421: Kourya Sri.G. attendance - 90% ECA Lab : Got 15/15 marks sample 1 : 21 H71A0428; Melchior Reddy attendance - 87% sample 2: 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): — —			
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

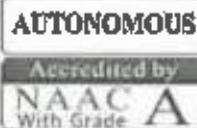
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Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 7-11-2022

Dept of audit: admin	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: INR/IE affiliated Reports are updated. cash Receipts are verified. furniture stock Register is verified.	
Name of the auditor: V.Srilakshmi	Signature of the auditor
Name of the auditee: Ar-Babaji	Signature of the auditee
Root cause for Non-Conformance – If observed : —	
Corrective Action: —	
Signature of Auditor: —	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: 7-11-2022

CC: Auditor, Auditee

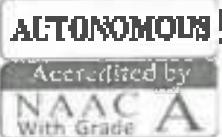
A.G. Rm.
HOD/Date 7/11/2022

KJ
Principal/Deputy



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ACADEMIC AUDIT FINDING REPORT

Date: 07/11/2022

Dept of audit: Library	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.

Sample 1: TIME magazine

Sample 2: Science Reporter

Sample 3: Electrical India

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: —
-----------------------	---------

Probable date of 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: 07/11/2022
---------------------------	------------------

CC: Auditor, Auditee

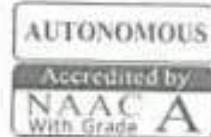
Date 07/11/22

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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: Verifying FDPs attended by the faculty Paper publications of the faculty	
Name of the auditor: Dr. Raghathi	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

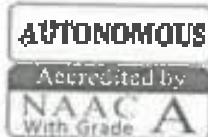
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ACADEMIC AUDIT FINDING REPORT

Date : 8-11-2022

Dept of audit: CSE	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit	
<p>Subject allotment to the faculty Workload of the faculty</p>	
Name of the auditor: Dr. Pragathi	Signature of the auditor
Name of the auditee: Dr. V. Sri Lakshmi	Signature of the auditee
Root cause for Non-Conformance – If observed : -	
Corrective Action: -	
Signature of Auditee: V. Sri Lakshmi	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

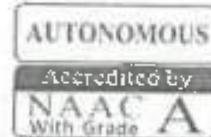
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Principal/Chairperson



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ACADEMIC AUDIT FINDING REPORT

Date : 8-11-22

Dept of audit **CSE**

Category: Major 0 Minor 0

Description of audit

Verification of lab records,
Stock registers, laboratory details

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

Signature of the auditor

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

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

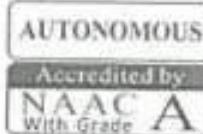
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ACADEMIC AUDIT FINDING REPORT

Date : 8-11-2022

Dept of audit: CSE	Category: Major: 0 Minor: 0
Description of audit:	
<p style="text-align: center;"><i>Verification of Student Attendance details Syllabus coverage</i></p>	
Name of the auditor: Dr. Pragathi	Signature of the auditor:
Name of the auditee: Dr. V. Sri Lakshmi	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: 8-11-2022

Dept of audit: CSE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit checked staff attendance Registers Syllabus Coverage Monitoring	
Name of the auditor: Dr. Pragathi	Signature of the auditor
Name of the auditee: Dr. V. Srithakshmi	Signature of the auditee
Root cause for Non-Conformance – If observed: Update staff Attendance Registers	
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 01/11/2022

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ACADEMIC AUDIT FINDING REPORT 22-23

Date : 8/11/2022

Dept of audit 13ED	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit	
<p>Lab Equipments / Systems in Coning inspection Cure stock register is verified and found good.</p>	
Name of the auditor: F. 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: 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

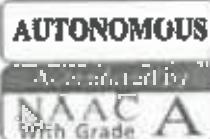
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ACADEMIC AUDIT FINDING REPORT 22-23

Date : 8/11/2022

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

- a. Verified Student Counseling File
- b. Verified the details of Student Extra-curricular activities
- c. Verified Student Feed back analysis lab/clss

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: —

Corrective Action:

Signature of Auditee:	Date: 8/11/22
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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 :

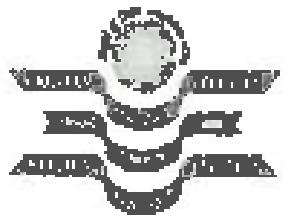
Status of audit: Closed Not Closed:

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

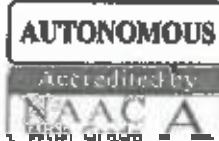
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ACADEMIC AUDIT FINDING REPORT 23-24

Date : 8/11/2022

Dept of audit: BBD	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<ul style="list-style-type: none"> * Verified Students nominal roll list * Verified Students Address * Verified reports to parents of Attendance & Marks 	
Name of the auditor: K. Prayag	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: 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

o/p v/c
HOD/Date

KJ
Principal/Date



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ACADEMIC AUDIT FINDING REPORT 22-23

Date :8/11/2022

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

1. Verified Semesterwise condonation list maintained by the Department.
2. Verified Exam result analysis (Sem Dept-wise)

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 : —

Corrective Action:

Signature of Audittee:	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:	
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Status of audit: Closed Not Closed:

Signature of the Auditor:	Date: 8/11/22
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CC: Auditor, Audittee

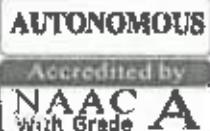
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ACADEMIC AUDIT FINDING REPORT 22-23

Date : ...8/11/2022...

Dept of audit: 83D	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit:	
<p>1. Verified Consolidated Academic performance report</p> <p>2. verified Departmental internal notice about Guest lectures/workshop / Seminar for students</p> <p>3. verified the Students attendance for the above.</p>	
Name of the auditor: K. Prayag	Signature of the auditor
Name of the auditee: IBCpratapad	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

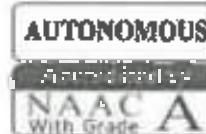
HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date : 8/11/2022

Dept of audit:	<u>AI & IT</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit		
<p>Before commencement of class work, department proposed Master time table for A.Y 2022-23/ 1st sem reported in AI&IT - FOIB</p> <p><u>Sample-I</u> Thu - 5th hour - NVML - II IT</p> <p><u>Sample-II</u> Sat - 4th hour - STM - II IT</p>		
Name of the auditor:	<u>A.V. Ravi Kumar</u>	
Name of the auditee:	<u>B. Triveni</u>	
Root cause for Non-Conformance – if observed: —		
Corrective Actions: —		
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: <u>8/11/2022</u>	

CC: Auditor, Auditee

HOD/Date

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Principal/Dean



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ACADEMIC AUDIT FINDING REPORT

Date : 8/11/2022

Dept of audit <u>AI&IT</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit <u>As per the department planning for every font-right syllabus coverage (class delivery - Review) repeated in AI&IT - PoB</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. Ravi Kumar</u>	Signature of the auditor <u>R. Kumar</u>
Name of the auditee: <u>B. Triveni</u>	Signature of the auditee <u>B.T.</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

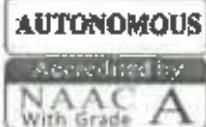
HOD/Date

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Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 8/11/2022

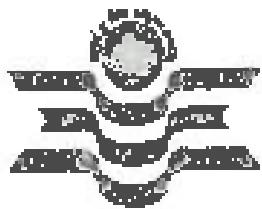
①

Dept of audit AI&IT	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit:	
<p>1. Verified Internal examination file Data and Evaluation scripts</p>	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: B.Truenii	Signature of the auditee
Root 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 **10/11/22**

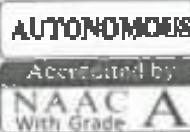
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 8/11/2020

Dept of audit:	Category: Major 0 Minor 0
AI & IT	
Description of audit: Faculty subject allocation & other responsibilities for the A.Y 2020-21, II Sem, reported in FOOS	
<u>sample-I:</u> Mrs. R. Vijaya -	cc (II, 2T) DS (I-AID) BDA (II, 2T) 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. 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 ✓	Not Closed: 0
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 AI & IT	Category: Major 0 Minor 0
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. S Venkata Krishna.s } Dhoni Sathuruk } Ravi.B } Krishna Sai. M } K. Maheshthi	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: B. Triveni	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: 8/11/2022

CC: Auditor, Auditee

HOD/Dele

Principal/Dele



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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"/>
--------------------------	--

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 COE	Signature of the auditee

Root cause for Non-Conformance – If observed: NIL

Corrective Action:	Date:
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Signature of Auditee:	Date:
Probable date of completion of work:	
Date of follow-up audit:	

Effectiveness of Corrective action verified (Report references):	
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Result of follow-up audit:	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 08-11-2022

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

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

Sample 1:— B.Tech II Sem result analysis - Aug 22

Sample 2:— B.Tech II Sem supple result Analy - Aug 22

Sample 3:— MCA - II sem reg. result Analysis - Sep 22

Name of the auditor: Dr. B. pragati	Signature of the auditor
Name of the auditee: Mr. Mr. 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

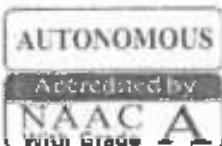
HOD/Date

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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"/>
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Description of audit: Exam Notice file

Sample 1:- B.Tech I Sem - Aug-22 - Exam
Notice file
13-07-2022

Sample 2: MCA II Sem - Sep-22 - Exam Notice file

Name of the auditor: Dr. B. Pragath	Signature of the auditor:
Name of the auditee: Mr. M. Suri 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: 8.11.2022
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CCO, Auditor, Auditee

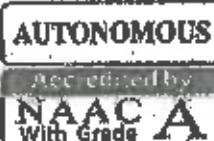
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Principal Date



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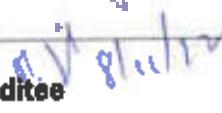
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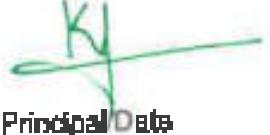
ACADEMIC AUDIT FINDING REPORT

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 - 4/11/22	
Sample 2: 18H71A0529 - Narendra R. - CSE -	
Name of the auditor: Dr. B. Jagadeesh	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: 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: T G P	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Verified and checked record of career counseling and skills training - 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:	9/11/2022
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit: 10/11/2022	
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/Dates

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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. Nagalavani 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: 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: 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

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 Aptitude test conducted - students.	
Name of the auditor: Ananya 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: Tg P	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: Verified and checked performance, placement and higher studies.	
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="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 8/11/2022

CC: Auditor, Auditee

HOD/Date

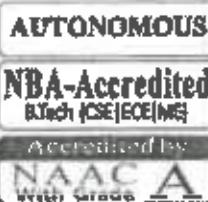
Principal/Date



Devineni Venkata Ramana & Dr. Elima 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"/>
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Description of audit:

checked placement Registration Forms.
 checked campus placements Registers.

Name of the auditor: A. Naga Parvani Kumoor	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee

Root 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
---------------------------	---------------

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 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 cut-off satisfaction levels reported in file Sample: 1 [21-23 - 2nd year] - SM - <u>III</u> sem: N. Rohini Devi (86-31%) Sample: 2 [21-23 - 2nd year] - SE - <u>I</u> - <u>VII</u> sem: N.V. Subba Rao (87-24%)	
Name of the auditor: B. Triveni	Signature of the auditor <u>B. Triveni</u>
Name of the auditee: K. Prasad	Signature of the auditee <u>K. Prasad</u>
Root cause for Non-Conformance – If observed: -	
Corrective Action: -	
Signature of Auditee: <u>K. Prasad</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="radio"/>
Signature of the Auditor: <u>B. Triveni</u>	Date: 08-05-2023

CC: Auditor, Auditee

HOD/Date b. triveni

Principal/Dean H. S. Duggirala



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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 Architecture 3D Modeling from 7-11-22 to 17-11-22
Sample 1:			B. Rakesh (21H75A012)
Sample 2:			B. Devanya (21H75A046)
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: 08-05-2023	
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:		Date: 08-05-2023	

CC: Auditor, Auditee

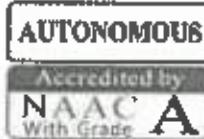
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ACADEMIC AUDIT FINDING REPORT

Date : 08-05-2023

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

Based on curriculum the dept established Master timetable for the smooth running of 22-23 Sem.

Sample 1 : 1 Year - 4th Sem - Thursday - 1 hour - GTE-L - S.V. Tejaswini
Sample 2 : 1 Year - 8 Sem - Tuesday - 6 hours - TE-L - N.V. Subba Rao.

Sample 3 : 2 Years - 8 Sem - Saturday - 5th hour - Surveying - B. Ashok Kumar.

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: 08-05-2023
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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: 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 0 Minor 0
---------------------------------	---------------------------

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: 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="radio"/>	Not Closed: 0
Signature of the Auditor: B. Triveni	Date: 08-05-2023

CC: Auditor, Auditee

✓ 8/5
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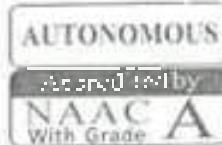


22-23
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ACADEMIC AUDIT FINDING REPORT

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:

Root cause for Non-Conformance – If observed :

Corrective Action:

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

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 8-5-2023

Dept of audit: EEE

Category: Major Minor

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: Lakshmi

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

Not Closed:

Signature of the Auditor:

Date: 9-5-2023

CC: Auditor, Auditee

A.U.K. 9/1/2023

HOD/Date

B.S. Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 8-5-2021

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

Root cause for Non-Conformance – If observed:

Corrective Action:

Signature of Auditee: **✓**

Date: **8/5/2021**

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:

8/5/2021

CC: Auditor, Admin

HOD Date

Principal Date



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Email: office@micvt.ac.in; www.micvt.ac.in



ACADEMIC AUDIT FINDING REPORT

Date : 6-05-2023

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

CC: Auditor, Auditee

f/v/s
HOD/Date

SJS
Principal/Date



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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: <i>Chaired faculty attended FDPs, Seminars and Workshops.</i>	
Name of the auditor: <i>Mr A Naseem 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: _____	
Corrective Action: _____	
Signature of Auditee: <i>[Signature]</i>	Date: <i>8/6/2023</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: <i>[Signature]</i>	Date: <i>8/6/2023</i>

CC: Auditor, Auditee

[Signature]
HOD Date

[Signature]
Principal Date



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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 Course files 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: 8/6/2023
-----------------------	-----------------------

Probable date of completion of work: 9/5/2023
--

Data of follow-up audit: 9/6/2023
--

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"/>
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Signature of the Auditor:	Date: 9/6/2023
---------------------------	-----------------------

CC: Auditor, Auditee

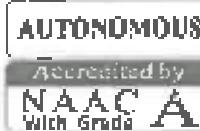
HOD/Date

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 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(lakshmi)

Signature of the auditor

Name of the auditee: M.T.A.Naga Parves 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

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 05/05/23

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 (22-23) II SEM

Name of the auditor: Dr. V. Sri Lakshmi

Signature of the auditor

Name of the auditee: M.Y.A. Naga Pavan Kumar

Signature of the auditee

Root cause for Non-Conformance – If observed :

Corrective Action:

Signature of Auditee:

Date: 05/05/23

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: 05/05/23

CC: Auditor, Auditee

DDP 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 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

HOD/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:

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

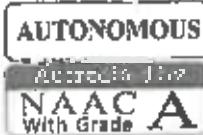
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 08/05/23

Dept of audit: Mechanical

Category: Major 6

Minor 9

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

Name of the auditee: M/s. A. Naga Parvath 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

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>Description of audit: Based on the MIC-20 curriculum, the department is requesting other departments to allotted faculty for Inter departmental Subjects by sending "faculty regulation form GCE" for smooth running of 22-23 A.Y.</p> <p>Sample 2II COI - G. Urmila (DMG) MEPA - G. Urmila (DMG) DM - CM. Vijay Kumar (DMG).</p>	
Name of the auditor: Mr. S. B. C. Prasad	Signature of the auditor 
Name of the auditee: Dr. B. Periagathi.	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


Principal/Date



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ACADEMIC AUDIT FINDING REPORT

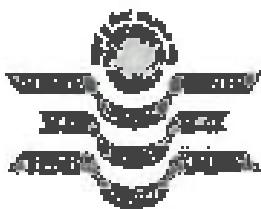
Date : 8/05/2023

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

CC: Auditor, Auditee

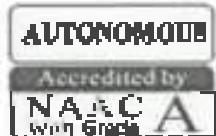
OD/Date 8/5/23

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 08/05/2023

Dept of audit: E.C.E.	Category: Major 0 Minor 0
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. pullaro - 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

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 08/05/2023

Dept of audit: E.C.E.	Category: Major 0 Minor 0
Description of audit: <p>Department allots the projects for guiding the students by dividing them into groups, later guides are allotted, & reviewed projects according to the schedule.</p>	
<p>19 - 453 } Project Guide — Title of the project Dated { 9 - 437 } Dr. Ch. pullaRao Image enhancement 23/1/23 9 - 430 } 20H75AO 409 }</p>	
Name of the auditor: Mr. S.B.C. Prasad	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: 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: E.C.E.	Category: Major O Minor O
Description of audit: Department maintain ON/OFF campus placement details of the students. Sample - 19H71A0453 - NalaRobotics - package <u>TLP A</u>	
Name of the auditor: Mr. S.B. C Prasad	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: O
Signature of the Auditor:	Date: 08/05/2023

CC: Auditor, Auditee

HOD/Deputy

Principal/Deputy



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ACADEMIC AUDIT FINDING REPORT

Date : ...08/05/2023

Dept of audit E.C.E.	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 Dobani - Aragma - 23 - 10/3/23</p> <p>Sample :- 2 : - M. Janardhan - NRI fest - 27/2/23.</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 Actions: — —	
Signature of Auditor	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

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

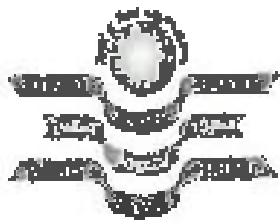
Date : 8-5-2023

Dept of audit: Admin	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<p style="margin-left: 20px;">analysis of student admission intake and admission quality is maintained.</p> <p style="margin-left: 20px;">Monthly salary statement of staff - faculty is maintained.</p>	
Name of the auditor: V. Srilakshmi	Signature of the auditor 
Name of the auditee: A. Balaji	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: 8-5-2023

CC: Auditor, Auditee


HOD/Date 8(5)2023


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-Mandiria	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

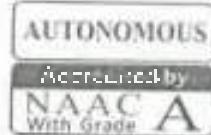
HOD Date
 8/5/23

Principal Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9-5-2023

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <i>Department Library details Parent teacher association meeting</i>	
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="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 9-5-2023

CC: Auditor, Auditee

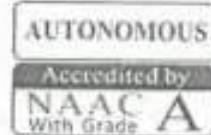
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9-5-2023

Dept of audit: CSE

Category: Major: 0 Minor: 0

Description of audit:

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

Name of the auditor: Dr. B. Preethi

Signature of the auditor

Name of the auditee: Dr. V. Sri Lakshmi

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: Not Closed:

Signature of the Auditor:

Date: 9-5-2023

CC: Auditor, Auditee

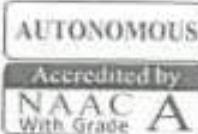
HOD/Date

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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: Dr. B. Pragathi	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: CSE

