*To be filled every four weeks and signed by the course/module instructor, signed by the students*

**Chair name under (SMIE)**

IAC…… SMD……

ISE……. TEGV……

ME……. TES……

OQM…..

*Section representatives, approved by chair head and endorsed by QAHs.*

*Academic Year: \_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_ \_\_\_\_\_\_\_ Report No/Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course Plan Prepared? | Peer Network Established? | Mode of Delivery | Number of Chapters in the Course | Number of Assessments conducted yet | Actions in case of low student performance |
| Yes  No | Yes  No | Parallel  Block | 1. Number of chapters covered**: \_\_\_\_\_\_**\_ 2. Number of chapters planned to be covered based on the course plan : **\_\_\_\_\_\_\_\_\_** 3. Total number of chapters**: \_\_\_\_\_\_\_\_\_** | 1. No. of Feedback given: \_\_\_\_\_ 2. No. of Assignments**: \_\_\_\_\_** 3. No. of Assessments: **\_\_\_\_\_** |  |

**The course has Lab?**

Yes No if your answer is “Yes”, fill the following table too

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lab Plan Prepared? | Peer Network Established? | Mode of Delivery | Number of Labs in the Course | Number of Assessments conducted yet | Actions in case of low student performance |
| Yes  No | Yes  No | Parallel  Block | 1. Number of Labs covered**: \_\_\_**\_\_\_ 2. Total number of Labs**: \_\_\_\_\_\_\_\_\_** | 1. No. of Feedback given:\_\_\_\_\_\_\_ 2. Number of lab reports**:** \_\_\_\_\_\_\_ |  |

1. Class Year:\_\_\_\_\_\_ Section :\_\_\_\_\_\_\_

**Instructor**

1. Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Course code: \_\_\_\_\_\_\_\_\_ Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Course instructor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course instructor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_
3. Section representative’s names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section representative’s signature: \_\_\_\_\_\_\_\_\_

**Students’ rep.**

1. Chair head’s name: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chair head’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_