SAKTHI POLYTECHNIC COLLEGE

Govt. Aided || NBA Accredited: Civil, ECE, EEE, Mech. and Metallurgy

Approved by AICTE || Affiliated to DoTE, Chennai

A unit of Sakthi Foundation | Established: 1981

Sakthi Nagar, Appakudal, Erode – 638 315

Academic Year:

Semester:

Department: _____ **Date:** _____

S.No.	Name of the Faculty	Designation	Courses Handled (Theory + Lab+ Practicum + Others)	Total Hours per Week

Other courses handled – ASC and other courses:

Remarks (if any):

Prepared by

Department Timetable Coordinator

Verified & Approved by

Date: **Signature of HoD:**

IQAC Joint Co-ordinator	IQAC Co-ordinator	Principal (i/c)
(Dr. R. Jothimurugan)	(Dr. R. Kannan)	(Dr. S. Senthil Arasu)

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CLASS TIMETABLE

Academic Year: **Semester:**

Department: **Room No:**

Class Strength: **Class Advisor:**

Day/Period	I	II	BREAK	III	IV	LUNCH	V	VI	BREAK	VII	VIII
	9.00-9.50 AM	9.50-10.40 AM		10.55-11.45 AM	11.45-12.35 PM		1.15-2.00 PM	2.00-2.45 PM		3.00-3.45 PM	3.45-4.30 PM
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											

Prepared by:

Department Timetable Coordinator

Verified & Approved by:

Date:_____ **Signature of HoD:_____**

IQAC Joint Co-ordinator **IQAC Co-ordinator** **Principal (i/c)**

(Dr. R. Jothimurugan) **(Dr. R. Kannan)** **(Dr. S. Senthil Arasu)**

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Sakthi Nagar, Appakudal, Erode – 638 315

Academic Year: **Semester:**

Department: **Faculty Name:**

Designation: **Employee ID:**

Day/Period	I	II	BREAK	III	IV	LUNCH	V	VI	BREAK	VII	VIII
	9.00-9.50 AM	9.50-10.40 AM		10.55-11.45 AM	11.45-12.35 PM		1.15-2.00 PM	2.00-2.45 PM		3.00-3.45 PM	3.45-4.30 PM
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											

Prepared by:

Department Timetable Coordinator

Verified & Approved by:

Date: _____ **Signature of HoD:**_____

IQAC Joint Co-ordinator **IQAC Co-ordinator** **Principal (i/c)**

(Dr. R. Jothimurugan) **(Dr. R. Kannan)** **(Dr. S. Senthil Arasu)**

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STUDENT NAME LIST

Academic Year: **Semester:**

Department: **Section:**

Class Strength: **Class Advisor:**

S.No	Roll Number	Register Number	Student Name	Gender	Date of Birth	Mobile Number

Remarks (if any):

Total Students: _____

Prepared by

Class Advisor:

Verified & Approved by:

Date: _____ **Signature of HoD:**_____

IQAC Joint Co-ordinator **IQAC Co-ordinator** **Principal (i/c)**

(Dr. R. Jothimurugan) **(Dr. R. Kannan)** **(Dr. S. Senthil Arasu)**

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Meeting No: **Date:**

Time: **Venue:**

Academic Year: **Semester:**

Agenda

1.
2.

Members Present

S.No.	Name of the Member	Designation	Signature

Minutes of Meeting

S,No.	Agenda	Action Taken	Responsibility	Target Date

Prepared by

Course Coordinator

Verified & Approved by:

Date: _____ Signature of HoD:_____

IQAC Joint Co-ordinator	IQAC Co-ordinator	Principal (i/c)
(Dr. R. Jothimurugan)	(Dr. R. Kannan)	(Dr. S. Senthil Arasu)

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CIRCULAR FOR COURSE COMMITTEE MEETING MINUTES

Meeting No: **Date:**

Time: **Venue:**

Academic Year: **Semester:**

Agenda

1.
2.

(All the members are requested to attend the meeting without fail)

Prepared by

Course Coordinator

Verified & Approved by:

Date: _____ Signature of HoD:_____

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Academic Year: **Semester:**

Department: **Course Code:**

Course Name: **Date of Preparation:**

Faculty Name: **Designation:**

1. COURSE INFORMATION

Particulars	Details
Type of Course	Theory ☐ Laboratory ☐
L T P C	
Total Contact Hours	

2. COURSE OUTCOMES (COs)

CO No.	Course Outcome Description	Bloom's Level
CO1		
CO2		
CO3		
CO4		
CO5		

3. TEXTBOOKS & REFERENCE BOOKS

1.
2.