Category: Major Minor

Description of audit:

Details of student projects, workshops, internships
Verification of project records

Name of the auditor: Dr. B. Pragathi

Signature of the auditor

Name of the auditee: Dr. V. Sri Lakshmi

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 Not Closed:

Signature of the Auditor

Date: 9-5-2023

CC: Auditor, Auditee

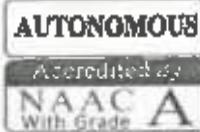
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2023

Dept of audit: 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. Paragathi	Signature of the auditor:
Name of the auditee: Dr. V. Sankalchandra	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: <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <u>9/5/2023</u>

CC: Auditor, Auditee

HOD/Data 9/5/2023

Principal/Chairman



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ACADEMIC AUDIT FINDING REPORT 22-23

Date : 9/5/2023

Dept of audit BED	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <i>Verified the record of workshop / Guest lecture Seminar attendance file - Found good.</i>	
Name of the auditor: K. Profy	Signature of the auditor BB
Name of the auditee: SBC Prasad	Signature of the auditee SSP
Root cause for Non-Conformance – if observed: Nil	
Corrective Action: Nil	
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 <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: BB	Date: 9/5/23

CC: Auditor, Auditee

HOD/Date

Principal/Deputy



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ACADEMIC AUDIT FINDING REPORT 22-23

Date: 9/5/2023

Dept of audit: <u>BED</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Verified the record of month-wise syllabus monitoring file and found that the department has been actively monitoring syllabus coverage for every 15 days.</p>	
Name of the auditor: <u>K. P. Prasad</u>	Signature of the auditor <u>P</u>
Name of the auditee: <u>S Be Prasad</u>	Signature of the auditee <u>BSP</u>
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="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <u>KP</u>	Date: <u>9/5/23</u>

CC: Auditor, Auditee

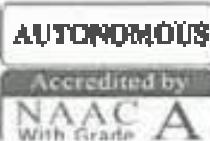
HOD/Date

BJS
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"/>
Description of audit:	
<p><i>a. Class timetables and individual faculty timetables are verified - All deviations observed.</i></p> <p><i>b. Verified the Master timetable.</i></p>	
Name of the auditor: <i>K. Prayag</i>	Signature of the auditor <i>[Signature]</i>
Name of the auditee: <i>SAC prasad</i>	Signature of the auditee <i>[Signature]</i>
Root cause for Non-Conformance – if observed: _____	
Corrective Action:	
Signature of Auditee:	Date: <i>9/5/23</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: <i>[Signature]</i>	Date: <i>9/5/23</i>

CC: Auditor, Auditee *[Signature]*

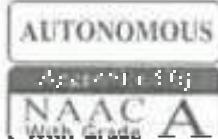
HOD/Date *[Signature]*

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT 22-23

Date : 9/5/2023

Dept of audit: BED	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<p>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 & Subject wise manner.</p> <p>2. Verified the Sem-end result analysis file (Branch wise & Subject wise)</p>	
Name of the auditor: F. Poffy	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: **4/5/23**

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:	Date: 9/5/23
---------------------------	---------------------

CC: Auditor, Auditee

HOD Date

Principal/Deputy Principal



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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:	
<p>1. Lesson-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.</p> <p>2. Verified the Course file and satisfactory.</p>	
Name of the auditor: <u>K. P. Raju</u>	Signature of the auditor
Name of the auditee: <u>S. S. Prasad</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="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: <u>9/5/23</u>

CC: Auditor, Auditee

HOD/Date

Principal Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2023

Dept of audit: AI&IT	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit:	
<p>1. Internal Mark Register checked.</p> <p>2. Verified Staff Aprical detail Registers.</p>	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: B. Triveni	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

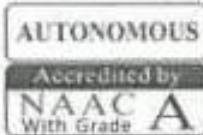
HOD/Date **SPR**

Principal/Date **HHS**



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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2023

Dept of audit <u>AI & IT</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <u>Department planned for the A.Y 2022-23 workshops/ PDPS for the students reported in FO64</u> <u>sample-I Aparna.s - 20THKA1204 - Building application with Python (Slvl2 to Slvl2)</u> <u>sample-II Harsitha.v - 20THKA1210 - Building application with Python (Slvl2 to Slvl2)</u>	
Name of the auditor: <u>A. V. Ravi Kumar</u>	Signature of the auditor <u>Ravikumar</u>
Name of the auditee: <u>B. Triveni</u>	Signature of the auditee <u>B. Triveni</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: <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: <u>9/5/2023</u>

CC: Auditor, Auditee

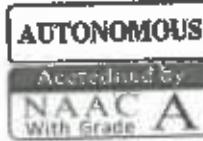
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Principal/Dates



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ACADEMIC AUDIT FINDING REPORT

Date : ... 9/5/2023

Dept of audit:	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
AI & IT	
Description of audit: Students disciplinary actions for the A.Y 2022-23 / II Sem reported in AI & IT FOD	
<u>sample-I</u> T. charan - 20H7IA1005 - one week suspended - Fine -500/- <u>sample-II</u> ch. Ravi Teja - 21H7IA1201 - one week suspended - Fine -500/-	
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 <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
AI & IT	
Description of audit:	
<p>Based on the MIC SO Regulation, the final lab internal marks for the AY 2022-23 / I sem filled in FO46</p> <p><u>Sample-I</u> 21H71A5010 - unix and shell - 14/15 Programming</p> <p><u>Sample-II</u> 21H71A5019 - oops lab - 14/15</p>	
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 Auditor: -	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, Auditor

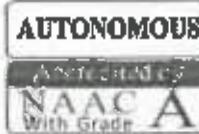
HOD/Date

Principal/Delhi



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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2023

Dept of audit	Category: Major 0 Minor 0
AI & IT	

Description of audit:

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

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	

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 ✓	Not Closed: 0
Signature of the Auditor:	Date:

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

CC: Auditor, Auditee

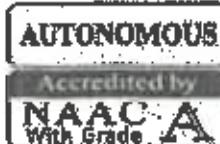
HOD Date

Principal Date



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ACADEMIC AUDIT FINDING REPORT

Date: 09-05-23

Dept of audit: <u>Exam cell</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Consolidated Marks Memo</u> <u>Sample1: 14H75A0254 - Vijay Kumar - EB8</u> <u>- 29.4.23</u> <u>Sample2: 18H71A0342 - Venkateswara Rao M</u> <u>- MG</u> <u>29.4.23</u>	
Name of the auditor: <u>Dr. B. pragathi</u>	Signature of the auditor
Name of the auditee: <u>Mr. M. sunil kumar</u>	Signature of the auditee <u>1.8.15/23</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: _____

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"/>
Description of audit: Internal Marks register Sample1:- B.Tech <u>VII</u> Sem - Apr-23 - EEE - Sample2: B.Tech <u>VII</u> 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 Auditee:	Date: 09-05-23
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 <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor	Date:
CC: Auditor, Auditee	

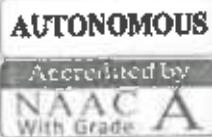
HOD/Date

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 0
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Description of audit: D- Form Report

Sample 1:- B.Tech I Sem Regular Exams - Apr-23
— EBB - 17-04-23

Sample 2:- B.Tech II Sem Supple - APR-23
— NM - 26-4-23

Name of the auditor: Dr. B. Pragath	Signature of the auditor
Name of the auditee: Mr. M. Srinivasulu	Signature of the auditee

Root cause for Non-Conformance - If observed:

Corrective Action:	-----
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Signature of Auditee:	Date:
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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="checkbox"/>
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Signature of the Auditor:	Date:
---------------------------	-------

CC: Auditor, Auditee

HOD/Date

18/5/23

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 type="radio"/>
Description of audit checked Student detail Register. checked Student Result Analysis Department-wise.	
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: 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

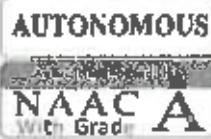
HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date: 9/5/2023

Dept of audit: T & P	Category: Major 0	Minor 0
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Description of audit:

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

Name of the auditor: A. Nagaparkumar	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

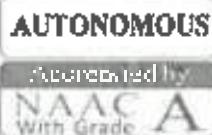
HOD/Date

Principal/Date



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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"/>
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Description of audit:

Verified student data, counseling and skills training students.

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: 9/5/2023
-----------------------	----------------

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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NAAC A
With Grade A

ACADEMIC AUDIT FINDING REPORT

Date: 9/5/2023

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

Verified Academic Performance, Placement
And higher studies.

Name of the auditor: A. Nagavaran 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 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:	TyP	Category: Major 0 Minor 0
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Description of audit:

Verified staff acquisition form to recruit 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
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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



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ACADEMIC AUDIT FINDING REPORT

Date: 9/5/2023

Dept of audit: TQP	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: R. Naga Parvathamurthy	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

Not Closed:

Signature of the Auditor:

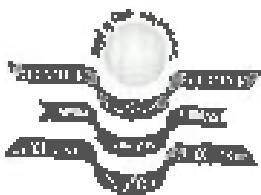
Date: 9/5/2023

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 Minor

Description of audit:

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

Name of the auditor: **Mrs. Naja Pavani 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 Register

Corrective Action:

Signature of Auditor: **Kundur**

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:

Date:

09-11-2021

CC: Auditor, Auditee

MR
HOD Date **08/11/21**

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

CC: Auditor, Auditee

HOD/Date

Principal/Date



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:	
<p>Checked the Record of syllabus monitoring. Department has been maintaining the record for nearly 15 days — found good.</p>	
Name of the auditor: Mr A Naga Parom 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>Ravindra</u>	Date: 8/10/2021
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

Horizon

Principal Data



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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 update
 and other related documents

Name of the auditor:

Mr A Naga Pawan 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:

Update Paper publications 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:

09/11/2021

CC: Auditor, Auditee

HOD/Date

KJ

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: <p>Verified Lab manuals, lab Time-tables and Labs wise Students attendance system - found satisfactory</p>	
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: L. Dinesh	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: A. Naga Pavani Kumar	Date: 8/11/2021

CC: Auditor, Auditee

ANP
HOD/Date

KV
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 08/11/21

Dept of audit:	Mechanical	Category: Major 0 Minor 0
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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. Naga Pavan 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. Srilakshmi	
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CC: Auditor, Auditee

KJ
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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. Srilakshmi**

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: **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

Not Closed:

Signature of the Auditor:

Date:

08/11/21

CC: Auditor, Auditee



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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 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 <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:	Mrs. A. Naga Parvati Kironay	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:	V.Srilakshmi	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 Alumnidata

Result of follow-up audit: Completed

Status of audit: Closed

Not Closed:

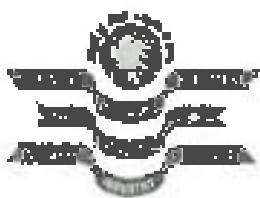
Signature of the Auditor:

Date: 8/11/2021

CC: Auditor, Auditee

C. Patti
HOD/Date 8/11/2021

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Principal/Date



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ACADEMIC AUDIT FINDING REPORT

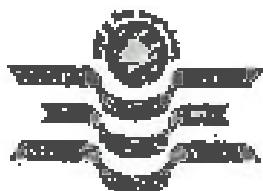
Date : 08/11/2021

Dept of audit E.C.E.	Category: Major 0 Minor 0
Description of audit: Alumni survey verified in ECE sample 1: G. Afay Ieriti - He is working in LG Systems sample 2: J. Kushma Sel - taken feedback on 9/9/2021	
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: 08/11/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 08/11/2021

Dept of audit: E.C.E.	Category: Major 0 Minor 0
Description of audit: 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 sample1: Mr. B.R.L. Singh: DE: wed - 5th hour. sample2: Mr. K. Manasa Lakshmi: MPME: Sat - 1st hour	
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: 08/11/2021

CC: Auditor, Auditee

HOD/Course

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 08/11/2021

Dept of audit: E. C.E	Category: Major 0 Minor 0
Description of audit	
<p>Based on curriculum department review syllabus delivered once in fortnight with all details in ECE 2021-22 I Sem.</p> <p>Sample 1: E.T. Mruedula - 2 PTSP - 50%</p> <p>Sample 2: Dr.CH. Puttarao - 23 - 55%</p>	
Name of the auditor: Hr. S.B.C. Pelegad	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="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 08/11/2021

CC: Auditor, Auditee

HOD/Dean

Principal/Deputy



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ACADEMIC AUDIT FINDING REPORT

Date : 08/11/2021

Dept of audit: E.C.E.	Category: Major 0 Minor 0
Description of audit: <p>After completion of internal lab session and examinations, the department reports achievement of marks (day to day evaluation, record, Internal lab performance in BCE_Exams file)</p> <p>Sample 1: 20H71A0462: SS Lab: $4+5+5=14$ /15 marks achieved.</p> <p>sample 2: 19H71A0462: DSP Lab: $15+5+20=40$ /40 achieved.</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="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: E.C.E.	Category: Major 0 Minor 0
Description of audit <p>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-II/I - 50 hours Sample 2: Mr. T. Vijayakarthy: ADE-II/I - 80 hours.</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="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 : 3-11-2021

Dept of audit: Admin	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: maintained students Admission analysis year wise. student scholarship records were verified.	
Name of the auditor: V.Srilakshmi	Signature of the auditor V.S.M.
Name of the auditee: A.Babji	Signature of the auditee A.B.babji
Root cause for Non-Conformance – If observed: —	
Corrective Action: —	
Signature of Auditor: —	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: 3-11-2021

CC: Auditor, Auditee

A.B.babji
HOD/Date 8/11/2021

KJ
Principal/Date



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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 register & updating it regularly. Last date found on 08/11/2021, documented in (0266)

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: —
-------------------------	---------

Probable date of 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. Pradyumna
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="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Student attendance percentage verification Detailed list verification	
Name of the auditor: Dr. B. Parappan	Signature of the auditor
Name of the auditee: V. Sathishkumar	Signature of the auditee
Root cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee: V-Sathish	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 : 9/11/2024

Dept of audit: CSE

Category: Major 0 Minor 0

Description of audit:

Student Internship details & Number of workshops attended by the students

Name of the auditor: Dr. B. Pragathii

Signature of the auditor:

Name of the auditee: V. Sruthiacharini

Signature of the auditee:

Root cause for Non-Conformance – If observed: —

Corrective Action: —

Signature of Auditee:

Date: 9/11/2024

Probable date of 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: 9/11/2024

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 <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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. S. Lakshmi	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="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 : 9/11/2024

Dept of audit: **CSE**

Category: Major Minor

Description of audit:

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

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

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: 9/11/2024

Probable date of 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: 9/11/2024

CC: Auditor, Auditee

HO/Dates

Principal/Dates



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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' condonation and detention unit faculty feed back.

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 9/11/2021

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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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. C. Singh**

Signature of the auditor

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

Signature of the auditee

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

Corrective Action: **—**

Signature of Auditee: **V. Srinivasulu**

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

HOD/Date 12/5/2021

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. Jay**

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

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. Books, Journals, Self learning facilities for Both Students & faculty are verified.
2. Infrastructure & Instructional aids are Verified.

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

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:

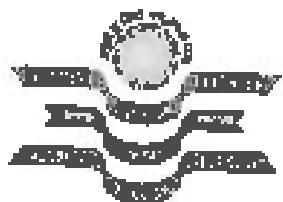
Signature of the Auditor:

Date: 9/11/21

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 21-22

Date : 9/11/2021

Dept of audit: BBD

Category: Major O Minor O

Description of audit:

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

Name of the auditor:

K. P Yed

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:

Not Closed:

Signature of the Auditor:

Date: 9/11/21

CC: Auditor, Auditee

HOD/Date

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ACADEMIC AUDIT FINDING REPORT 21-22

Date : 9/11/2021

Dept of audit: BED	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: Verified the Student Counseling file Verified master timetable & class timetables	
Name of the auditor: K. Prayag	Signature of the auditor [Signature]
Name of the auditee: 3 BCA	Signature of the auditee [Signature]
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: [Signature]	Date: 9/11/21

CC: Auditor, Auditee

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HOD/Date

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Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/11/2021

Dept of audit:	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
AI & IT	
Description of audit:	
<p>Before commencement of class work, department proposed Master time table for A.Y 2022-23 / I sem reported in AIR/ST-F013</p> <p><u>Sample - I</u> :- Thu - 5th hour - NMuc - II IT</p> <p><u>Sample - II</u> :- Sat - 2nd hour - STM - II IT</p>	
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:
9/11/2021	

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

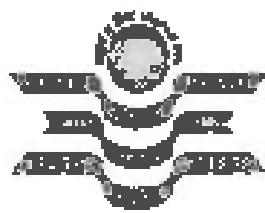
Date: 9.11.2021.

Dept of audit: AI & IT	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: faculty subject allocations & other responsibilities for the A.Y 2022-23, II Sem, reported in - FOOS	
<u>Sample - I</u> Mrs. R. Vijaya - CC (II, II) DS (I - AIIDS) BDA (III - IV) Hadoop Lab	
<u>Sample - II</u> Mrs. S. Mourisha - OS (I - MCA), CC (III, IV) DS (II, III), CC (IV, V)	
Name of the auditor: A. V. Ravi Kumar	Signature of the auditor
Name of the auditee: B. Triveni	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: 9.11.2021

CC: Auditor, Auditee

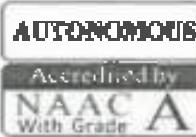
HOD/Date

KH
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 9/11/2021

Dept of audit: AI & IT	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 AI&IT 2022</p> <p><u>sample-I Batch B</u> - Savya.J Shani Singhur.K Venkata Krishnas } Ravi.B Krishna.Sai.M } K. Mahanthi</p>	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: P. Triveni	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: 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>AI & IT</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
<p>Description of audit:</p> <p>Department planned for the A.Y 2021-22 workshops/FDPs for the student reported in fo6+</p> <p><u>Sample - I</u> : Aparna.s - 20THIA1204 - Building application with python (11/12 to 21/22)</p> <p><u>Sample - II</u> : Harsitha.v - 20THIA1210 - Building application with python (11/12 to 31/12)</p>	
Name of the auditor: <u>A.V. Ravi Kumar</u>	Signature of the auditor <u>Ravikumar</u>
Name of the auditee: <u>B. Triveni</u>	Signature of the auditee <u>Triveni</u>
<p>Root cause for Non-Conformance – if observed : —</p> <p>Corrective Actions : —</p>	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
<p>Effectiveness of Corrective action verified (Report references): —</p> <hr/>	
<p>Result of follow-up audit : —</p>	
<p>Status of audit Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/></p>	
Signature of the Auditor:	Date: <u>9/11/2021</u>

CC: Auditor, Auditee

b
HOD/Date

K
Principal/Date



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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"/>
Description of audit: 1. checked syllabus coverage Monitoring semester wise. 2. checked staff Attendance Register	
Name of the auditor: A. V. Ravikumar	Signature of the auditor
Name of the auditee: B. Triveni	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="checkbox"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 9-11-2021

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 0
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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 - 60ops

Name of the auditor: Dr. B. pragathi	Signature of the auditor
Name of the auditee: Mr. H. Srinivas 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: 0

Signature of the Auditor:	Date: 09-11-2021
---------------------------	------------------

CC: Auditor, Auditee

HOD/Date

N. V. Galolu

K
Principal/Chairperson



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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 st sem - Regular - Aug-21 - 85%	
Sample2: B-Tech II sem - Reg - Sep-21 - 86%	
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



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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: D-Form report	
1. B.Tech Isem Regular - Sep-2021 ~ 20-10-2021 - Engg. Chem	
2. B.Tech IV sem Reg/Sup - Aug-2021 ~ 06-09-2021 - BSD BOL -	
3. MCA II sem Reg - Sep-2021 ~ 20-10-2021 - Comp. Net	
Name of the auditor: Dr. B. pragati	Signature of the auditor 
Name of the auditee: Mr. M. sumit 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 	Not Closed: <input type="checkbox"/>
Signature of the Auditor: 	Date: 09-11-2021

CC: Auditor, Auditee

Home/Datas

Principal Data



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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"/>
Description of audit Verified system configurations register and backup details and breakdown record	
Name of the auditor: A. Naga Parav 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): _____ 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: T q P.	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit <p>checked and Record of mole 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):	
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
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e-mail: dvhamic@mictech.ac.in, Website: www.mictech.ac.in



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:

checked Employer feedback details
checked List of Recruiters on hand

Name of the auditor: A. Naga Parvankumar	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: IT q p	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit <p>Verified and checked students performance through conducting The aptitude tests.</p>	
Name of the auditor: A. Naga Parvankumar	Signature of the auditor
Name of the auditee: R. Pusad	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="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: TGP	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
--------------------	---

Description of audit

checked record of Job advertisements
News letters, magazines.

