INSTITUTE OF AERONAUTICAL ENGINEERING



(Autonomous)

Dundigal, Hyderabad - 500 043

Performance Evaluation Form

Faculty Academic Audit (FAA)

Semester: Odd / Even Date:

Employee ID	Name of the faculty	
Designation	Department	
Academic year	Experience at IARE	

- 1. Teaching activity (Details of lectures, tutorials, practical and other teaching related activities) (Max. score 30)
 - Below 75% 0
 - 75% 85% 3 Marks
 - 86% 95% 6 Marks
 - Above 95% 10 Marks

S. No	Year /	Year / Course name			orials / Practical's r activities	% of assigned	
5.110	Semester	Course name	Trogram	No. of classes scheduled	No. of classes conducted	classes taught	

- 2. Student course feedback (Max. score 30)
 - Below 70% C
 - 70% 75% 3 Marks
 - 75% 85% 6 Marks
 - Above 85% 10 Marks

	Year / G N D			Feedb	A womaga	
S. No	Semester	Course Name	Program	Early semester (Content delivery)	Course end survey	Average (%)

- 3. Semester end examination results (Max. score 20)
 - Below 70%
 - 70% 80% 3 Marks
 - 80% 90% 6 Marks
 - Above 90% 10 Marks

S. No	Year / Semester	Course code	Course Name	Level (UG/PG)	Teaching Mode	Pass (%)

- 4. Full stack of course content development
 - Per course 5 Marks (Max. score 10)

S. No	Course code	Course name	Year	Level (UG/PG)	Web link

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S. No		Details			Place		From To		Organizing agen	
ı p-gra • Peı	dation / tead event 10 Ma	ching learn	ing-ev	aluation / tec				aculty d	evelop	kshop / syllab ment program Sponsoring /
S. No		Deta	ils		Place	Fr	om	To	Sponsoring / Organizing agenc	
S. No	Details of MOOC	Details of Course Certification MOOC Name providing agen			Date of certification		Level (UG / PG / Other)		E-certification	
	-			res in 4 quadr Iax. score 30)					·	
S. No	Details of l	ELR Video		ourse code	Course	name	(UC	Level G / PG /		Web link
3.110						4- 11	activi	ities (if v	es) list	the activities
Involvinvolv					e / institu	te ievei	activi			

S. No Name of the Activity Designation Institution / Agency From Period To

Note: All the faculties are required to submit faculty academic audit for even and odd semesters separately.

Date: Signature of the faculty

HOD Details:	
Name of the HOD	
Signature of the HOD	
Remarks / Recommendations, if any:	
Auditor Details	
Name of the Auditor-1	
Signature with date	
Remarks / Recommendations, if any:	
Name of the Auditor-2	
Signature with date	
Remarks / Recommendations, if any:	
Observations (In respect of the weightan	
Dean of Internal Audit and Policies	Principal