



**SRI CHANDRASEKARENDRASARASWATHI VISHWA
MAHAVIDYALAYA**

Enathur, Kanchipuram – 631 562

ACADEMIC AUDIT REPORT: Year -2014-15 (Odd Semester)

DEPARTMENT:

Name of the Faculty with designation:

a. Subjects taught:

S. No.	Theory / Practical	UG/PG	No. Of classes allotted per week
1			
2			
3			
4			
5			
6			

b. Submission of records:

Log book	YES/NO
Mentor Records	YES/NO
Internal Marks with supportive documents	YES/NO
Lesson plan	YES/NO

c. Leaves and permissions:

Details leaves and permissions Availed during 2014-15

CL	ML	PL	COMP	OD	RH	LOP	Permission

d. Missing classes, make up classes and Extra classes taken exceeding UGC Norms (Un paid)

S. No.	Course/Paper & Branch	Level	No. Of classes taken
a.			
b.			

e. Teaching:

1. Whether he/ she completed the teaching work assigned for this semester and completed the syllabus. **YES/NO**
2. Whether he/ she conducted the required evaluation components for all courses and the results (mark statements) have been handed over to the department. **YES/NO**
3. Whether the lecture notes/ handouts / other records are maintained. **YES/NO**

f. Other responsibilities:

Participations in:

Activities	Remarks
Educational Tour / Industry implant training Placement activity	
Extension Activities : Institutional governance / Participation in committees etc	
Any other	

g. Resource person functions:

h. Academic Growth:

i. Seminars/workshops attended:

S. NO.	CATEGORY	Nos
a.	International seminars/conferences/symposia	
b.	National seminars/conferences/symposia	
c.	Regional seminars/conferences/symposia	
d.	Local seminars/conferences/symposia	

j. Publications:

S. No.	CATEGORY	DETAILS	Nos
a.	Referred journals	Inter National level	
b.	Recognized/reputed journals	Inter National level	
c.	Conference proceedings	Inter National level	
d.	Referred journals	National level	
e.	Recognized/reputed journals	National level	
f.	Conference proceedings	National level	
g.	Any Other		

k. Innovative practices adopted:

l. Contribution to the university:

m. Contribution to the Department :

Signature of the faculty:

Opinion of the HOD :

Signature of Head of the Department

Date:

Place:

n. Opinion of the committee:

o. GRADE OF THE FACULTY:

Excellent	Very good	Good	Fair	To be Improved
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(Member-Academic audit committee)

(Member-Academic audit committee)

(Chairman-Academic audit committee)