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

Real 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:	
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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: 9/11/2021
---------------------------	-----------------

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 type="radio"/> Minor <input checked="" type="radio"/>
----------------------	--

Description of audit

Verified Interested parties & their expectations

Name of the auditor: A. Naga Paray 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): _____

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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21-22
I-①

ACADEMIC AUDIT FINDING REPORT

Date : 09-05-2022

Dept of audit Civil Engineering.

Category: Major Minor

Description of audit: Sem wise Results Analysis is carried out by the Department for corrective action.

Sample : 1 - II/I sem - Engineering Geology - 100%

Sample : 2 II/I sem - strength of Materials - 77.19%

Sample : 3 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

Not Closed:

Signature of the Auditor:

Date: 09-05-2022

CC: Auditor, Auditee

HOD/Date

KJ
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 External 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 II/II Sem <u>Sample:2</u> S.V. Tefas Kumar Raju - Low cost housing (WL-7) in II/II sem <u>Sample:3</u> Ajay Kumar Verma - PSC (WLT) in II/II 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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21-2-2

D.3

ACADEMIC AUDIT FINDING REPORT

Date : 09-05-2022

Dept of audit: CE	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Department established Master timetable for smooth running of classes for A.Y 21-22 <u>Sample:1</u> Ch. Phani Sai - HHM - II/II Sem - Monday (9-10 am) <u>Sample:2</u> D.L.K. Sowjanya - SE-II - II (I) Sem - Thursday (10-11 am) <u>Sample:3</u> S. Ashok Kumar - ACET - IV/I Sem - Monday (11-12.50)	
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="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: 09-05-2022

Dept of audit: <u>CE</u>	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
<p>Description of audit: <u>As per curriculum MIC 18 & MIC 20, dept prepared lab wise Operational manual with all details.</u></p> <p><u>D II Sem - Surveying Lab</u> <u>D II sem - CAED Lab</u> <u>D II sem - TE Lab</u></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 Auditee: <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="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <u>B. Triveni</u>	Date: <u>09-05-2022</u>

CC: Auditor, Auditee

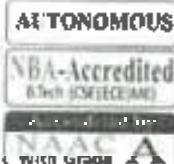
HOD/Date D/S

Principal/Date KP



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ACADEMIC AUDIT FINDING REPORT

Date : 09-5-2022

Dept of audit: **EEE**

Category: Major Minor

Description of audit:

Unified External Examination data and
other related documents

Name of the auditor: **Mr A Nage Parvam 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 Auditor: **Lakshmi**

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:

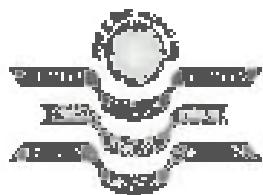
Signature of the Auditor: **L**

Date: **9/5/2022**

CC: Auditor, Auditee

PNR
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 Parom Kumar**

Signature of the auditor

Name of the auditee: **Mr AV San 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

Not Closed:

Signature of the Auditor:

Date:

9/6/2022

CC: Auditor, Auditee

HOD/Date

ANM

Principal/Date

KJ



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ACADEMIC AUDIT FINDING REPORT

Date: 09-5-2022

Dept of audit EEG

Category: Major Minor

Description of audit

Verified faculty Course files and other related documents

Name of the auditor:

Mr A Naga Parv Kumar

Signature of the auditor

Name of the auditee:

Mr A V Parv Kumar

Signature of the auditee

Root cause for Non-Conformance – if observed:

Update course files

Corrective Action:

Signature of Auditee:

Date:

10/5/2022

Probable date of completion of work

10/6/2022

Date of follow-up audit

10/5/2022

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Completed

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: 09/05/2022

Dept of audit <i>EEE</i>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <i>Unfixed Condonations and Retention list of the students.</i>	
Name of the auditor: <i>Mr A Nagi Pavani Kumar</i>	Signature of the auditor <i>[Signature]</i>
Name of the auditee: <i>Mr A V Ravinder Kumar</i>	Signature of the auditee <i>[Signature]</i>
Root cause for Non-Conformance – If observed: _____	
Corrective Action: _____	
Signature of Auditee: <i>[Signature]</i>	Date: <i>7/5/2022</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: <i>[Signature]</i>	Date: <i>9/5/2022</i>

CC: Auditor, Auditee

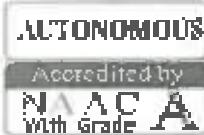
[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 7-11-2022

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Lesson 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: <u>Mr A Naga Lavan Kumar</u>	Signature of the auditor: <u>L</u>
Name of the auditee: <u>Mr A N Lavan Kumar</u>	Signature of the auditee: <u>L</u>
Root cause for Non-Conformance - If observed: _____	
Corrective Action: _____	
Signature of Auditee: <u>L</u>	Date: <u>7/11/2022</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="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <u>L</u>	Date: <u>7/11/2022</u>

CC: Auditor, Auditee

FLV
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:

1. Checked maintenance & Stock Register
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

H M
HOD/Date **9/5/2022**

K
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

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

V. Sri M.

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

Signature of the auditee

A

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:

V. Sri M.

09/05/22

CC: Auditor, Auditee

HOD/Date

Principal/Deputy



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



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:	Basing on Curriculum, department receives faculty requisition form from other departments for inter-department subjects for smooth running of IT sem.
Name of the auditor:	Dr. V. Srilekshmi
Name of the auditee:	MR. A. Naga Pavani Kumar

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


HOOD Date


Principal Date



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Email: ofice@mictech.in Website: www.mictech.edu.in



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. 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: 09/05/22		
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. Srilakshmi	Date: 09/05/22	

CC: Auditor, Auditee

MOD Date
9/5/22

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 checked="" type="checkbox"/>
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. 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 Auditor:

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

APD 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. Srilakshmi	Signature of the auditor:	
Name of the auditee:	Mr. A. Nagapavan 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="radio"/>	Not Closed: <input 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

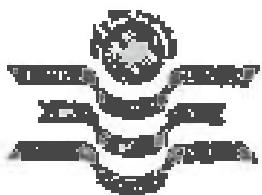
Date: 09/05/22

Dept of audit	Mechanical	Category: Major <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>
Description of audit			
Verified faculty R&D register.			
Name of the auditor:	Dr. V. Sri Lakshmi	Signature of the auditor	V. Sri M.
Name of the auditee:	Mr. A. Naga Parayannur Kumar	Signature of the auditee	A. Naga Parayannur Kumar
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):			
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

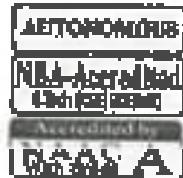
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 09/05/2022

Dept of audit: E. C. E.	Category: Major 0 Minor 0
Description of audit: <p>The workload of faculty is being maintained in ECB file for Sem-I (2021-22) & II sem. Sample-1: G. Anantha Lakshmi - 23 workload Sample-2: L. Truganesh - 20 workload.</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="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 09/05/2022

CC: Auditor, Auditee

HOD/Dean

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 09/05/2022

Dept of audit: <u>E.C.E</u>	Category: Major 0 Minor 0
Description of audit: <p>Based on curriculum department review syllabus delivered once in a fortnight with all details in BCB (2021-22 I sem). Sample 1: Mr. S. Rama Kotekarwarao - BCA - 70% syllabus completed upto 31/05/2022 (I sem) Sample 2: I sem: Mr. K. Veeranand - AICA - 40% syllabus completed</p>	
Name of the auditor: <u>Mr. S. B. C. Prasad</u>	Signature of the auditor <u>BSP</u>
Name of the auditee: <u>Dr. B. Puragathi.</u>	Signature of the auditee <u>BPP</u>
Root cause for Non-Conformance - If observed: — —	
Corrective Action: — —	
Signature of Auditee: <u>TFF</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>BSP</u>	Date: <u>09/05/2022</u>

CC: Auditor, Auditee

C. Pally
HOD/Date

KJ
Principal/Deputy



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ACADEMIC AUDIT FINDING REPORT

Date : ...09/05/2022

Dept of audit: E.C.E	Category: Major 0 Minor 0
Description of audit: Monthly attendance of students is being maintained in the department attendance file regularly. Sample 1 : 20H71A0450 - K.Tarun - 64% sample 2: 14H71A0487 - B. Preveen Reddy - 77.5%	
Name of the auditor: Mr. S.B.C Prasad	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-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

Root 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:

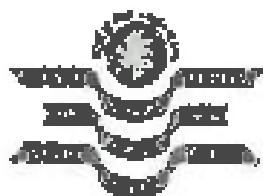
Signature of the Auditor:

Date: 8/05/2022

CC: Auditor, Auditee

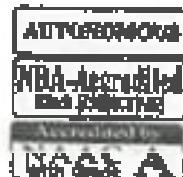
C. Palle
HOD/Date 9/5/22

KJ
Principal/Date



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21-22
Year

ACADEMIC AUDIT FINDING REPORT

Date: 09/05/2022

Dept of audit: D.E. C.E.	Category: Major 0 Minor 0
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. H.m. SARMA - Project batch B12 Sample3: Mr. C.H. Pulle rao - 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

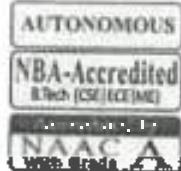
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 09/05/2022

Dept of audit: E. C. E.	Category: Major 0 Minor 0
Description of audit:	
<p>Placement analysis for the Academic Year 2021-22 till date has been recorded.</p> <p>Sample 1 : 2021-22 - Registered - 163, placed - 130</p>	
Name of the auditor: Mr. S. B. C. Parasad	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"/> O	Not Closed: <input type="checkbox"/> O
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: TDS Records for staff or faculty (from -16, IT Returns) is maintained.	
Name of the auditor: V. Srinivasulu	Signature of the auditor V. Srinivasulu
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 reference): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: 0
Signature of the Auditor:	Date: 9 - 5 - 2022

CC: Auditor, Auditee

A.R. Raja
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

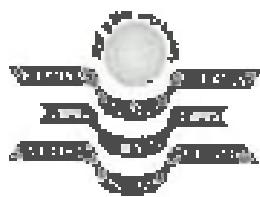
Not Closed:

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

2022

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: 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. Srinivasulu	Signature of the auditee
Root cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee: V. Srinivasulu	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: R+V	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: **CSE**

Category: Major Minor

Description of audit:

Student project details
Verifying project books

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

Signature of the auditor

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

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/Delta

Principal/Delta



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ACADEMIC AUDIT FINDING REPORT

Date: 10/5/2022

Dept of audit CSE	Category: Major <input 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. Santakshmi	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

HOD/Date

Principal/Date



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



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 monitoring books - Details of the Students - fee details, backlog, attendance percentage	
Name of the auditor: D.T.B. Pragathi	Signature of the auditor:
Name of the auditee: V. Smitakshmi	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

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 10/5/2022

Dept of audit: CS &

Category: Major Minor

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: D.B. Pragathi

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:

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

10/5/2022
HOD/Date

KY
Principal/Date



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Email: clffox@mictech.ac.in, Website: www.mictech.ac.in



ACADEMIC AUDIT FINDING REPORT 21-22

Date: 10/5/2022

Dept of audit: BED	Category: Major 0 Minor 0
Description of audit: Verified Semester Exam result adjust. (Dept wise) Verified Internal Marks register	
Name of the auditor: E. P. Prasad	Signature of the auditor [Signature]
Name of the auditee: BSC prasad	Signature of the auditee [Signature]
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 O	Not Closed: 0
Signature of the Auditor: [Signature]	Date: 10/5/22

CC: Auditor, Auditee

HOD/*a*/Date

K
Principal/Date



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ACADEMIC AUDIT FINDING REPORT 21-22

Date : 10/5/2022

Dept of audit: BED	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<ul style="list-style-type: none"> * Verified laboratory timetables * verified lab manuals * verified labwise students attendance register . 	
Name of the auditor: F. P. Raju	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: 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 <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
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 <input type="radio"/> Minor <input type="radio"/>
Description of audit:	
<ul style="list-style-type: none"> * Verified the lesson plans for each subject * verified lesson notes - methodologies. * Verified assignment award record for each faculty. 	
Name of the auditor: KC. P Prasad	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: 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 <input checked="" type="checkbox"/>	Not Closed: <input type="radio"/>
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: **SED**

Category: Major 0 Minor 0

Description of audit:

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

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

Signature of the auditor

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

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: **R. P. Raju**

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

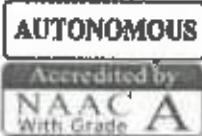
G. V. S.
HOD/Date

KJ
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

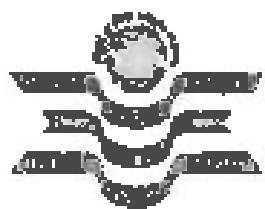
Date : ..10.15.2022

Dept of audit: <i>IT & CT</i>	Category: Major 0 Minor 0
Description of audit: <u>After completion of Mid exams, Final exam result Analysis reported in IT&CT - Pass</u> <u>Sample-I Hadoop & Hadoop - R.vijaya ≥ 60% - 61 Members class Avg 9.65/15</u> <u>Sample-II Mobile computing - S. Lavanya ≥ 60% 53 Members classes avg - 7.53/15</u>	
Name of the auditor: <i>A. V Ravi Kumar</i>	Signature of the auditor <i>[Signature]</i>
Name of the auditee: <i>B. Triveni</i>	Signature of the auditee <i>[Signature]</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>10/15/2022</i>

CC: Auditor, Auditee

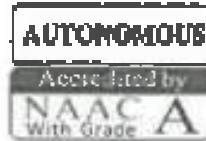
HOD/Date *b/*

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Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/5/2022

Dept of audit: AI & IT	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Based on the NCL 20 regulation, the final lab internal marks for the A-Y 2022-23 / I sem filled in four <u>Sample-I</u> auth+ASU10 - unix and shell - II/15 Programming <u>Sample - II</u> auth+ASU19 - DOS Lab - II/15	
Name of the auditor: A.V-Ravi Kumar	Signature of the auditor
Name of the auditee: B.Triveni	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: 10/5/2022

CC: Auditor, Auditee

HOD/Dean

Principal/Deputy



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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"/>
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Description of audit

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

Sample-I T. charan - 21H1A1205 - one week suspended - fine 5000/-

Sample-II Ch. Ravi Teja - 21H1A1201 - one week suspended 5000/- fine

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:
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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:
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10/5/2022

CC: Auditor, Auditee

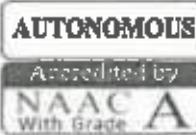
HOD/Date

K
Principal Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/5/2022.

Dept of audit AI & IT	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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 - 20THIA1204 - Building application with Python <u>Sample-II</u> Hournshitha.v - 20THIA1204 - Building application with Python	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: B.Tripathi	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: 10/5/2022

CC: Auditor, Auditee

HOD/Dean

Principal/Deputy Principal



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 e-mail: dyhmsnic@mictech.ac.in. Website: www.mictech.ac.in



ACADEMIC AUDIT FINDING REPORT

Date : 10/5/2022

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

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. Pragathis	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:
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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="checkbox"/>
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Signature of the Auditor:	Date:
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CC: Auditor, Auditee

HOD/Date

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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: Consolidated Marks Memo

- 1. 17H1AU5A4 - K-Sai Sandeep - JNTUK,
- 2. 18H2BT0350 - Tejanand G - JNTU.

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 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 : 10-05-22

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 VII sem - Suppl - 09-05-2022
— WSN - EEE

Sample 2: B.Tech I Sem - Reg - 13-04-2022
— BMG - EEE

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 Not Closed:

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

HOD/Date

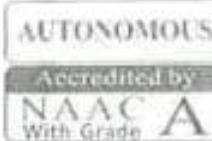
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Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 10/5/2022

Dept of audit: *TyP*

Category: Major Minor

Description of audit:

Verified Record of Job concerns and succeeded lab works and Internal and external works.

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: 10/5/2022

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report reference no.):

Result of follow-up audit:

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date:

10/5/2022

CC: Auditor, Auditee

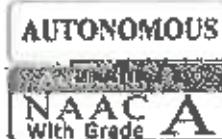
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 10/5/2022

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

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

Name of the auditor: A. NeegaPavankumar	Signature of the auditor
Name of the auditee: K. Raviad	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



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NAAC **A**
With Grade

ACADEMIC AUDIT FINDING REPORT

Date : 10/5/22

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

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

Name of the auditor: <u>A. Nagapavan 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:	
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Signature of Auditee:	Date: <u>10/5/22</u>
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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="radio"/>	Not Closed: <input type="radio"/>
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Signature of the Auditor:	Date: <u>10/5/22</u>
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CC: Auditor, Auditee	HOD/Date	Principal/Date
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ACADEMIC AUDIT FINDING REPORT

Date: 10/5/22

Dept of audit: TQP

Category: Major Minor

Description of audit:

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

Name of the auditor: Anaga 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: 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

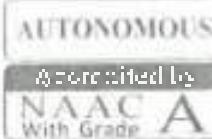
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Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 10/5/2022

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

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

Name of the auditor: A.Naga Pavan Kumar	Signature of the auditor
---	--------------------------

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
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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="checkbox"/>
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Signature of the Auditor:	Date: 10/5/2022
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CC: Auditor, Auditee

HOD/Date

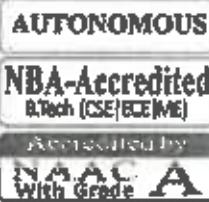
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/5/2022

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

Academic Performance placement and Higherstudies data of student is Verified.

