



Signature with date

## **Internal Quality Assurance Cell (IQAC)** Audit-1, Academic Year: 2024-25

## **Faculty Name with Designation and Department:**

Signature of the Faculty with Date

1.

2.

Name(s) of the Auditor(s)

Name of the Program: Sem		emester:	<b>Section:</b>	
S.No.	Item Description		Available	Remarks
1.	Vision and Mission of the Institute			
2.	Vision and Mission of the Department			
3.	Program Educational Objectives (PEOs)			
4.	Program Outcomes (POs)			
5.	Program Specific Outcomes (PSO)			
6.	Course Outcomes (COs)			
7.	CEG/ CCC group meeting minutes			
8.	CO-PO, PSO Correlation Matrix			
9.	Class Time Table and Faculty Time Table			
10.	Syllabus (R18/R19/R-20/R-22) Copy			
11.	Lecture Notes (Hand written/Soft copy)			
12.	Lecture schedule (include the list of additional outcomes, if required?) / Lesson Plan	topics to meet the		
13.	Filled in Course Pack (To be shared with Stud	ents)		
14.	Attendance Register			
15.	Question Bank (prepared as per Bloom's Taxonomy)			
16.	Assignments/Tutorial Question(s)			