



SAHRDAYA
COLLEGE OF ADVANCED STUDIES
KODAKARA

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

Name & Signature of HOD

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



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CONSOLIDATED MONTHLY REPORT OF ACADEMIC HOURS

Department:

Month & Year:

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

Name & Signature of HOD

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

Name of Faculty Member:

Department :

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	No. of students in the class	No. of seminars presented		No. of assignments given		No of test papers taken		Substitution details, if any
										Current Month	Total	Current Month	Total	Current Month	Total	

Sign. of the Faculty Member

HOD

Dean

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 Dean on the 2nd Working Day , To the Vice Principal / Principal on the 3rd Working Day.



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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



SAHRDAYA

COLLEGE OF ADVANCED STUDIES

KODAKARA

ACADEMIC COURSE EVALUATION FOR 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

Signature of the evaluator

HOD

Dean

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