Name of the auditor: A. Naga Pavan Kumar	Signature of the auditor
Name of the auditee: R. Parasad	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 : —	
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Status of audit: Closed Not Closed:

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

QC: Auditor, Auditee

HOD/Date

Principal/Date

2020-2021



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20-21
I-①

ACADEMIC AUDIT FINDING REPORT

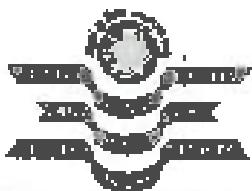
Date : 09-11-2020

Dept of audit: CE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: After establishment of Master time table department allot's workloads to the following faculty for smooth running of 20-21 (I sem) 1. G. Sukanya - (R & Q)S 2. A.V.V. Saravanan - (C & T)	
Name of the auditor: P. Nasallimha 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

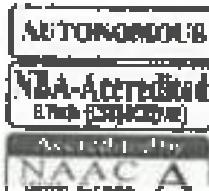
Principal/Date



Devineui Venkata Ramana & Dr. Hiru Selvar
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L-②

ACADEMIC AUDIT FINDING REPORT

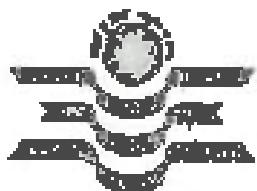
Date : 09-11-2020

Dept of audit: CB	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <p>After Completion of semi-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="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 09-11-2020

CC: Auditor, Auditee

HOD/Dean

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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2 - ③

ACADEMIC AUDIT FINDING REPORT

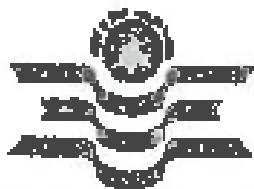
Date : 09-11-2020

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. Nakshmi 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 Auditor:	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/Datta

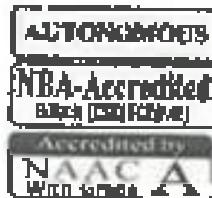
Principal/Datta



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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>All the details of existing faculty profiles are evident for regular review.</p> <ul style="list-style-type: none">1. A.V.V. SaiRam - Asst-Prof2. P.L.K. Suganya - Asst-Prof	
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

4/9/11
HOD/Date

KJ
Principal/Date



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20 → 1

①

ACADEMIC AUDIT FINDING REPORT

Date : 9-11-2020

Dept of audit: **CE**

Category: Major Minor

Description of audit:

Verified Student Performance Report.

Verified Lab Sectional Record.

checked stock Register.

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 : **Maintain Stock Register**

Corrective Action:

Signature of Auditee:

Date: 9-11-2020

Probable date of completion of work:

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

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: **10-11-2020**

CC: Auditor, Auditee

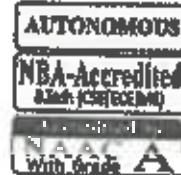
HOD/Date

Principal/Date



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21-22
I-(1)

ACADEMIC AUDIT FINDING REPORT

Date : 08-11-2021

Dept of audit: Civil Engineering	Category: Major 0 Minor 0
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-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
5 - 2

ACADEMIC AUDIT FINDING REPORT

Date : 08-11-2021

Dept of audit: Civil Engineering	Category: Major 0 Minor 0
Description of audit: Department analyses sem- wise results in CE-F083. Sample-1 : 2020-2021 16 students cleared all 6 subjects in I-II Sample-2 : 2020-2021 only 80 students passed 3 out of 5 subjects BHI Sample-3 : 2021-2022 20 students cleared 6 subjects in I-I.	
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: B.T.	Date: 08-11-2021

CC: Auditor, Auditee

✓
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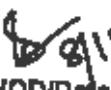
21-22
J 3

ACADEMIC AUDIT FINDING REPORT

Date: 08-11-2021

Dept of audit: Civil Engineering	Category: Major 0 Minor 0
Description of audit: Department evaluates and analyse subject wise marks achieved by the students in MID-2 & MID-3 (21-22, 2sem) details & reported in file.	
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

QC: Auditor, Audited


HOD/Date


Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 08-11-2021

Dept of audit	Civil	Category: Major <input checked="" 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

JK
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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 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): —	
<hr/>	
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 : 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: Mrs A Naga Pavan Kumar	Signature of the auditor
Name of the auditee: Mr A V Sari Kumar	Signature of the auditee

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

Corrective Action:

Signature of Auditee: Unacademy	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): **Updated Faculty feedback**

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

Status of audit Closed Not Closed:

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

CC: Auditor, Auditee

Goutham
HOD/Date

KV
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ACADEMIC AUDIT FINDING REPORT

Date : 09-11-2020

Dept of audit: EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Surfing Students Attendance Reports Department has been actively maintaining the reports for every 15 days and monthwise - found good</p>	
Name of the auditor: Mr. A Naga Parom Thirum	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:	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:

M.O/D 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. A. Nageswara Rao*

Signature of the auditor *A. Nageswara Rao*

Name of the auditee: *Mr. AV Ravinder Kumar*

Signature of the auditee *Ravinder Kumar*

Root cause for Non-Conformance – if observed:

Corrective Action:

Signature of Auditor: *Ravinder Kumar*

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

Sites
HOQ/Dates

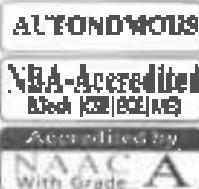
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ACADEMIC AUDIT FINDING REPORT

Date : 09-11-2020

Dept of audit: EE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Unfixed lab stands of the Students Unfixed lab mammals	
Name of the auditor: Mr A Naga Bhav Kumar	Signature of the auditor
Name of the auditee: Mr A V Ram Kumar	Signature of the auditee
Root cause for Non-Conformance – If observed:	
Corrective Action:	
Signature of Auditee: bhav	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: A	Date: 9/11/2020

CC: Auditor, Auditee

cos
HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date : 09-11-2020

Dept of audit: **EEE**

Category: Major Minor

Description of audit:

Verified Student Faculty Association Activities

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

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

Smt
HOD/Date

KJ
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20-21

ACADEMIC AUDIT FINDING REPORT

Date: 09/11/20

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 I SEM. After that basing on the syllabus coverage corrective actions planned.

Name of the auditor: Dr. V. Srilakshmi	Signature of the auditor:
Name of the auditee: M.T. A. Naga Parveen 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



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

Date : 09/11/20

Dept of audit: **Mechanical**

Category: Major Minor

Description of audit:

Basing on curriculam 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/Dean

Principal/Dean



Devineni Venkata Rama Rao & Dr.Hanum Sekhar
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ACADEMIC AUDIT FINDING REPORT

Date : 09/11/20

Dept of audit:	Mechanical	Category: Major	Minor
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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:	Dr. V. Sri Lakshmi	Signature of the auditor
Name of the auditee:	Mr. A. Naga Parv 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:

V. Sri Lakshmi

Date: 09/11/20

CC: Auditor, Auditee

K
HOD/Date

Zesha
Principal/Date



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



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:

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 Davan 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



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:

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: **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:

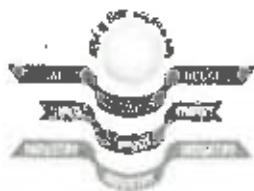
Date:

09/11/20

CC: Auditor, Auditee

R.O.D/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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AUTONOMOUS

NBA-Accredited
B.Tech (CSE/ECE/ME)

Accredited by
NAAC With Grade **A**

ACADEMIC AUDIT FINDING REPORT

Date : 09/11/20

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: Mr. A. Naga Pavani 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.S. Reddy
Principal/Date



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

NAAC Accredited

NAAC with Grade A

ACADEMIC AUDIT FINDING REPORT

Date : 9/11/2020

Dept of audit: ECE

Category: Major

Minor

Description of audit:

checked syllabus coverage monitoring semester wise

checked staff attendance registers

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

Signature of the auditor

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

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 9/11/2020

Principal/Date



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20-21
1sem

ACADEMIC AUDIT FINDING REPORT

Date : 09/11/2020

Dept of audit: E.C.E.	Category: Major: 0 Minor: 0
Description of audit: All the detail in the existing faculty profiles were proper in ECE.	
Sample 1 : MR. C.H. pulavarao	
Sample 2 : MR. D. Rahul	
Sample 3 : MRS. T. Shobha	
Based on the Academic Calender, department established class in 19-20 Time-table	
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: 09/11/2020.

CC: Auditor, Auditee

G
HOD/Date

K
Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 09/11/2020

Dept of audit: <u>E.C.E</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Based on the academic calendar, department established class time table 19-20 with all details properly. In ECE to proceed further.</u> <u>Sample 1: II I - Thur - NT - 8th hr - Mr. Raj Kumar Jaiswal</u> <u>Sample 2: III I - wed - MPMC - 3rd hr - T. Sridevi</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>BRS</u>
Root cause for Non-Conformance – If observed: _____	
Corrective Action: _____	
Signature of Auditee: <u>J</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>SBC</u>	Date: <u>09/11/2020.</u>

CC: Auditor, Auditee

C
HOD/Date

KJ
Principal/Date



Devibeni Venkata Ramana & Dr. Hima Seldhar
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NON-AUTONOMOUS

NBA-Accredited

Rank (55, 2018)

Accredited by

NAAC

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 calendar 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 - VISI 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 reference): — —

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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ACADEMIC AUDIT FINDING REPORT

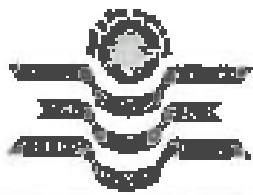
Date : .09/11/2020

Dept of audit E.C.E.	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Program wise Student lab performance details were properly recorded in ECE. Sample 1 : 18H3HA0430 - III/I - Mppmc Lab - 40/40 Achieved Sample 2 : (9H3HA0434 (V. Vaishali)) - II/I - SS Lab - 30/40 Achieved.	
Name of the auditor: N.T.S.B.C. Prasad	Signature of the auditor
Name of the auditee: N.T. 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: 09/11/2020.

CC: Auditor, Auditee

HOD/Date

Principal/Date



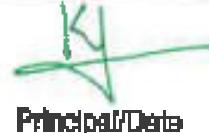
ACADEMIC AUDIT FINDING REPORT

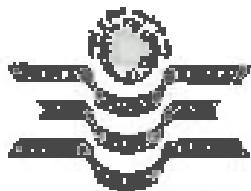
Date : ..09/11/2020

Dept of audit: E.C.E	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 - PTS - 62/63 Sample 2: Mr. K. Veeranadu - DSP - 67/67	
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: 09/11/2020

CC: Auditor, Auditee 


HOD/Acse


Principal/Deputy



Devineni Venkata Ramana & Dr. Hima Sekhar
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NAAC

With Grade **A**

ACADEMIC AUDIT FINDING REPORT

Date: 9/11/2020

Dept of audit: <u>Admin</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Maintained Staff Joining Reports, Relieving orders, Incentives or rewards of staff or faculty.</u>	
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>9/11/2020</u>

CC: Auditor, Auditee

A.N.Kumar
HOD/Date 9/11/2020

KY
Principal/Date



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

Date : 9/11/2020.

Dept of audit	Library	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Department maintains attendance of student faculty in library utilization register monthwise to corrective action in future - library gate register (data basing on Biometric)</p>		
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: 9/11/2020	

CC: Auditor, Auditee

WOD/Date
Oday
9/11/20

KJ
Principal/Date



Devineni Venkata Ramana & Dr. Hemalatha
MIC College of Technology

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e-mail: mic@mic.ac.in, mic@mic.ac.in, mic@mic.ac.in



ACADEMIC AUDIT FINDING REPORT

Date: 10/11/2020

Dept of audit: CSE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Verified Student performance report Record of students mini project</p>	
Name of the auditor: B. R. P. Singh	Signature of the auditor
Name of the auditee: V. Srinivasulu	Signature of the auditee
Root cause for Non-Conformance – if observed: Student Mini Projects to be maintained	
Corrective Action: →	
Signature of Auditee:	Date: 10/11/2020
Probable date of completion of work: 11/11/2020	
Date of follow-up audit: 11/11/2020	
Effectiveness of Corrective action verified (Report references): completed	
Result of follow-up audit: closed	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: 0
Signature of the Auditor:	Date: 11/11/2020

CC: Auditor, Auditee


HOD/Date 11/11/2020


Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

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

Verification of Laboratory details, Stock verification,
log book

Name of the auditor: B.R.K Singh	Signature of the auditor
Name of the auditee: V.Srikeshwari	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: **19/11/2020**

Date of follow-up audit: **12/11/2020**

Effectiveness of Corrective action verified (Report references):

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

Status of audit: Closed Not Closed:

Signature of the Auditor:	Date: 12/11/2020
---------------------------	------------------

CC: Auditor, Auditee

HOD/Date

Principal/Date



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Btech (CSE/EE/ME)

Accredited by

NAAC Grade A

ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit CSE

Category: Major 0 Minor 0

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

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/Dean

Principal/Dean



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AUTOPOMOADS

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BACHELOR OF SCIENCE

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NAAC
With Grade

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. Srivathsa**

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



Devipati Venkata Ramana & Dr. Hima Sekhar
MIC College of Technology

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& Tech (CBT/CT) MCA

Accredited by
NAAC

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



Devineni Venkata Ramana & Dr. Hima Selvar
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With Grade 'A'

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. 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: 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/Deputy Principal



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

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

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B.Tech (CSE|ECE|M.E)

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With Grade A

ACADEMIC AUDIT FINDING REPORT 20-21

Date : ...18.11.2020

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

Verified the Faculty Qualification & distribution of work load. - Found Satisfactory.

Name of the auditor: K. P. Raju	Signature of the auditor
Name of the auditee: S. B. Prasad	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
---------------------------	-----------------------

Date: **10/11/20**

CC: Auditor, Auditee

HOD/Date

Principal/Date



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



ACADEMIC AUDIT FINDING REPORT 20-21

Date: 10/11/2020

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

Verified Student feed back analysis (Class wise)
 - Found good -

Name of the auditor: E. Rafeeq	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: 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



Devineni Venkata Ramana & Dr.Hima Sekhar
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ACADEMIC AUDIT FINDING REPORT 20-21

Date: 10/11/2020

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

Description of audit:

Courses files for each faculty are verified, found satisfactory.

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:

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

10/11/2020

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

20-21

Date: 10/11/2020

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <p>Student Extra Curricular activities file has been Verified and found to be Satisfactory.</p>	
Name of the auditor: F. Prayag	Signature of the auditor: BP
Name of the auditee: SBC prasad	Signature of the auditee: BP
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="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: BP	Date: 10/11/20

CC: Auditor, Auditee

✓
HQD Data

KJ
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/12/2020

Dept of audit: IT	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 ADLIT - Post

sample - I : Hadoop & Hadoop - 2. Visaya - ≥ 60% - 61 Members class Avg : 9.85/10
sample - II : Mobile computing - 3. Lawanya - ≥ 60% 53 Members class Avg - 7.53/10

Name of the auditor: A. V. Ravikumar	Signature of the auditor
Name of the auditee: B. Triveni	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: 10/12/2020
---------------------------	------------------

CC: Auditor, Auditee

HOD/Dean

Principal/Deputy



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ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit IT	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<p>Based on the MTE 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/c programming</p> <p><u>Sample - II:</u> 21H7IAS419 - oops Lab - u/c</p>	
Name of the auditor: A. U. Ravi Kumar	Signature of the auditor
Name of the auditee: B. Triveni	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): _____	
<hr/>	
Result of follow-up audit: _____	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 10/11/2020

CC: Auditor, Audittee

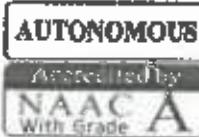
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit: IT	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<p><i>Student disciplinary actions for the A.Y 2022-23/ II Sem reported in IT F030</i></p> <p><u>Sample-I:</u> T. charan - 21HFA1205 - one week suspended - fine - 5000/-</p> <p><u>Sample-II:</u> ch. Ravi Teja - 21HFA1241 - one week suspended - fine - 5000/-</p>	
Name of the auditor: A. V Ravi Kumar	Signature of the auditor <i>Lakshmi</i>
Name of the auditee: B. Triveni	Signature of the auditee <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: 10/11/2020

CC: Auditor, Auditee

S. S. S. S.
HOD/Date

K. K.
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 10/11/2020

Dept of audit: IT	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- Food sample-1s NMVC Mr. Aravinda Raju -50% upto Nov</p> <p><u>sample - II</u> : 08 Mrs. B. Triveni -48% upto Nov</p>	
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: 10/11/2020

CC: Auditor, Auditee

HOD/Date

Principal/Dante



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ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit IT	Category: Major <input checked="" type="checkbox"/> Minor <input 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: 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: update lab equipment registers.

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): **updated**

Result of follow-up audit: Completed	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 10/11/2020

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 checked="" type="radio"/>
Description of audit: Internal marks register	
Sample 1: II B.Tech II Sem Reg - Sep 2020 - ECE	
Sample 2: III B.Tech II Sem Reg - Sep 2020 - CSE	
Name of the auditor: Mr. B.R. Singh	Signature of the auditor
Name of the auditee: Martin - 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="radio"/>	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"/>
Description of audit: Professional certificates	
Sample 1: 16H41A0225 - Pradeep R - 688	
Sample 2: 16H41A0234 - Narasimha Rao D - 1088	
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="radio"/>
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: Examcell	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Exam notice file Sample 1: I B.Tech II Sem Regular - Sep 2020 Exam notification Dt. 01-09-2020	
Sample 2: III B.Tech IV Sem Regular - SEP 2020 Exam notification Dt. 01-09-2020	
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
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: 10-11-2020

CC: Auditor, Auditee

AKY 10/11/20
 HOD/Date

KH
 Principal/Date



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AB-21



ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit: <i>T & P</i>	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: <i>A. Naga Pavan Kumar</i>	Signature of the auditor 
Name of the auditee: <i>K. Prasad</i>	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: <i>TyP</i>	Category: Major 0 Minor 0
Description of audit: <i>Verified and checked material Indent (Lab, General Items)</i>	
Name of the auditor: <i>A. Naga Parvath Kumar</i>	Signature of the auditor <i>[Signature]</i>
Name of the auditee: <i>K. Prasad</i>	Signature of the auditee <i>[Signature]</i>
Root 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>
Data of follow-up audit:	<i>10/11/2020</i>
Effectiveness of Corrective action verified (Report references): <i>.....</i>	
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



ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit: TGP	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <i>Verified and Record of career counseling and skills training - students</i>	
Name of the auditor: A. Naga Ravam Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route causes 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): <hr/>	
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



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ACADEMIC AUDIT FINDING REPORT

Date: 10/11/2020

Dept of audit: T & P	Category: Major 0 Minor 0
Description of audit: checked Academic Performance, placement And Higher Studies.	
Name of the auditor: A. NagaPavan 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: 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="checkbox"/> Not Closed: <input type="checkbox"/>	
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: TGP	Category: Major 0 Minor 0
Description of audit: Verified Alumni Registration Form	
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: 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="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 10/11/2020

CC: Auditor, Auditee

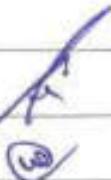
 HOD/Date

 Principal/Date



ACADEMIC AUDIT FINDING REPORT

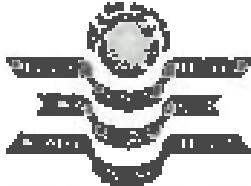
Date : 10/11/2020

Dept of audit: <i>TyP</i>	Category: Major <input checked="" 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 Pavan Kumar</i>	Signature of the auditor 
Name of the auditee: <i>R. 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>10/11/2020</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



ACADEMIC AUDIT FINDING REPORT

Date : 10-08-2021

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: 10-08-2021
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: 10-08-2021

CC: Auditor, Auditee

HOD/Dean

Principal/Deputy



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ACADEMIC AUDIT FINDING REPORT

Date : 10-05-2021

Dept of audit: CE

Category: Major Minor

Description of audit:

Department monitors and measures performance of first year and second year students in the following labs and details were properly noted-

sample 1: FRTIM Lab

Sample 2: ETABS Lab.

