

ACADEMIC AUDIT FORM: 15 July 2019 – 16 Nov 2019 2019 – 2020

Employee ID:

Employee Name:

Designation:

Department:

1. Course Content Delivery

Course	Course Name	Branch	Semester	Section			End Semester OBE Feedback	No of Classes		Signature
Code								Scheduled	Conducted	of the Faculty
	Course Code	Course Name	Course Name Branch	Course Name BranchNemester	Course Course Name BranchSemester Section	Course Course Name BranchSemester Section	Course Name BranchSemester Section Semester	Course Code Course Name BranchSemester Section Itogram Early Semester Semester UC / PC Facily Semester OBE	Course Name BranchSemester Section Semester Semester OPE	Course Code Course Name BranchSemester Section Integrating Early UC / PC Semester Semester Semester OBE No of Classes

2. Availability of Course Content

Course Descriptor	Tutorial Question Bank	Definitions and Terminology	PPTS	Course Handouts	Lab Manual	Video Lectures	

Comments and Suggestions:

Name and Signature of Committee members:

- 1. Subject Expert 1:
- 2. Subject Expert 2:
- 3. Signature of HOD:
- 4. Dean Academic:
- 5. Dean UG and PG Studies:
- 6. Dean Outcome Based Education:
- 7. Dean Information and Communications Technology: