**Academic Audit Report**

Session: 20…-20...

1. Name of Department :
2. No. of full time permanent faculty :
3. No. of part time Visiting/temporary contractual faculty: ……/………
4. No. of PG / UG courses :……… Ph.D. Students: ….;
5. Curriculum Revisions Info:
6. Research: Publications International:…… National: …. National Conferences:…. International Conference: ….. Ph.D. Theses Submitted: …. Awarded:…… Number of Conferences/Lectures Organised:…
7. No. of Department Library: Printed Books Added: ….. Web-resources CDs: Added ……. e-Books Added: …
8. No. of Faculty using ICT and PPTs: ……
9. New Equipment and Infrastructure Added: ……
10. Strengths :



15. Weaknesses :


19. Student Feedback on Curriculum: Yes or No and Teaching Learning-Evaluation Processes: Yes or No
20. Recommended actions :

Sig. Departmental IQAC In-charge Sig. of University IQAC

Director/ Coordinator