

CONSOLIDATED REPORT ON SUBMISSION OF MONTHLY SYLLABUS COVERAGE

Department:

Month & Year:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Designation | Name of faculty members in the Dept. | No. of members submitted  the report | Name /(s) of members not submitted  the report |
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Name & Signature of HOD

N .B: To be submitted as facing sheet of the monthly reports on syllabus coverage



CONSOLIDATED MONTHLY REPORT OF ACADEMIC HOURS

Department:

Month & Year:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Name of Faculty Member | Total No. of Working Days in the month | Total periods allotted / week | Total hours engaged in a month | No of hours not engaged in allotted class | Reason for not engaging the allotted class hours | substitution details |
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Name & Signature of HOD



COVERAGE OF THE SYLLABUS FOR THE MONTH OF................................................

Name of Faculty Member: ................................................................. Department :.....................................................

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | Programme  &  Semester | Course Code  &  Title | No. of hours allotted / week | No. of hours engaged in the month | No. of leave taken during the month | No of modules assigned for the Semester | No. of modules covered during the month | No. of modules covered up to the month | Date & Period of Course Library Hour | No. of students in the class | No. of seminars presented | | No. of assignments given | | No of test papers taken | | No of substitution works engaged in other classes |
| Current Month | Total | Current Month | Total | Current Month | Total |
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| Reason to be mentioned if any of the faculty member did not conduct the test papers / seminars or not given assignments | | | | | | | | | | | | | | | | | |

Sign. of the Faculty Member HOD Vice Principal / Principal Executive Director

To be filled in by each faculty member and submitted to the HOD on the 1st Working Day of every month , to the Vice Principal / Principal on the 2nd Working Day , To the Executive Director on the 3rd Working Day.



CONSOLIDATED MONTHLY REPORT OF ...................................................

General Atmosphere of the Class

Students in the Class

Details of extra duties assigned / seminars attended during the month

Name & Signature of the Faculty HOD

**N.B: This page is to be taken overleaf to page 3**



ACADEMIC COURSE EVALUATIONFOR THE MONTH OF ...........................................................

Programme :................................................. Semester :.................... Name of the Evaluator:........................................

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Course Code | Course Title | Name of Teacher | No.of modules / chapters allotted to the teacher for the semester | No.of modules / chapters covered during the month | No.of modules / chapters covered up to the month | No. of students in the class | No. of seminar presented | No. of assignments submitted | No. of test papers taken |
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Signature of the evaluator HOD Vice Principal / Principal Executive Director

N.B : The evaluator should be one of the study group leaders of the class . The evaluation sheet should be submitted to the HOD on the 1st day of every month by the respective class animators : To the Vice Principal / Principal on the 2nd working day : To the Executive Director on the 3rd working day.



ACADEMIC COURSE EVALUATION ( PAGE 2) BY THE STUDY GROUP LEADER OF THE CLASS

REMARKS ON:-

General Atmosphere of the Class

Faculty Members

Students in the Class

Infrastructure

Any Other Matter

-Name & Signature of the Class Evaluator