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 Auditor:

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

Not Closed:

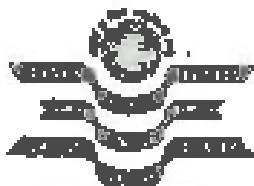
Signature of the Auditor:

Date: 10-05-2021

CC: Auditor, Auditee

HOD/Dean

KJ
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10-05-2021

Dept of audit: CE	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Approved external providers details were evident in file to proceed for purchasing activity.</p> <ol style="list-style-type: none">1. Sri Kiran Scientific Traders - Vijayawada.2. Roorkee Survey House - Roorkee	
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

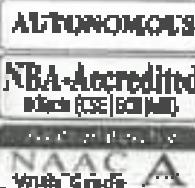
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10-05-2021

Dept of audit CB	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <i>Department analyzed batch wise academic performance & all the details are evident to review.</i>	
<ol style="list-style-type: none"> 1. 2020-2021 only 34 students cleared all 6 subjects in B.Tech 2. 2016-2021 28 students cleared 5 subjects in B.Tech 	
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



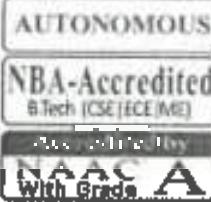
Devineni Venkata Ramana & Dr.Hima Sekhar
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e-mail: devjhsmie@mictech.ac.in, Website: www.mictech.ac.in



ACADEMIC AUDIT FINDING REPORT

20-21
Date : 10-05-2021

Dept of audit: CE

Category: Major Minor

Description of audit:

checked Feedback Form 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

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 11-05-2021

CC: Auditor, Auditee

HOQ/Date

Principal/Date



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With Grade A

ACADEMIC AUDIT FINDING REPORT

Date: 10-5-2011

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 Kini Kumar**

Signature of the auditee

Root cause for Non-Conformance – if observed: —

Corrective Action: —

Signature of Auditee: **budurust**

Date: **10/5/2011**

Probable date of 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: **10/5/2011**

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : .../.../...

Dept of audit: **EEE**

Category: Major Minor

Description of audit:

Unified Standard Report - Anilgiri 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:

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/Dean

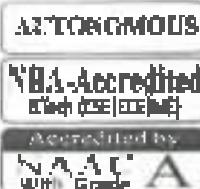
Principal/Dale



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ACADEMIC AUDIT FINDING REPORT

Date : 10-5-2021

Dept of audit: **EE**

Category: Major Minor

Description of audit:

verified Existing faculty profiles 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

Root 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:

10/6/2021

CC: Auditor, Auditee

MV
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:

Verified - Alumni Details and other related documents

Name of the auditor: **Mr A Naga Parham 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: **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:

10/5/2021

CC: Auditor, Auditee

MOU Date

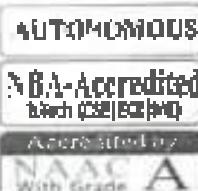
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 10-5-2021

Dept of audit: EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<ol style="list-style-type: none"> 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 Ravikumar	Signature of the auditee
Root cause for Non-Conformance – if observed: NIL	
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 <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 10-5-2021

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 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. 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: 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

Principal/Date



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

Date : .../.../...

Dept of audit: **Mechanical**

Category: Major Minor

Description of audit:

Basing on Curriculars department receives faculty requisition form from other departments for inter department subjects for smooth running of 20-21 (II sem)

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

Signature of the auditor

Name of the auditee: **Mr. A. Naga Pawar 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 reference):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 10/5/21

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/5/21

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	
Root cause for Non-Conformance – if observed :			
Corrective Action:			
Signature of Auditee:		Date:	<u>10/5/21</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>10/5/21</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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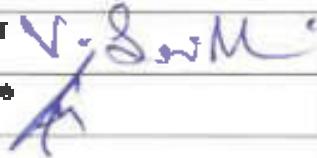
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With Grade A

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	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 Pavan Kumar	Signature of the auditee 
Root 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


HOD/Date


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. 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: 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

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"/>
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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 Pavam 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

Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar
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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 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: **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



ACADEMIC AUDIT FINDING REPORT

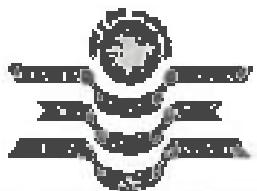
Date : 10/05/2021

Dept of audit: E.C.E.	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <i>Department prepares student wise performance (atten dancie, Internal external marks) with all details to enable counselling further.</i>	
Sample 1: <i>(17H71A0465) — 80% attendance in class</i>	
Sample 2: <i>(17H71A0460) — 0 backlog.</i>	
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: 10/05/2021

CC: Auditor, Auditee

Ch. Ratty
HQD/Date

KJ
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/05/2021

Dept of audit: E.C.E.	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 III — II</p> <p>Sample: 2 : Mr. Raj Jaiswal - NT — III</p> <p>Sample: 3 : - Ms. T. Sridevi - MPMC — III</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="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 10/05/2021.

CC: Auditor,

HOD Date

Principal Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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With Grade

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

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: — —

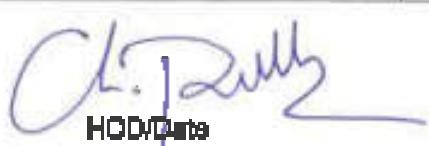
Status of audit: Closed

Not Closed:

Signature of the Auditor: 

Date: 10/05/2021.

CC: Auditor, Auditee 


HOD/Date


Principal/Date



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

Date : 10/05/2021

Dept of audit: E. C. E	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Dept. Library, Record of issuing & Returning a text book maintained properly.	
Sample 1 : - B. Nagendra Rao (ECA Text Book - Acc.No: 810213) Issue on 5/04/2021 & Returned on 12/04/2021	
Sample 2 : - B. Rajyalakshmi (A.C Text Book - Acc.No: 90/576) 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 <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: <i>Sug</i>	Date: 10/05/2021

CC: Auditor, Auditee

C.L. Rallu
HOD Date

KJ
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:

updated stocks of inspected I.C's, components
Required fablab's were evident in stock register
after every purchase.

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

HOD/Date

Principal/ Date



Devineni Venkata Ramana & Dr. Hima Sekhar
MIC College of Technology
 (Approved by AICTE & Permanently Affiliated to JNTUH, Kakinada)

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 e-mail: admin@miccollege.kt.karunyauniversity.in



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: <u>Alumni Registration forms feedback from Alumni, Employers, Financiers is maintained.</u>	
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. kumar</u>
Root cause for Non-Conformance – if observed: —	
Corrective Actions: —	
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>10/3/2021</u>

CC: Auditor, Auditee

A.B.Kumar

HOD/Date

10/3/2021

Principal/Date

KY



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

Date: **10/05/2021**

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

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-Lit KDL

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: —
-------------------------	---------

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references): —

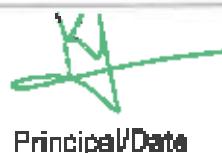
Result of follow-up audit : —

Status of audit: Closed Not Closed:

Signature of the Auditor:	Date: 10/05/2021
---------------------------	-------------------------

CC: Auditor, Auditee


 HOD Date
 10/05/21


 Principal/Dean



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

Date : 11/5/2021

Dept of audit **CSE**

Category: Major Minor

Description of audit:

Verification of course files - syllabus coverage,
lesson plans

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

Signature of the auditor

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

Signature of the auditee

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

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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with grade

ACADEMIC AUDIT FINDING REPORT

Date : 11/5/2021

Dept of audit:

CSE

Category: Major

Minor

Description of audit:

Verification of Internal Examination file

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

Signature of the auditor

Name of the auditee: V. Smitakshmi

Signature of the auditee

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:

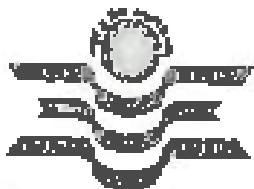
Signature of the Auditor:

Date: 11/5/2021

CC: Auditor, Auditee:

HOD/Date

Principal/Date



Devisen Venkata Ramana & Dr. Minu Sekhar
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Email: drminusekhar@mic.edu.in, Website: www.mictech.ac.in



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. T. 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: 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/Datta

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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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. E. Singh**

Signature of the auditor

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

Signature of the auditee

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

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. Verified lab records of the Students
2. Verified lab Manuals

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

Signature of the auditor

Name of the auditee: **S Sreepuram**

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

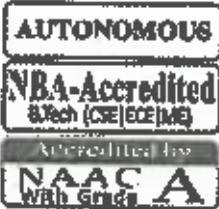
Principal Date



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ACADEMIC AUDIT FINDING REPORT 20-21

Date : 11/5/2021

Dept of audit: **BED**

Category: Major 0 Minor 0

Description of audit:

1. Verified the Student feedback on faculty.

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

Signature of the auditor **[Signature]**

Name of the auditee: **SBCL prasad**

Signature of the auditee **[Signature]**

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 **0**

Not Closed: **0**

Signature of the Auditor:

Date: 11/5/21

CC: Auditor, Auditee

angre
HQD/Date

KJ
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. Prasad**

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 0 Minor 0

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: **None**

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:

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:

Verified the students attendance reports
Dept has been actively Maintaining the
reports for every 15days and monthly.
found good

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

Signature of the auditor

Name of the auditee: **SBC grasaad**

Signature of the auditee

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

Corrective Action: **Nil**

Signature of Auditor:

Date: **11/5/21**

Probable date of completion of work:

Date of follow-up audit:

Effectiveness of Corrective action verified (Report reference):

Result of follow-up audit:

Status of audit: Closed Not Closed:

Signature of the Auditor:

Date: **11/5/21**

CC: Auditor, Auditee

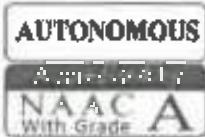
HOD/Dean

Principal Date



DVR & Dr. HS
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ACADEMIC AUDIT FINDING REPORT

Date : 11/5/2021

Dept of audit: IT	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit:	
<p>Before commencement of class work, department proposed Master time table for A.Y 2022-23/ I Sem reported in IT-F013</p> <p><u>sample-I</u> Thu - 5th hour - NME - IIIT</p> <p><u>sample-II</u> Sat - 7th hour - 8TH - IIIT</p>	
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

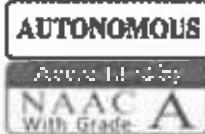
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 11/12/2021

Dept of audit: IT	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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(III, IT) D& (I-AID) BDA (III, IT), Hadoop lab D& (I-AID)	
<u>Sample-II</u> Mrs. S. Mouniba - DS (2MCA), cc (III - 2T) 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="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 11/12/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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MIC College of Technology

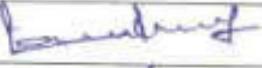
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ACADEMIC AUDIT FINDING REPORT

Date : 11/5/2021

Dept of audit IT	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit:	
<p>Based on NTC 30 Regulation the Major projects allocation to the faculty for the A.Y : 2022-23 reported in IT Pos.</p> <p><u>sample-2</u> Batch (I) - Kanya T Venkata Krishna Shani Sindhu E Ravi B Krishna Sri H } K. Mahanthi</p>	
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="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 11/5/2021

CC: Auditor, Auditee


HOD/C Date


Principal/Dale



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ACADEMIC AUDIT FINDING REPORT

Date : ..11/5/2021

Dept of audit	IT	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit		
<p>Department planned for the A-Y 2022-23 workshops / FDPS for the students reported in FOBY</p> <p><u>sample-I:</u> Aparna.s - 20H7IA2104 - Building application with python (1/1/22 to 1/1/22)</p> <p><u>sample-II:</u> Harshitha.v - 20H7IA1210 - Building application with python (1/1/22 to 1/1/22)</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 Auditor:		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: 11/5/2021

CC: Auditor, Auditee

HOD/Dates

Principal/Date



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

Date : 11/5/2021

②

Dept of audit IT	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<p>1. Checked Maintenance & Stock Registers 2. Checked Academic Book Statement.</p>	
Name of the auditor: A. V. Ravikumar	Signature of the auditor
Name of the auditee: P. Narayana Rao	Signature of the auditee
Root 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 <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 11/5/2021

CC: Auditor, Auditee

HOD/Date

Principal Date



ACADEMIC AUDIT FINDING REPORT

Date : 11-05-2021

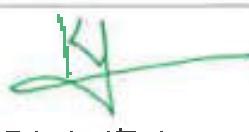
Dept of audit: <u>Exams cell</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>internal marks register</u>	
<u>Sample 1: B.Tech III Sem - mar-2021 - EEE</u>	
<u>Sample 2: B.Tech II Sem - mar-2021 - ECE</u>	
Name of the auditor: <u>Mr. B.R.K. Singh</u>	Signature of the auditor 
Name of the auditee: <u>Mr. M. Sunit 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: <u>—</u>	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: 	Date: <u>11-05-2021</u>

CC: Auditor, Auditee



11-05-2021

HOD/Date



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

Date : 11-05-2021

Dept of audit: Examcell	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
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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.Sunil Kumar	Signature of the auditee

Real 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
---------------------------	------------------

CC: Auditor, Auditee

HOD/Date

11/05/21

KJ
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 : 11-05-2021

Dept of audit: Exam cell	Category: Major 0	Minor 0
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Description of audit: Exam Notice file

Sample 1: B.Tech III Sem Reg/Suppl Mar-2021 - Exam Notice file
Dt. 17-03-2021

Sample 2: B.Tech I Sem Regular - Mar-2021 - Exam Notice file
Dt. 17-03-2021

Name of the auditor: Mr. B.R.K. Singh	Signature of the auditor
---------------------------------------	--------------------------

Name of the auditee: Mr. M. Suresh Kumar	Signature of the auditee
--	--------------------------

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

Corrective Action: -

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

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 11/5/2021

Dept of audit: T & P	Category: Major O Minor O
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Description of audit:

- Maintained records of mock interviews and interviewees data is verified
- Verified call letters from qualified students.

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: 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

KJ
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 11/15/2021

Dept of audit:	TyP	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:	A. Nagapavan 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: 11/15/2021
-----------------------	------------------

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="checkbox"/>	Not Closed: <input type="checkbox"/>
---	--------------------------------------

Signature of the Auditor:	Date: 11/15/2021
---------------------------	------------------

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 11/5/2021

Dept of audit: <u>T GyP</u>	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: <u>A. Naga Parvankumar</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>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



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ACADEMIC AUDIT PENDING REPORT

Date: 11/5/2021

Dept of audit: T q p	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Verified and Recd the student performance about the aptitude test.	
Name of the auditor: Dr. Naga Ravani 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: 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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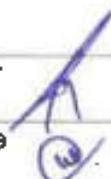
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ACADEMIC AUDIT FINDING REPORT

Date : 11/5/2021

Dept of audit: <u>T&P</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
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. Bisad</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 <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
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

Dept of audit: T & P

Category: Major Minor

Description of audit:

Record of student data - (Prefinal/
final year 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: 11/5/2021

Probable date of completion of work: 11/5/2021

Date of follow-up audit: 11/5/2021

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

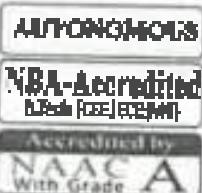
2019-2020



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ACADEMIC AUDIT FINDING REPORT

Date: 11-11-2019

Dept of audit: CE	Category: Major 0 Minor 0
Description of audit: Department analyses Sem-wise results in Course file	
<u>Sample 1:</u> 2018-19: II ¹ (Asec) - 86.27% pass in CT Subject.	
<u>Sample 2:</u> 2018-19: II ¹ (Asec) - 83.33% pass in OTE - 2 Subject	
<u>Sample 3:</u> 2018-19: II ¹ (Bsec) - 78.6% pass in ES&C subject.	
Name of the auditor: A.V. Rayi 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: 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/Dean

Principal/Date



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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: Before leaving the Campus department receives details of Outgoing Students in Alumni registration form.	
<u>Sample 1:</u> 2016-2019 - 16H175A0115 - K. Ravi Kumar - B.Tech	
<u>Sample 2:</u> 2015-2019 - 15H171A-0103 - K. Anil - B.Tech	
<u>Sample 3:</u> 2013-2016 - 13351C007 - L. Dandekar - DCE	
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: 4-11-2019
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: 4-11-2019

CC: Auditor, Auditee

HOD/Dean

Principal/Dean



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A
B
C

ACADEMIC AUDIT FINDING REPORT

Date : 11-11-2019

Dept of audit: **CE**

Category: Major Minor

Description of audit:

Department monitors subject wise syllabus allocated to the faculty for smooth running of 19-20 (2sem) after that basing on the syllabus coverage corrective actions planned.

Sample 1: Upto 04/10/2019 - II (I/CB) - MS - 100% covered.

Sample 2: Upto 04/10/2019 - II (I/CA) - SM - 60% covered.

Sample 3: Upto 14/10/2019 - II (I/CB) - WRE - 81% covered.

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 Auditor:

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/Deputy

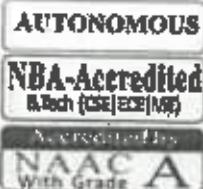
Principal/Deputy



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19/10
2-4

ACADEMIC AUDIT FINDING REPORT

Date : 11-11-2019

Dept of audit	CS	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit <i>Based on JNTUKE curriculum department receives faculty requisition form from other departments for inter dept subjects.</i>		
<u>Sample 1:</u> Mrs. Aruna Kumar (DMS) - <u>Q1/LLB</u> <u>Sample 2:</u> Mr. C.M. Vijay Kiran (DMS) - <u>Q1/LLB</u> <u>Sample 3:</u> Mrs. Aruna Kumar (DMS) - <u>Q1/LLB</u>		
Name of the auditor:	A-V.Ravikumar	Signature of the auditor <u>Ravikumar</u>
Name of the auditee:	K.Prasad	Signature of the auditee <u>K.Prasad</u>
Route cause for Non-Conformance – If observed : -		
Corrective Action: -		
Signature of Auditee:	<u>B</u>	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:	<u>Ravikumar</u>	Date: 11-11-2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

14-20
①

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

Root cause for Non-Conformance – If observed :

Corrective Action:

Signature of Auditee: **B**

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: **EEE**

Category: Major Minor

Description of audit:

Conventions of each faculty are verified
— found satisfactory

Name of the auditor: **Mr. A Naga Rama Kumar** Signature of the auditor 

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

Date:

11/11/2019

CC: Auditor, Auditee


HOD/Dale


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 A Naga Ravi Kumar**

Signature of the auditor

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

Signature of the auditee

Root cause for Non-Conformance – If observed:

Corrective Action:

Signature of Auditor: **Ravindra**

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

Jay
HOD/Date

SSR
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

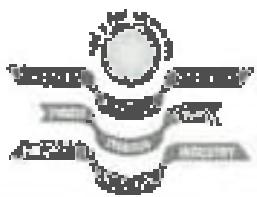
Date : 11-11-2019

Dept of audit: E&EE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Checked student Conformations and Detentions to b Checked faculty feedback	
Name of the auditor: Mr A Nage Ravu 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:	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/Datta

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 11-11-2019

Dept of audit **E&E**

Category: Major

Minor

Description of audit:

checked Stock Updated EC's, Components required for jobs
- updated in stock register after every purchase

Name of the auditor: **Mr A Naga Ravinder 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: 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

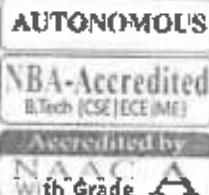
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ACADEMIC AUDIT FINDING REPORT

Date : 11-11-2019

Dept of audit: **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 Teja 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:

Update Student Performance Report

Corrective Action:

Signature of Auditee:

Date: 13-11-2019

Probable date of completion of work: 13-11-2019

Date of follow-up audit: 18-11-2019

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

HOD/Date

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: 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 Parvani 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"/>
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Signature of the Auditor:	Date: 11/11/19
---------------------------	----------------

CC: Auditor, Auditee



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 (9-20) I SEM	
Name of the auditor:	Mrs. 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: 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:	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 <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 Pawan 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):		
<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

B.S. Srinivas
Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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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 after completion of lab internals dept reports lab wise performance of individual students with all the details.		
Name of the auditor:	Mrs. 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: 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:	Date: 11/11/19	

CC: Auditor, Auditee

KH
HOD/Date

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:

checked student Result Analysis is
Department wise . checked student details Register.

