CHAITANYA BHARATHI INSTITUTE OF TECHNOLOGY

Internal Quality Assurance Cell (IQAC)
Audit-3, Academic Year: 202 -2

Faculty Name with Designation and Department:

Course Name and Code:

Name of the Program: _____ **Semester:** _____ **Section:** _____

Non-Compliances in Audit-2, if any:

Sl. No	Description	Available (Yes/No)	Remarks
1.	Slip Test -2 and 3 (Question Papers with Solutions)		
2.	Award Lists of Slip Test – 2 and 3		
3.	Assignments-2 (Question Paper with Solutions) (Ensure Blooms Taxonomy Levels - at least 4 and above)		
4.	Award List of Assignment-2		
5.	Class Test-2 (Question paper with Solutions)		
6.	Award List of Class Test-2 (Ensure tabulation of award of marks, Question wise)		
7.	Record of remedial classes conducted, if any.		
8.	Rubrics to evaluate Lab Course/Seminar/Project		
9.	Award of marks (CIE) based on rubrics for Lab Course/Seminar/Project.		
10.	Consolidated marks statement of CIE		
11.	Updated Attendance & Evaluation Register		
12.	Actions proposed, if any on Course end survey.		

Note : After declaration of SEE results, the respective faculty has to submit CO calculations and also remedial measures on CO attainment(s), if any,   to the respective HoD.

Signature of the Faculty with Date	Signature of the HoD with Date
Name of the Auditor	Signature with date
1.	
2.	