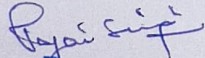


Department : _____

Pre Semester Academic Audit Report (Session: _____ to _____)

S.No.	Name of Faculty	Designation	Subject Code	Sub. Name	Batch	Course Coordinator	COs	CO-PO mapping with PI	Midterm-1	Midterm-2	ABCA Activities		Student Centric Activities		Quiz	Session Plan	Practical/ Experiment Bat	Remark: Course Coordinator/ Concern	Remark HOD
											Activity-1	Activity-2	Student Centric-1	Student Centric-2					


Dean, IQAC
 Institute of Technology & Management
 Gwalior (M.P.)