Name of the auditor: Mrs. 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: 11/11/19
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Probable date of completion of work:	
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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: 11/11/19
---------------------------	----------------

CC: Auditor, Auditee

HOD/Dean

Principal/Deputy



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. Srilakshmi**

Signature of the auditor

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

HOD/Date

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: <i>checked Faculty FDP details, paper publication details, no. of workshops attended.</i>	
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

HOD Date 11/11/19

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 Alumni survey sample 1 : K. Ramya (15H71A0439) feed back taken on 3/9/2019 sample 2 : S. Koteshwara 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

G
HOD/Date

B
Principal/Date



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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 Sampled : 2018-19 - Registered - 172, placed - 54 Sampled : 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. Balu Singh	Signature of the auditee
Root cause for Non-Conformance – if observed:	
Corrective Action:	
Signature of Auditor:	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/Dele



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With Grade

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:

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

sample 1: A. Manjusha - II 12 - 17H7IA0422 - 23/25 - DKA 1b

sampled : R. Sai Ramya - II 12 - 17H7IA0448 - 25/25 - PDC Job

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: <i>Sekar</i>	Date: 11/11/2019
--	------------------

CC: Auditor, Auditee

G
HOD Date

B.S.
Principal Date



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ACADEMIC AUDIT FINDING REPORT

Date : 11.11.2019

Dept of audit: ECE

Category: Major 0 Minor 0

Description of audit:

Verified the file of details of research activity

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

Sample 2: Paper published in Bleuier 0141-9331(2019).
 M-ABEc using virtual sliding window technique - St. Muthu

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 ✓

Not Closed: 0

Signature of the Auditor:

Date: 11/11/2019

CC: Auditor, Auditee

HOD Date

Principal/Director



Devineni Venkata Ramana & Dr. Hima Sekhar
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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.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

HOD Data

Principal Data



Devineen 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

A. Balaji
HOD/Date 11/11/2019

B. S. Reddy
Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar
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With Grade A

ACADEMIC AUDIT FINDING REPORT

Date : 11/11/2019

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 want to avail the library in a registration form to proceed further

Sample 1 :- Ms. B.Naga Sat Savanya - 1921 (Emp 20)

Sample 2 :- Mr. Br.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



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

Date 12/11/2019....

Dept of audit **CSE**

Category: Major Minor

Description of audit:

Verification of Course files Prepared by the faculty

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

[Signature]

L.K.S
HOD/Deata

B.Srinivas
Principal/Deata



Devineei Venkata Ramana & Dr.Hima Sekhar
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A With Grade

ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2019

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.S. Lakshmi**

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/Deputy Principal



Devineni Venkata Ramana & Dr.Hima Sekhar
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With Grade

ACADEMIC AUDIT FINDING REPORT

Date : 19/11/2019

Dept of audit: **CSE**

Category: Major Minor

Description of audit:

Conditioning 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

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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NAAC With Grade A

ACADEMIC AUDIT FINDING REPORT

Date : 19/11/2019

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. Srilakshmi**

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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 e-mail: drvbmnic@mictech.ac.in Website: www.mictech.ac.in



ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2019

Dept of audit: CSE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Verification of student Industrial visit, student feedback Analysis - class Student feedback Analysis - lab	
Name of the auditor: B.R.L. Singh	Signature of the auditor-
Name of the auditee: V. Lakshmi	Signature of the auditee
Root cause for Non-Conformance – If observed : Nil	
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): —	
<hr/> Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor	Date: 12/11/2019

CC: Auditor, Auditee

HOD/Date 12/11/2019

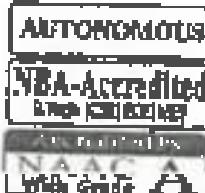
Principal/Date



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ACADEMIC AUDIT FINDING REPORT 19-20

Date: 12/11/2019

Dept of audit SED

Category: Major Minor

Description of audit

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

Name of the auditor: F. P. Prasad

Signature of the auditor FP

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: B

Date: 12/11/19

CC: Auditor, Auditee

HOD/Date G. V. S.

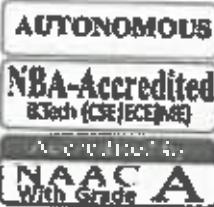
E. S. S. S. S. S.
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

19-20

Date : 12/11/2019

Dept of audit: BED	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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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: k. prasad	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: 12/11/19
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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: 12/11/19
---------------------------	----------------

CC: Auditor, Auditee

HOD/Date

Principal/Date



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

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Email: dvihm@mictech.ac.in, Website: www.mictech.ac.in



ACADEMIC AUDIT FINDING REPORT

19-20

Date : 12/11/2019

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
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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: k.p.yogad	Signature of the auditor B
Name of the auditee: SBC prasad	Signature of the auditee Bspf

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:

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit:

Status of audit: Closed Not Closed:

Signature of the Auditor: b	Date: 12/11/19
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CC: Auditor, Auditee

g.v
HOD/Date

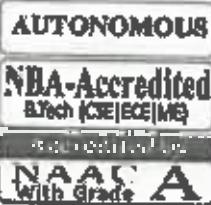
B
Principal/Date



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ACADEMIC AUDIT FINDING REPORT 19-20

Date : 12/11/2019

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

Effectiveness of Corrective action verified (Report references):

Result of follow-up audit :

Status of audit: Closed

Not Closed:

Signature of the Auditor: <u>[Signature]</u>	Date: <u>12/11/19</u>
--	-----------------------

CC: Auditor, Auditee

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Principal/Date



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ACADEMIC AUDIT FINDING REPORT

19-20

Date : 12/11/2019

Dept of audit: BED	Category: Major <input type="checkbox"/> Minor <input 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: E.PY. Jay	Signature of the auditor BP
Name of the auditee: SBC prasad	Signature of the auditee SSP

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: BP	Date: 12/11/19
-------------------------------------	----------------

CC: Auditor, Auditee

oy
HOD/Date

SSP
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 12-11-2019

Dept of audit: Exam cell.

Category: Major Minor

Description of audit: Exam result analysis.

Sample 1: B.Tech II Sem - result analysis Apology 2019.

Sample 2: m.B.A II sem - result analysis Apology 2019

Sample 3: m.Tech II sem - result analysis Apology 2019.

Name of the auditor:

Mr. B.R.K Singh

Signature of the auditor

Name of the auditee:

Mr. M. Suresh 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: 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: Examcell	Category: Major 0	Minor 0
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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 Graphite - 21-06-2019

Sample 3: B.Tech I Sem Supply - Engg mechanics - 31-05-2019

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): —

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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with Grade

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. 12-10-2019	
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

12/11/19

[Signature]
Principal/Date



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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">- Verified record of Career counseling and skills training - Students.- Verified Training Program Register.	
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 Auditor:	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:

Verified Record of placement Analysis
Department wise

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 :	—
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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: 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="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <u>Verified Academic Performance, placement and Higher studies</u>	
Name of the auditor: <u>A.Naga Parva Kumar</u>	Signature of the auditor
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee

Real cause for Non-Conformance – if observed:

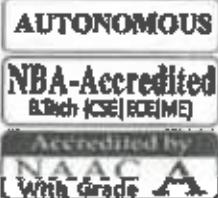
Corrective Action:

Signature of Auditee:	Date: <u>12/11/2019</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 :	
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: T & P	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
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
Probable date of 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 & P	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Verified Record of placement Analysis	
Name of the auditor: A. Naga Pavam 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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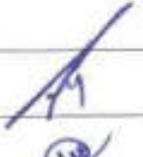
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ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2019

Dept of audit: <u>T & P</u>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <u>Verified Record of Campus placements</u>	
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>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/Date

 Principal/Date



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NAAC With Grade A

19-20
S-V

ACADEMIC AUDIT FINDING REPORT

Date : 08-05-2020

Dept of audit: Civil Engineering	Category: Major 0 Minor 0
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Description of audit:

Department evaluates and analyse subject wise marks achieved by the students in MID-I & MID-II (19-20, I sem)

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: 08-05-2020
-----------------------	------------------

Probable date of compilation 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



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P. 10
 8/2

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ACADEMIC AUDIT FINDING REPORT

Date : 08-05-2020

Dept of audit

civil Engineering.

Category: Major 0 Minor 0

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

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 Not Closed:

Signature of the Auditor:

Date: 08-05-2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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19-20
Q3

ACADEMIC AUDIT FINDING REPORT

Date : 08-05-2020

Dept of audit: Civil Engineering

Category: Major: 0 Minor: 0

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: Not Closed:

Signature of the Auditor:

Date: 08-05-2020

CC: Auditor, Auditee

HOD/Dean

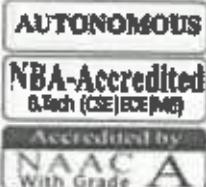
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 08-05-2020

Dept of audit: Civil Engineering	Category: Major 0 Minor 0
Description of audit: Dept of Civil Engineering conducts one week workshop for students in 19-20 sem 2 - AutoCAD.	
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: 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/Delta

Principal/Delta



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14-15
2014-15

ACADEMIC AUDIT FINDING REPORT

Date : 07-05-2020

Dept of audit: Civil Engineering

Category: Major Minor

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

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

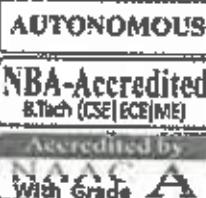
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 08-05-2020

Dept of audit: **EEE**

Category: Major Minor

Description of audit:

1. Checked count of Papers published by the faculty and other related documents

Name of the auditor: **Mr A Nageswara Kumar**

Signature of the auditor

Name of the auditee: **Mr AV Ravikumar**

Signature of the auditee

Root cause for Non-Conformance – If observed: —NIL—

Corrective Action: —

Signature of Auditee: **Lakshmi**

Date: 08-5-2020

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:

08-5-2020

CC: Auditor, Auditee

HOD/Date

Gupta

B.S. S.

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 : 06-05-2020

Dept of audit: EE	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: Mr A Naga Prasad Kumar	Signature of the auditor
Name of the auditee: Mr A V Ravi Kumar	Signature of the auditee
Root causes for Non-Conformance - If observed:	<i>Update Internal Examination file</i>
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 <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 9/5/2020

CC: Auditor, Auditee

Satya
HOD/Date

B.S.Sandu
Principal/Date



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

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



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 Parham Tumman**

Signature of the auditor

Name of the auditee: **Mr A V Kish Tumman**

Signature of the auditee

Root 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

Syntex
HOD/Date

B.S. Srinivas
Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar
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NONAUTONOMOUS
VBA-Accredited B.Tech (CSE/ECE/ME)
Accredited by NAAC A With Grade

ACADEMIC AUDIT FINDING REPORT

Date : 08-05-2020

Dept of audit: EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Chaired details of faculty participation in different activities	
Name of the auditor: Mr. A Naga Prasad (Tutor)	Signature of the auditor
Name of the auditee: Mr. A V Karri Jayaram	Signature of the auditee
Root cause for Non-Conformance – If observed: _____	
Corrective Action: _____	
Signature of Auditee: Jayaram	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 <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 8/5/2020

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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AUTONOMOUS

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B.Tech (CSE|ECE|ME)

Accredited by

NAAC

With Grade A

ACADEMIC AUDIT FINDING REPORT

Date : 08 - 05 - 2020

Dept of audit: **EEG**

Category: Major Minor

Description of audit:

verified Course files
Unfiled Lab records, stock registers and other
related documents

Name of the auditor: **Mr A Nage 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: **Lakshmi Kumar**

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:tr

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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AUTONOMOUS
NBA Accredited (WB-CSE-ECE-IE)
Accredited by WBTB

ACADEMIC AUDIT FINDING REPORT

Date : 08/05/2020

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: **D.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: 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

Principal/Dean



Devineni Venkata Ramana & Dr. Lima Sekhar
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NAAC 'A'
With Grade

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
Root 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 type="checkbox"/>	
Signature of the Auditor:	Date: 08/05/20	

CC: Auditor, Auditee

HOD Data

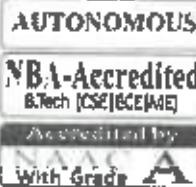
Principal Data



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ACADEMIC AUDIT FINDING REPORT

Date : 08/05/20

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 (19-20) II SEM.

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

Signature of the auditor

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

Signature of the auditee

Root 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:

CC: Auditor, Auditee

HOD Date

Principal Date



Devineni Venkata Ramana & Dr. H. Jagat Sekhar
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email: dv.ramana@mictech.ac.in, Website: www.mictech.ac.in



ACADEMIC AUDIT FINDING REPORT

Date: 08/05/20

Dept of audit:	Mechanical	Category: Major <input checked="" type="checkbox"/>	Minor <input 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 <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: N. Srilakshmi	Date: 08/05/20

CC: Auditor, Auditee

MoD Date

Principal Date



Devineni Venkata Ramana & Dr. Hima Sekhar
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NAAC
with Grade 'A'

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

Root 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



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

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NACC A

ACADEMIC AUDIT FINDING REPORT

Date : 08/05/2020

Dept of audit	E.C.E	Category: Major O Minor O
Description of audit: 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.		
Sample1:- K. Manasa Lakshmi - ENI - II/II - 88% Sample2:- Mr. Ic. Trupathi Rao - MPMC - III/III - 80%		
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 Auditor	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

[Signature]

G
HOD/Date

[Signature]
Principal/Dean



Devineni Venkata Ramana & Dr.Hima Sekhar
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 B.Tech (CE) IIT Patna

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NAAC **A**
 With Grade A

ACADEMIC AUDIT FINDING REPORT

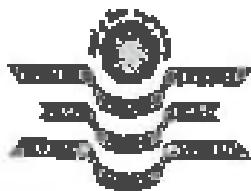
Date : 08/05/2020

Dept of audit	E.C.E.	Category: Major 0 Minor 0
Description of audit: 2015-19 batch Alumni details were evident in ECE File		
1. 15H71A0404 - Arif kareen shaik 2. 15H71A0421 - Jayashrikrishna G 3. 15H71A0441 - Vasundhara M 4. 16H75A0435 - Venkata Nithil 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



Devinand Venkata Ramana & Dr. Hima Sekhar
MIC College of Technology

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NACA

With Grade

ACADEMIC AUDIT FINDING REPORT

Date : 08/05/2020

Dept of audit	G-C-E	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit	Department prepares student wise performance (Attendance, internal, external marks) with all details enable counselling further. Sample # : 18H7IA043B - 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

Cr
HQD/Date

Principal/Date



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

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B.Tech (CSE) EC2014

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ACADEMIC AUDIT FINDING REPORT

Date : 8/05/2010

Dept of audit **ECE**

Category: Major Minor

Description of audit:

Basing on JNTUK curriculum department faculty establishes course files with all details for smooth running of session.

Sample 1 : Mr. K.S.R. Sastry - Digital system design - II / II

Sample 2 : Mr. Ch. Pilla Rao - EMWTL - II / II

Sample 3 : M.S. S.T. MBUDULLA - SC - II / II

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

Not Closed:

Signature of the Auditor:

SBC

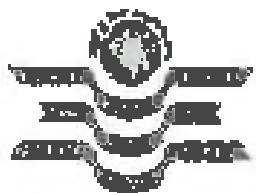
Date:

CC: Auditor, Auditee

G
HOD/Dean

B.S. Reddy

Principal/Dean



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

(Approved by AICTE & Permanently Affiliated to JNTUH, Hyderabad)

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19-20
11 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: 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 properly.	
Sample - 1: 18H71A0460 - Achieved 5 marks against 30 internal marks Sample - 2: 18H71A0438 - Achieved 3 marks against 30 internal marks - After	
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 
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>08/05/2020</u>

CC: Auditor, Auditee


HOD/Dean


Principal/Dean



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

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

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



ACADEMIC AUDIT FINDING REPORT

Date : 8/05/2020

Dept of audit: **ECE**

Category: Major Minor

Description of audit:

checked and verified student result
Analyses

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 reference): —

Result of follow-up audit :

Status of audit: Closed Not Closed:

Signature of the Auditor:

Date: 08/05/2020

CC: Auditor, Auditee

HOD/Date 8/5/2020

Principal/Date



Devineni Venkata Ramaiah & Dr. Hima Sekhar
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AUTONOMOUS

NBA-Accredited
B.Tech (CE) ECE (ME)

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ACADEMIC AUDIT FINDING REPORT

Date : 3/5/2020

Dept of audit: Admin

Category: Major Minor

Description of audit:

Verified minutes of Meeting - Management
with Principal.
Maintained staff or faculty leave registers
Provedent fund records.

