

VIDYA JYOTHI INSTITUTE OF TECHNOLOGY (AUTONOMOUS) ACADEMIC AUDIT-DEPARTMENT



A. DEPARTMENT DETAILS

Name of Department:						
Name of Programme:	B. Tech					
Academic year	2019-20					
	II Year – I Sem	II Year – II Sem	III Year – I Sem	III Year – II Sem	IV Year – I Sem	IV Year – II Sem
No. of Theory courses offered						
No. of Practical classes offered						

B. FACULTY/STAFF STRENGTH

Teaching				Non Teaching				
Professors	Associate Professors	Assistant Professors	Total	Lab Assistants Office Staff Supporting Staff To				

C. FACULTY DETAILS

	Name of the Faculty	PAN No	Highest	Experience	Roles &	Designation	Date of
S.No	Member		Qualification With Specialization	(Years)	Responsibilities		Joining
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

S.No	Name of the Faculty Member	PAN No	Highest Qualification With Specialization	Experience (Years)	Roles & Responsibilities	Designation	Date of Joining
9.							
10.							
11.							
12.							
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S.No	Name of the Faculty Member	PAN No	Highest Qualification With Specialization	Experience (Years)	Roles & Responsibilities	Designation	Date of Joining
30.							
31.							
32.							
33.							
34.							
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D. COURSE DELIVERY:

Year/Semester	F	rom Core De	pt	Fr	om Other Do	ept		To Other Dep	t
(Theory & Labs)	No. of Faculty	No. of Courses	Credits	No. of Faculty	No. of Courses	Credits	No. of Faculty	No. of Courses	Credits
II Year – I Sem									
Sec- A,B,C,D									
II Year – II Sem									
Sec- A,B,C,D									
III Year – I Sem									
Sec- A,B,C,D									
III Year – II Sem									
Sec- A,B,C,D									
IV Year - I Sem									
Sec- A,B,C,D									
IV Year - II Sem									
Sec- A,B,C,D									

E. WORKLOAD DETAILS:

S.	Name of the faculty member	Name(s) of the Theory/Lab	No. of (Courses	No. of	Periods	Credits	Work	Load status Over loaded/
No	,		T	P	Т	P		Load	Under loaded
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

S. No	N	N/I -l	No. of	Courses	No. of	Periods	C 1:4	Work	Load status
110	Name of the faculty member	Name(s) of the Theory/Lab	T	P	T	P	Credits	Load	Over loaded/ Under loaded
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									
26.									
27.									
28.									
29.									
30.									

S.	Name of the faculty member	Name(s) of the Theory/Lab	No. of	Courses	No. of	Periods	Credits	Work	Load status Over loaded/
No	1.41110 01 0110 14104110 1110111101	1.0011/1001/12001/12001	T	P	T	P	010010	Load	Under loaded
31.									
32.									
33.									
34.									
35.									
36.									
37.									
38.									
39.									
40.									
41.									
42.									
43.									
44.									
45.									
46.									
47.									
48.									
49.									
50.									
* 4 4 4	additional sheet if necessary	1	<u> </u>			<u> </u>	l		l

^{**} Add additional sheet if necessary

F. COURSE LESSON PLAN PREPARATION AND VERIFICATION:

Description	II-I	II-II	III-I	III-II	VI-I	IV-II	Total
No. of course lesson plans prepared before the commencement of class work							
No. of course lesson plans prepared within one week after the commencement of class work							
No. of courses for which course lesson plans are not prepared							
No. of courses verified by internal verifier (Senior Faculty/HOD)							
No. of courses for which the Lesson Plans are modified after verification							
No. of courses not verified							

(Evidence to be verified: course lesson plan documents) (Keep all Lesson planes in single file)

G. STUDENT MENTORING SYSTEM:

Whether the mentors are updating mentor books and conducting counseling meetings regularly or not?

Note: Check Mentor books for Auditing

S. No	Name of the Mentor	Roll No	No of Mentees	Status	Remark
1.					
2.					
3.					
4.					
5.					
6.					
7.					

S. No	Name of the Mentor	Roll No	No of Mentees	Status	Remark
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					

S. No	Name of the Mentor	Roll No	No of Mentees	Status	Remark
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					

S. No	Name of the Mentor	Roll No	No of Mentees	Status	Remark
40.					
41.					
42.					
43.					
44.					
45.					
46.					
47.					
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H. MINUTES OF THE MEETING

Internal Department Meeting minutes showing the discussion on the following issues (Ref. Department Meetings Register Maintenance)

- 1. Subject Allocation
- 2. Lesson plans
- 3. Syllabus Coverage
- 4. Mentoring
- 5. Any other information

Comments of the auditor:

List out	t and Describe				
nments	of the auditor:				
ALUE	ADDED COURSES OFFERED				
No	Name of the value added courses	Duration of	Number of students	Number of Students	Remarks
	(with 30 or more contact hours) offered	course (Hours)	enrolled in the year	completing the course in the year	
L.				in the year	
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I. BEST PRACTICES FOLLOWED IN THE DEPARTMENT

K. SWOC ANALYSIS:

ANALYSIS

Comments of the auditor:

Name and Signatures of Auditors

HoD

1. 2.