Name of the auditor: V. Srilakshmi

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 reference): —

Result of follow-up audit: —

Status of audit Closed

Not Closed:

Signature of the Auditor:

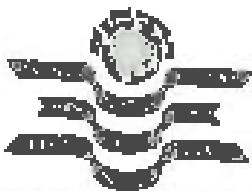
Date:

3/5/2020

CC: Auditor, Auditee

A. Balaji
HOD/Date
8/5/2020

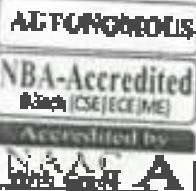
Principal/Date



Deviadas Venkata Ramana & Dr. Hima Selvar
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ACADEMIC AUDIT FINDING REPORT

Date: 08/05/2020

Dept of audit: Library	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: 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: —
Probable date of completion of work: —	
Data of follow-up audit:	
Effectiveness of Corrective action verified (Report reference no): —	
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/Ceo
8/5/20

Principal/Date



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

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ACADEMIC AUDIT FINDING REPORT

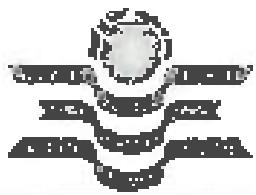
Date : 9/5/2020

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. Srinivasachar	Signature of the auditee V. Srinivasachar
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/Deputy Principal



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

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

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NAAC **A**
With Grade

ACADEMIC AUDIT FINDING REPORT

Date 9/5/2020

Dept of audit: CSE	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <i>Subject wise feed back from the Student</i>	
Name of the auditor: B. R. b. Singh	Signature of the auditor <i>[Signature]</i>
Name of the auditee: V. Sankarshana	Signature of the auditee <i>V. Sankarshana</i>
Root cause for Non-Conformance – if observed :	
Corrective Action: —	
Signature of Auditee: <i>[Signature]</i>	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

[Signature]
HOD/Date

[Signature]
Principal/Date



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

Date : 9/5/2020

Dept of audit: ESE	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>After identifying slow learners, department plans and conducts makeup classes and the details were reported properly</p>	
Name of the auditor: B.R.D. Singh	Signature of the auditor
Name of the auditee: V. S. Lakshmi	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 <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 9/5/2020

CC: Auditor, Auditee

HOD/Digital

Principal/Digital



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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2020

Dept of audit: CSE

Category: Major Minor

Description of audit:

verification of Alumni 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

HOD/Date

Principal/Date



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with Grade A

ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2020

Dept of audit: CSE

Category: Major Minor

Description of audit:

Verification of student / faculty Association Activities

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

Signature of the auditor

Name of the auditee: V. Sankar

Signature of the auditee V. Sankar

Root cause for Non-Conformance – if observed: Nil

Corrective Action: —

Signature of Auditee: V. Sankar

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

Dinesh
HOD Date 9/5/2020

B.Sankar
Principal/Deputy



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

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/Deat

Principal/Date



ACADEMIC AUDIT FINDING REPORT 19-20

Date : 9/5/2020

Dept of audit: BED	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit:	
<p>Record of Competence of Staff / faculty Verified. Found satisfactory</p>	
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 : —	
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 <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
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: **BED**

Category: Major Minor

Description of audit:

Staff paper presentations/publications file verified.
Dept. Encouraging faculty to publish papers
found satisfactory.

Name of the auditor: **k.prasad**

Signature of the auditor **B**

Name of the auditee: **SBC prasad**

Signature of the auditee **Bsf**

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:

Date: 9/5/20

CC: Auditor, Auditee

gve
HOD/Date

B.S.P.
Principal/Date



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ACADEMIC AUDIT FINDING REPORT 19-20

Date : 9/5/2020

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

Verified Student Feedback on faculty - class wise -
- Found good -

Name of the auditor: k.prasad	Signature of the auditor hj
Name of the auditee: SBCprasad	Signature of the auditee bpf

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 :	
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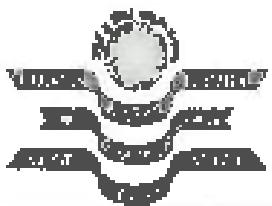
Status of audit: Closed Not Closed:

Signature of the Auditor: hj	Date: 9/5/20
-------------------------------------	---------------------

CC: Auditor, Auditee

CV
HOD/Date

BShanmugam
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 lab manuals , lab time-tables &
labwise students attendance register - Found Satisfactory.

Name of the auditor: **k.pYag**

Signature of the auditor

Name of the auditee: **SBC prabod**

Signature of the auditee

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:

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: Exam cell	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: provisional certificates.	
Sample 1: 15TH4(A0368 - P.Ram.Sai) - m-BCTH	
Sample 2: 15TH4(A0410 - chandrakala m) - ECE	
Name of the auditor: Mr. B.R.K Singh	Signature of the auditor
Name of the auditee: Anil 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="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 09-05-2020

CC: Auditor, Auditee

[Signature]
N.V. Suresh
HOD/Date

HOD/Date

[Signature]
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 register 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. 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: 09-05-2020

CC: Auditor, Auditee

1/IV/2020

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 09-05-2020

Dept of audit: Eximcell	Category: Major 0 Minor 0
Description of audit: D-form report	
Sample I: B.Tech I Sem Reg /Supplar Linear Algebra & Differential equations Dt. 04-01-2020.	
Name of the auditor: m r. B.R.K Singh	Signature of the auditor
Name of the auditee: mrs. m. Sunil Kumar	Signature of the auditee
Route cause for Non-Conformance – If observed: - N12 -	
Corrective Action: -	
Signature of Auditee:	Date: 09/05/20
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: 09-05-2020

CC: Auditor, Auditee

19/05/20

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"/>
Description of audit: <p>• Verified Alumni Registration Form and student backup 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): _____	
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

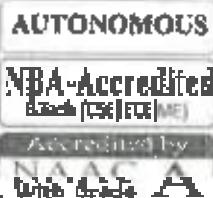
HOLD Date

Principal Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2020

Dept of audit: <u>Ty p</u>	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p style="text-align: center;"><u>Verified Internal audit finding report</u> <u>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: <u>✓</u>	
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

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2020

Dept of audit: T & P

Category: Major Minor

Description of audit:

Received 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

Probable date of 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:	TGP	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit:	checked Interested parties & their expectations.
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Name of the auditor:	A. Nagapavan 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: 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

KJ
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:

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
-----------------------	----------------

Probable date of completion of work: —

Date of follow-up audit: —

Effectiveness of Corrective action verified (Report references):	
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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



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ACADEMIC AUDIT FINDING REPORT

Date: 9/5/2020

Dept of audit: T4P	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
--------------------	--

Description of audit:

Verified Internal & external issues,
action plan of the students recorded.

Name of the auditor: A. Naga Pavankumary	Signature of the auditor
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: 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 :	—
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Status of audit: Closed Not Closed:

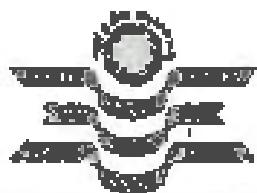
Signature of the Auditor:	Date: 9/5/2020
---------------------------	----------------

CC: Auditor, Auditee

HOD/Date

Principal/Date

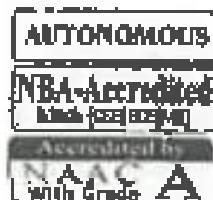
2018-2019



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18-19

L - I

ACADEMIC AUDIT FINDING REPORT

Date : 12-11-2018

Dept of audit Civil Engineering	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit <i>Based on JNTUK syllabus existing faculty in the Department established course files with all details for monitoring and measurement subject wise performance of student, faculty.</i>	
Name of the auditor: <u>AV Ravikumar</u>	Signature of the auditor <u>Bandaru</u>
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee <u>BP</u>
Root cause for Non-Conformance – if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>BP</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>Bandaru</u>	Date: <u>12-11-2018</u>

CC: Auditor, Auditee

12-11-18
HOD/Date

BB
Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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12

ACADEMIC AUDIT FINDING REPORT

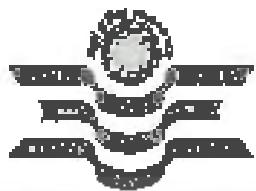
Date : 12-11-2018

Dept of audit Civil Engineering.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Department analyzed batch wise academic performance and all details were evident to review further.	
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: 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 : 12-11-2018

Dept of audit **Civil Engineering**

Category: Major Minor

Description of audit: Faculty members analyses sem-wise results in respective branch of 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/Dale

Principal/Date



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U-19
 I - 4

ACADEMIC AUDIT FINDING REPORT

Date: 12-11-2018

Dept of audit	CE	Category:	Major <input checked="" type="checkbox"/> Minor <input 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 lateral students		
<u>Sample 2:</u>	2015-2019 - Batch Regular students .		
Name of the auditor:	A. V. Ravit thermal	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:	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="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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①

ACADEMIC AUDIT FINDING REPORT

Date : 12-11-2018

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

Category: Major Minor

Description of audit:

1. Verified Syllabus Coverage Monitoring and other related documents

Name of the auditor: **Mr. A Nag Ravi Kumar**

Signature of the auditor

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

Signature of the auditee

Root cause for Non-Conformance – If observed: **NIL**

Corrective Action: **✓**

Signature of Auditee: **Lauder**

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:

Unifind student performance report

Unifind Stock Registers

Unifind Lab sectional record

Name of the auditor: **Mr ANAGA RAJAN Komare**

Signature of the auditor

Name of the auditee: **Mr AV LAVI Komare**

Signature of the auditee

Root cause for Non-Conformance – If observed: **Mountains Stock registers**

Corrective Action:

Signature of Auditee:

Date: 12-11-2018

Probable date of completion of work:

Date of follow-up audit: 15-11-2018

Effectiveness of Corrective action verified (Report references):

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

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: 15-11-2018

CC: Auditor, Auditee

HQD/Dates

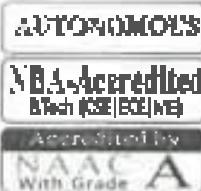
Principal/Dates



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ACADEMIC AUDIT FINDING REPORT

Date : 12-11-2018

Dept of audit	EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit	<p>checked syllabus coverage monitoring semester wise</p> <p>checked staff attendance register</p>	
Name of the auditor:	Mr. A Nagendar Kumar	Signature of the auditor
Name of the auditee:	Mr. A V Sari 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):		
<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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ACADEMIC AUDIT FINDING REPORT

Date : 12-11-2018

Dept of audit E&E	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <i>Verification of Laboratory details, Stock and log books</i>	
Name of the auditor: Mr A Raja Ravish Kumar	Signature of the auditor
Name of the auditee: Mr AV Suresh Kumar	Signature of the auditee
Root cause for Non-Conformance – If observed : —	
Corrective Action: —	
Signature of Auditor:	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 <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 <i>E&E</i>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit <i>Details of Seminars & Workshops attended by the students</i>	
Name of the auditor: <i>Mr. A Naga Palam Timar</i>	Signature of the auditor <i>[Signature]</i>
Name of the auditee: <i>Mr. A V Karu Timar</i>	Signature of the auditee <i>[Signature]</i>
Root cause for Non-Conformance – if observed: _____	
Corrective Action: _____	
Signature of Auditee: <i>[Signature]</i>	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="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <i>[Signature]</i>	Date: 12-11-2018

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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18-19

ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2018

Dept of audit: Mechanical Engineering	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 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: Mr. A. Naga Parvan 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. Srilekshmi

Signature of the auditor

Name of the auditee: Mr. A. Naga Payam 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

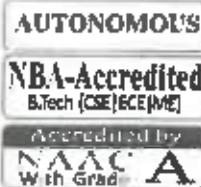
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2018

Dept of audit: Mechanical	Category: Major <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) Sem I details	
Name of the auditor: Mrs.V.Sai Lakshmi	Signature of the auditor
Name of the auditee: Mr.A.Naga Pavon Kumar	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:	Mechanical	Category: Major <input checked="" type="checkbox"/>	Minor <input 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:	Mrs. V. Srilakshmi	Signature of the auditor	V. Srilakshmi
Name of the auditee:	Mr. A. Naga Ravankumar	Signature of the auditee	A. Naga Ravankumar
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="checkbox"/>	Not Closed: <input type="checkbox"/>		
Signature of the Auditor:	V. Srilakshmi	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 Paavan 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:

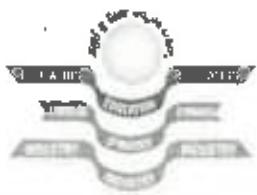
V. Sri Lakshmi

Date: **12/11/18**

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

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

Signature of the auditee

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

CC: Auditor, Auditee

HOD/date

Principal/Date



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With Grade A

ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2018

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

Description of audit:

→ checked internal examination files, Answer book sets, evaluation of internal Job marks

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

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 12/11/18

Principal/Date



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18-19
J sem

ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2018.

Dept of audit: E. C. E.	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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 - 16H71AD414 - II/2sem - 23/25 - PDCLAB Sample 2: D. Devi Shyama - 16 H71AD487 - 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/Dean



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ACADEMIC AUDIT FINDING REPORT

Date: ...12/11/2018

Dept of audit: E.C.E	Category: Major 0 Minor 0
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 - MME - II/I Sem = Total hours - 66.	
Name of the auditor: M.T. S.B.C. Prasad	Signature of the auditor
Name of the auditee: M.T. 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

[Signature]
HOD Date

[Signature]
Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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With Score

ACADEMIC AUDIT FINDING REPORT

Date : 12.11.2018.

Dept of audit: ECE	Category: Major 0 Minor 0
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, BME) The subject allotted is Electronic measurement & instrumentation. Sample2 : Mr. L.Srinivasan - Option given (MPMC, MME, SS) — The subject allotted MPMC & MPMC lab & CMC for one section.	
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: 0
Signature of the Auditor:	Date: 12/11/2018.

CC: Auditor, Auditee

HOD Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

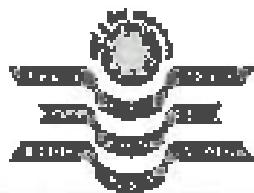
Date : 12/11/2018

Dept of audit: ECE	Category: Major 0 Minor 0
Description of audit:	
<p>1. Syllabus analysis for II, III, IV years have been placed.</p> <p>2. Subject allocation & other responsibilities have been placed.</p> <p>3. Subjects have been allotted based on options given by the faculty, K.S.R Sastry interested Subjects low power IC design, DE, CAD allotted subject low power IC design.</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: 12/11/2018,

CC: Auditor, Auditee

HOD/Date

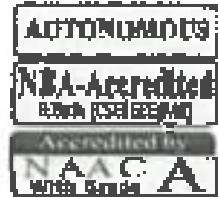
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2018

Dept of audit: <u>ECE</u>	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Department library, ECE - 022, Record of issuing Textbooks to faculty & Return. Sample 1 : T. Sri devi CAC Textbook - ACC No : 901560) Issue on 3/11/2018 and Returned on 9/11/2018. Sample 2 : Savitri madhulika Sharma (VLSI Textbook - ACC No : 10211) issue on 4/10/2018 and Returned on 15/10/2018.	
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
Root cause for Non-Conformance – If observed : <u>— —</u>	
Corrective Action: <u>— —</u>	
Signature of Auditee:	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:	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: 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, Audited


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 type="checkbox"/> Minor <input type="checkbox"/>	
Description of audit: Verification of students selected in on and off Campus recruitment along with offer letter		
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



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with Grade

ACADEMIC AUDIT FINDING REPORT

Date: 13/11/2018

Dept of audit: CSE

Category: Major 0 Minor 0

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. 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

Not Closed:

Signature of the Auditor:

Date: 13/11/2018

CC: Auditor, Auditee

[Signature]

Jayal
HOD/Dean

B.S.Singh
Principal/Dean



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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 charges

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

Signature of the auditor

Name of the auditee: V. Smrithi

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

Not Closed:

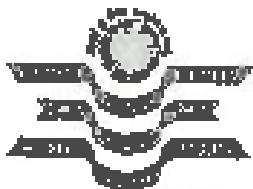
Signature of the Auditor:

Date: 13/11/2018

CC: Auditor, Auditee

Jayal
HOD/Date

Principal/Date



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 Details of FDPS attended by the faculty	
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: 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
Principals/Date	



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:

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 13/11/2018

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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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. PVSastry**

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: **DP**

Date: **13/11/18**

CC: Auditor, Auditee

✓
HOD/Date

BB
Principal/Date



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ACADEMIC AUDIT FINDING REPORT 18-19

Date : 13/11/2018

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

18-19

Date : 13/11/2018

Dept of audit: **BED**

Category: Major Minor

Description of audit:

Verified the Students monthly attendance report
- found good.

Name of the auditor: **F. P. Yasasw**

Signature of the auditor

Name of the auditee: **SBC prasad**

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/Deputy



Devineni Venkata Ramana & Dr.Hima Sekhar
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ACADEMIC AUDIT FINDING REPORT 18-19

Date : 13/11/2018

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

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: K. Poushad	Signature of the auditor
Name of the auditee: SBC-pratap	Signature of the auditee

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

Corrective Action:

Signature of Auditee:	Date: 13/11
-----------------------	--------------------

Probable date of 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 Rainana & Dr.Hima Sekhar
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ACADEMIC AUDIT FINDING REPORT 18 - 19

Date : 13/11/2018

Dept of audit: **BED**

Category: Major Minor

Description of audit:

Verified the condonation list - Sem 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: Nil

Corrective Action:

Signature of Auditee:

Date: 13/11

Probable date of 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: 13/11

CC: Auditor, Auditee

HOD/Date 9/11/2018

Principal
Principal/Date



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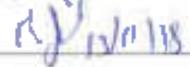
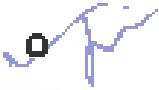
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With Grade

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: provisional certificate	
sample 1: 14HTIA0441 - P.Vijayalakshmi - ECE	
sample 2: 14HTIA0599 - 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="radio"/> 	Not Closed: <input type="radio"/>
Signature of the Auditor: 	Date: 13-11-2018

CC: Auditor, Auditee

HOD/Data

 13-11-18

 Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 13-11-2018

Dept of audit: Exam cell	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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. Suresh 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	HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 13-11-2018

Dept of audit: <u>E Exam Cell</u>	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
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Description of audit: D-form Report

Sample 1: ~~MBA I Sem~~ - MBA II Sem - organisational behaviour - Dt. 25-06-2018

Sample 2: ~~B.Tech I Sem~~ - B.Tech II Sem - computer networks - Dt. 29-10-2018

Name of the auditor: <u>Mr. B. Rk Singh</u>	Signature of the auditor
Name of the auditee: <u>M. Sunil Kumar OIG</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: -

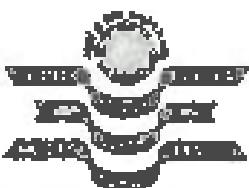
Status of audit: Closed Not Closed:

Signature of the Auditor:	Date: <u>13-11-2018</u>
---------------------------	-------------------------

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 13/11/2018

Dept of audit: T&P	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <ul style="list-style-type: none">- Verified staff acquisition form to recruit placement staff.- Verified material issued of (lab) to students	
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: 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

HOD/Date

Principal/Date



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

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

Kenchikacherla - 521180, Krishna Dist, A.P, India.
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Accredited by

NAAC A

With Grade A

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 B. Raj

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 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 & P</u>	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
---------------------------------	---

Description of audit:

verified Record of mock interview conducted students

Name of the auditor: <u>A. Naga Pavan 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 Not Closed:

Signature of the Auditor:	Date: <u>13/11/2018</u>
---------------------------	-------------------------

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

Description of audit:	Verified online Internship of Training and verified the data
-----------------------	--

Name of the auditor: A. Naga Parvankumar	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: 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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ACADEMIC AUDIT FINDING REPORT

Date : 13/11/2018

Dept of audit	Training and Placement	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit:	Verified and checked campus placements and academic performance of 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: 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/Dele

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 13/11/2018

Dept of audit: T & P	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Verified Record of Aptitude test conducted for students	
Name of the auditor: A. Naga Pavankumar	Signature of the auditor
Name of the auditee: B. Rajesh	Signature of the auditee B. Raj

Real 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

Not Closed:

Signature of the Auditor:

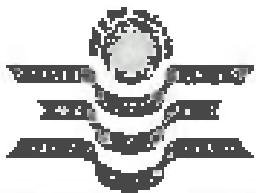
Date:

13/11/2018

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkateswara & Dr. Hema Sekhar
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Audited/Works

NBA-Accredited
BSC (Engineering)

NAAC
With Grade 'A'

14-17

II. (1)

ACADEMIC AUDIT FINDING REPORT

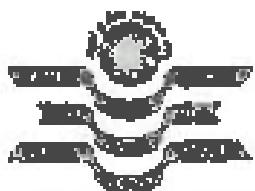
Date: 06-05-2019

Dept of audit: Civil Engineering.	Category: Major: 0 Minor: 0
Description of audit: Department maintains Subject wise syllabus Allocated to the faculty for smooth running of Isem. After that basing on the syllabus coverage corrective actions planned.	
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: <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 06-05-2017

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 06-05-2019

Dept of audit: Civil	Category: Major O Minor O
Description of audit: <p>Basing on JNTUK curricular department receives faculty requisition form from other departments for interdepartment subjects for smooth running of 18-19 (II sem).</p>	
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 <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 06-05-2019

CC: Auditor, Auditee

HOD/Datta

Principal/Datta



Devineni Venkata Ramana & Dr.Hima Sekhar
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18-19

J-3

ACADEMIC AUDIT FINDING REPORT

Date: 06-05-2019

Dept of audit: Civil Engineering	Category: Major O Minor O
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: A.V. Ravikumar	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: KB	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: O	Not Closed: O
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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e-mail: dvhramic@mictech.ac.in, Website: www.mictech.ac.in

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With Grade A

18-19

J. (4)

ACADEMIC AUDIT FINDING REPORT

Date: 06-05-2019

Dept of audit: Civil

Category: Major 0 Minor 0

Description of audit:

After completion of Lab Internals dept reports Lab wise performance of individual student with all the details.

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: 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:

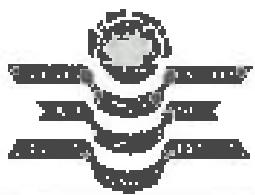
Signature of the Auditor:

Date: 06-05-2019

CC: Auditor, Auditee

4/6/15
HOD/Date

B.S.
Principal/Deputy



ACADEMIC AUDIT FINDING REPORT

Date : 06-05-2019

Dept of audit CIVIL Engineering	Category: Major 0 Minor 0
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 <input checked="" type="checkbox"/> Not Closed: 0	
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 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: **Mrs. V. Srilakshmi**

Signature of the auditor

Name of the auditee: **Ntr. A. Naga Parvam 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:

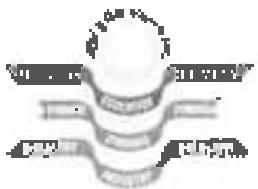
Signature of the Auditor:

Date: 06/05/19

CC: Auditor, Auditee

HOD/Director

Principal/Date



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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

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

Not Closed:

Signature of the Auditor:

Date: 06/05/19

CC: Auditor, Auditee

HOD/Date

Principal/Dante



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AUTONOMOUS
NBA-Accredited B.Tech (CSE ECE M.E)
Accredited by NAAC A With Grad.

ACADEMIC AUDIT FINDING REPORT

Date : ..06/05/19

Dept of audit	mechanical	Category: Major <input checked="" type="checkbox"/>	Minor <input 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 (18-19) II sem details.

Name of the auditor: Mrs. V. Sri Lakshmi	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: 06/05/19
-----------------------	----------------

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: 06/05/19
---------------------------	----------------

CC: Auditor, Auditee

V
HOD/Date

B.Srinivas
Principal/Date



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

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APPROVALS

NBA-Accredited
4th (CR/CGP) Year

Accredited by
NACC **A**
With Grade

ACADEMIC AUDIT FINDING REPORT

Date : 06/05/19

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: **Mrs. V. Sri Lakshmi**

Signature of the auditor

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

Signature of the auditee

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

Not Closed:

Signature of the Auditor:

Date: 06/05/19

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr. Hiru Sekhar
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NAAC **A**
With Grade A

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

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

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:

Verified faculty R&D details.
Publications, Projects, Conferences etc.

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

Signature of the auditor

Name of the auditee: **Mr. Ar. Naga Ravin Kumar**

Signature of the auditee

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

Not Closed:

Signature of the Auditor:

Date:

06/05/19

HOD/Dean

Principal/Dean



Devineni Venkata Ramana & Dr. Hima Sekhur
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e-mail: devmic@mictech.ac.in Website: www.mictech.ac.in

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With Grade

ACADEMIC AUDIT FINDING REPORT

Date : 06-05-2019

Dept of audit: **EEE**

Category: Major Minor

Description of audit:

1. Verified Feedback - forms of Employees and other related documents

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

Signature of the auditor

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

Signature of the auditee

Root cause for Non-Conformance – If observed: **Update feedback forms**

Corrective Action:

Signature of Auditee: **Parimal Kumar**

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: **Completed**

Status of audit: Closed

Not Closed:

Signature of the Auditor:

Date: **7-5-2019**

CC: Auditor, Auditee

HOD/Date

Principal/Date



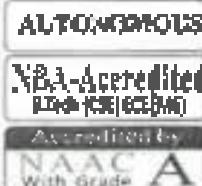
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ACADEMIC AUDIT FINDING REPORT

Date : 06-05-2019

Dept of audit: **EEE**

Category: Major Minor

Description of audit:

Maintenance of department - Library and publications of faculty

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

Signature of the auditor

Name of the auditee: **Mr A Rakesh Kumar**

Signature of the auditee

Root cause for Non-Conformance – if observed: —

Corrective Action: —

Signature of Auditee: **Lakshmi**

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: **A**

Date: **6/6/2019**

CC: Auditor, Auditee

B.S
HOD/Date

B.S
Principal/Date



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

Date : 06-05-2019

Dept of audit: **E&E**

Category: Major Minor

Description of audit:

Verified student performance report
 Record of students mini-project

Name of the auditor:

Mr A Naga Parve Kumar

Signature of the auditor

Name of the auditee:

Mr A V Kavir Kumar

Signature of the auditee

Root cause for Non-Conformance – if observed:

Student mini project to be maintained

Corrective Action:

Signature of Auditee:

Date: 6/5/2019

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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e-mail: miccollege@miccollege.in, Website: www.miccollege.in



ACADEMIC AUDIT FINDING REPORT

Date: 06-05-2019

Dept of audit: EEE

Category: Major Minor

Description of audit:

verified the faculty Qualifications and distribution of workload — found unsatisfactory

Name of the auditor: Mr. A Naga Rama Tiwari

Signature of the auditor

Name of the auditee: Mr. AV Ravinder 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


HOD/Date

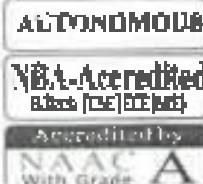

Principal/Date



Devinomi Venkata Ramana & Dr. Hima Sekhar
MIC College of Technology

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

Established - 52 U.M. Krishnam Chetty, A.P, India.
Phone : 08576 - 273515, 273522, Fax: 08576 - 273569
e-mail: devinomivc@mictechno.in, Website: www.mictechno.in



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. A. Naga Rama Kumar Signature of the auditor

Name of the auditee: Mr. AY Ravi Kumar Signature of the auditee

Root cause for Non-Conformance – if observed: —

Corrective Action: —

Signature of Auditor:

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: Author, Auditors

HOD/Dean

Principal/Date



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

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

Kancharla - 521180, Krishna Dist, A.P, India.

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NBA-Accredited

B.Tech (CSE|ECE|ME)

NAAC Accredited

With Grade 'A'

ACADEMIC AUDIT FINDING REPORT

Date : 8/05/2019

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): Updated

Result of follow-up audit: completed

Status of audit: Closed

Not Closed:

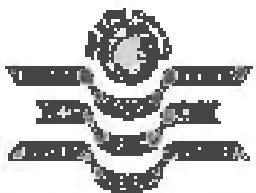
Signature of the Auditor:

Date: 8/05/2019

CC: Auditor, Auditee

100% Date: 8/05/19

Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar
MIC College of Technology
 (Approved by AICTE & Previously Affiliated to JNTUK, Kakinada)

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 e-mail: miccollege@rediffmail.com, www.miccollege.edu.in



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. Pullavarao - EMTL - II (I) - 48%. Covered
Sample 2: Ms. Y. Sruvithi - DSP - II (I) - 50%. Covered. Based on lesson plan
Sample 3: Ms. T. Shidevi - ES - II (I) - 60%. Covered allotted.

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 <input checked="" type="checkbox"/>	Not Closed: 0
Signature of the Auditor:	Date: 06/05/2019

CC: Auditor, Auditee

HOD Date

Principal Date



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

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

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 email: dyhmic@mictech.ac.in, Website: www.mictech.ac.in



ACADEMIC AUDIT FINDING REPORT

Date : 06/05/2019

Dept of audit: <u>ECE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Subjectwise feedback received from the Student, analyzed by the department & were properly reported & corrective actions. (2018-19 & Sem)</u>	
<u>Sample 1:</u> Ms. G. Anantha Lakshmi - 81 ^{II} - PDC - 88% (A)	
<u>Sample 2:</u> Mr. L. Jishu Ganesh - 14 ^{II} - NPMCC(C) - 85%	
<u>Sample 3:</u> Ms.T.Sridevi - 14 ^{II} - ESB - 91%	
Name of the auditor: <u>Mr. S. B. C. Prasad</u>	Signature of the auditor: <u>SJ</u>
Name of the auditee: <u>Mr. B.R.K. Singh</u>	Signature of the auditee: <u>J</u>
Root cause for Non-Conformance – if observed: <u>— —</u>	
Corrective Action: <u>— —</u>	
Signature of Auditee: <u>M</u>	Date: <u>06/05/2019</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>SJ</u>	Date: <u>06/05/2019</u>

CC: Auditor, Auditee SJ

HOD Date SJ

B.S.
Principal/Dean



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

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AUTONOMOUS

NBA-Accredited
B.Tech (CE) ECGME

Accredited by
NAAC With Grade A

ACADEMIC AUDIT FINDING REPORT

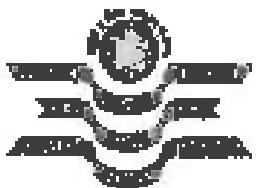
Date: 06/05/2019

Dept of audit: ECE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Basing on Curriculum, Subject allocation to faculty department established master timetable for smooth running of 18-19, II Sem.	
Sample 1: III (Section B) Thu - 2 nd hr - MPMC - T. N. S. Basa - devy.	
Sample 2: VI (Section C) Fri - 1 st hr - ES - N. S. S. Ramgopal V.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: 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="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor:	Date: 06/05/2019

CC: Auditor, Auditee

Ch. P. T.
HOD Date

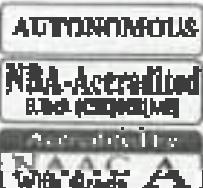
Eshan
Principal/Dale



Devi Venkateswara & Dr. Hima Solkar
MJC College of Technology

(Approved by AICTE & Accredited by Affiliated to JNTUA, Kakinada)

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 Phone : 0878-273315, 273321, Fax: 0878-273329
 e-mail: dmcts@rediffmail.com, Website: www.mjctech.ac.in



ACADEMIC AUDIT FINDING REPORT

Date: 06/05/2019

Dept of audit: ECE	Category: Major 0 Minor 0
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Description of audit:

Department Conducted remedial classes for the Students before going for Supply Exam.

Sample 1: 16471A0419 - EMTL - Enhanced 'D' from "F" - A. Sora

Sample 2: 15471A0443 - DSP - Enhanced "45/23" - Ms. Y. Sathu

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 reference): ---

Result of follow-up audit: ---

Status of audit Closed: Not Closed:

Signature of the Auditor:	Date: 06/05/2019
---------------------------	------------------

CC: Auditor, Auditee

S. B. C. Prasad
HOD Date

B. R. K. Singh

Principal/Date



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

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Each (CSE/EE/ME)

Accredited by

NAAC

A

ACADEMIC AUDIT FINDING REPORT

Date : **06/05/2019**

Dept of audit: **ECE**

Category: Major 0 Minor 0

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 - **21/22** Students

Sample 2: DC lab - **21/22** Students

Sample 3: MPMC lab - **21/22** students.

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

Signature of the auditor **[Signature]**

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

Signature of the auditee **[Signature]**

Route cause for Non-Conformance – if observed :

Corrective Action:

Signature of Auditee: **[Signature]**

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 **0** Not Closed: **0**

Signature of the Auditor: **[Signature]**

Date: **06/05/2019**

CC: Auditor, Auditee

HOD Date
[Signature]

[Signature]

Principal Date



Devineai Venkata Ramana & Dr. Hima Sekhar
MIC College of Technology

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NBA-Accredited
6-Yr (CSE|ECE|ME)

Accredited by:
NAAC A
With Grade

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 student 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. Kru</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.Kru
HOD/Date 6/5/2019

C.S. Srinivasulu
Principal/Date



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

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AUTONOMOUS

NBA-Accredited
B.Tech (CSE/ECE/ME)

Accredited by
NAAC 
With Grade

ACADEMIC AUDIT FINDING REPORT

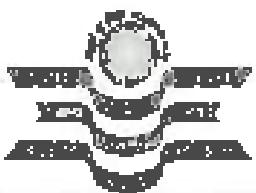
Date : 06/06/2019...

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 MAGZINE 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="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 06/06/2019

CC: Auditor, Auditee


HOD/Date


Principal/Date



Devinand Venkata Ramana & Dr. Hima Sekhar
MIC College of Technology

(Approved by AICTE & Permanently Affiliated to JNTUH, Kukatpally)

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Phone: 08773 - 273325, 273625, Fax: 08773 - 273169
e-mail: devinand@mictechno.edu.in, Website: www.mictech.ac.in

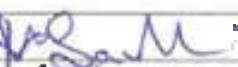
AUTONOMOUS

NBA-Accredited
Btech (Curriculum)

Accredited by
NAAC 
With Grade

ACADEMIC AUDIT FINDING REPORT

Date: 31st 2019

Dept of audit: CSF	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
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. Santalakshmi	Signature of the auditee 
Root cause for Non-Conformance – If observed: —	
Corrective Action: —	
Signature of Auditee: 	Date: 31st 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: 11st 2019

CC: Auditor, Auditee



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

AUTONOMOUS

NBA-Accredited
Babu Kareshwar

Accredited by
NAAC With Grade A

ACADEMIC AUDIT FINDING REPORT

Date : 7/5/2019

Dept of audit: CSE

Category: Major: 0 Minor: 0

Description of audit:

Every 15 days Fortnight department will conduct the syllabus coverage meeting for staff

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

Signature of the auditor

Name of the auditee: V. Srinivasan

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

Principal/Date



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

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

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

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& Tech (CSE|ECE|ME)

Accredited by
NAAC A
With Grade

ACADEMIC AUDIT FINDING REPORT

Date : 7/5/2019

Dept of audit: CSE

Category: Major: Minor:

Description of audit:

Details of students and their address,
student attendance percentage verification

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

Ji

Jayal
HOD Date

Bala
Principal Date



ACADEMIC AUDIT FINDING REPORT

Date: 21st 2019

Dept of audit: <u>CSE</u>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <u>Details of papers published by the faculty</u>	
Name of the auditor: <u>B.R.K.Singh</u>	Signature of the auditor:
Name of the auditee: <u>V.Srilakshmi</u>	Signature of the auditee:
Root cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee:	Date: <u>21st 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>21st 2019</u>

CC: Auditor, Auditee

Principal Date



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

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

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



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

HOD/Date 7/5/2019

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 18-19

Date : 7/5/2019

Dept of audit: <u>BED</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Lesson plans of Each Subject & lesson notes are verified & found good.</u>	
Name of the auditor: <u>K. P. Venkateswara Rao</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>7/5/19</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>K. P. Venkateswara Rao</u>	Date: <u>7/5/19</u>

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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B.Tech (CSE|ECE|M.E)

Accredited by
NAAC A
with grade A

ACADEMIC AUDIT FINDING REPORT 18-19

Date : 7/5/2019

Dept of audit: **BED**

Category: Major 0 Minor 0

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: **k.prasad**

Signature of the auditor **[Signature]**

Name of the auditee: **SBC prasad**

Signature of the auditee **[Signature]**

Root cause for Non-Conformance – If observed: **None**

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: **[Signature]**

Date: **7/5/19**

CC: Auditor, Auditee

HOD/Date

[Signature]
Principal/Date



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

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Accredited by
NAAC A
With Grade

18+9

Date : 7/5/2019

ACADEMIC AUDIT FINDING REPORT

Dept of audit: **BED**

Category: Major 0 Minor 0

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: **K. P. Prasad**

Signature of the auditor:

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

Signature of the auditee:

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

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 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 system software. (Survey)

Name of the auditor: K. prasad

Signature of the auditor D

Name of the auditee: SBC prasad

Signature of the auditee EJ

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
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:

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 JP

Name of the auditee: S Beprasad

Signature of the auditee SP

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: JP

Date: 7/5/19

CC: Auditor, Auditee

g.v.s
HOD/Date

B.Srinivasulu
Principal/Date



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With Grade A

ACADEMIC AUDIT FINDING REPORT

Date : 07-05-2019

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

sample 1: II B.Tech II sem Reglsup Apolmay-2019

sample 2: III B.Tech II sem Regular Apolmay-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:
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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: 07-05-2019
---------------------------	------------------

CC: Auditor, Auditee

18/5/19

HOD/Date

Principal/Date



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with Grade

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: Consolidated marks memo	
Sample 1: 14TH4A0224 - Pavan Kumar G - EEE	
Sample 2: 14TH71A03C8 - Teeran Jaihi V - MEC	
Name of the auditor: Mr B.R.K Singh	Signature of the auditor
Name of the auditee: Mr. Rakesh Kumar	Signature of the auditee
Root cause for Non-Conformance – if observed: - NIL -	
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 <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
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 <input type="radio"/> Minor <input checked="" type="radio"/>
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Description of audit: Internal marks register.

Sample 1: B.Tech II Sem - Ap/May 2019 - EEE.

Sample 2: B.Tech II Sem - Ap/May 2019 - MECN.

Sample 3: 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:
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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:

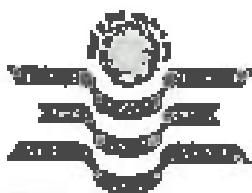
Status of audit: Closed Not Closed:

Signature of the Auditor:	Date: 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 0 Minor 0

Description of audit:

Verified Internal and external
Issues, action plan of the students.

Name of the auditor: **A. Naga Parvath 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: **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


HOD/Date

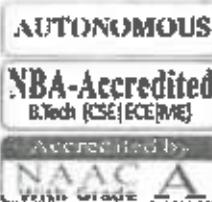

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 7/5/2019

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

Verified System backup details,
breakdown details and system configuration
register.

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: 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


HOD/Date


Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 7/5/2019

Dept of audit: T & P

Category: Major 0 Minor 0

Description of audit:

Verified Record of Job advertisements,
News letters, magazines department-wise.

Name of the auditor: A. Naga Parvam Kumar

Signature of the auditor:

Name of the auditee: B. Rakesh.

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

HOD/Dean

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 7/5/2019

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

Verified staff acquisition form to recruit placement staff.

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>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: <u>—</u>	
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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.
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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: 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

HOD/Date

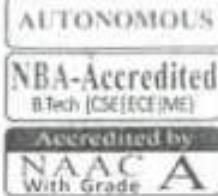
Principal/Date



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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 workshops and Training courses and Recd.

Name of the auditor: A. Naga Pavankumar	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: 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

HOD/Dean

Principal/Date