4. COURSE / LESSON PLAN

(Attach detailed unit-wise / experiment-wise plan with topics, hours, and CO mapping)

Total Units / Experiments Planned: _____ Total Hours Planned: _____

5. ASSESSMENT PATTERN

- **CAT I & CAT II:**
- **CAT III & IV:**
- **End Semester:**

Internal Assessment Marks Record

(All should be included in one sheet)

Test	Date	Max. Marks	Marks Obtained
CAT I			
CAT II			
CAT III			
End Semester			

6. QUESTION PAPERS & ANSWER KEYS

(Attach all CAT and End Semester Question Papers with Answer Keys)

7. COURSE OUTCOME ATTAINMENT RECORD

(Attach detailed CO-PO Mapping and Attainment Calculation Sheet)

8. REMARKS / ACTION TAKEN (If any)

Prepared by:

Faculty Signature: **Date:**

Verified & Approved by:

Date: _____ Signature of HoD: _____

IQAC Joint Co-ordinator	IQAC Co-ordinator	Principal (i/c)
(Dr. R. Jothimurugan)	(Dr. R. Kannan)	(Dr. S. Senthil Arasu)

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Theory/Lab/Practicum

Academic Year:

Department:

Course Name:

Faculty Name:

Semester:

Course Code:

Date of Preparation:

Designation:

Type: Theory ☐ Laboratory ☐

Date of Preparation: _____

1. STUDENT ATTENDANCE & ASSESSMENT RECORD

S.No.	Roll No	Register No.	Student Name	Attendance (%)
1				
2				
			Total Students	

Grade Details

2. COURSE OUTCOME (CO) & PROGRAM OUTCOME (PO) ATTAINMENT

(As per Co Attainment Provided)

Overall Course Attainment**: _____%**

3. **Remarks / Action Taken (if any):**

Prepared by:

Faculty Signature: **Date:**

Verified & Approved by:

Date:_____ Signature of HoD:_____

IQAC Joint Co-ordinator	**IQAC Co-ordinator**	**Principal (i/c)**
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LAB MANUAL, OBSERVATION AND SAMPLE RECORD NOTES

Academic Year: **Semester:**

Department: **Course Code:**

Course Name: **Faculty Name:**

1. DO'S & DONT's

2. EXPERIMENTAL INDEX

S.No	Name of the Experiment	Page No

3. LABORATORY INFORMATION

Particulars	Details
Laboratory Name	
Total Experiments	
Total Contact Hours	
Batch Strength	

4. LIST OF EXPERIMENTS

S.No.	Experiment Name	Hours Allotted	CO Mapped
1			
2			

5. EXPERIMENT DETAILS

Experiment No.: _____ Date: _____

Aim:

Apparatus / Tools Required:

Theory / Procedure:

Observation / Tabulation: (Attach table / graph / diagram here)

Result:

Sample:

6. RECORD NOTE INDEX

S.No	Date	Experiment No	Page No	Marks	Faculty Sign

(Rubrics to be followed)

Prepared by:

Faculty Signature: **Date:**

Verified & Approved by:

Date:_____ Signature of HoD:_____

IQAC Joint Co-ordinator	IQAC Co-ordinator	Principal (i/c)
(Dr. R. Jothimurugan)	(Dr. R. Kannan)	(Dr. S. Senthil Arasu)

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CIA SCHEDULE, TIMETABLE, STUDENTS ATTENDANCE & QUESTION PAPER FORMAT DETAILS

Academic Year: **Semester:**

Department: **Faculty Name:**

Date of Preparation: _____

1. CIA SCHEDULE (CAT I, II, III & IV)

S.No.	Test	Units Covered	Scheduled Date
1	CAT I		
2	CAT II		
3	CAT III		
4	CAT IV		

2. CIA TIMETABLE

Date	Department	Course Code & Name	Time	Venue / Room No.	Invigilator Name	Sign

3. STUDENTS ATTENDANCE SUMMARY FOR CIA

S.No.	Test	Total Students	Students Present	Students Absent	Attendance %	Remarks
1	CAT I					
2	CAT II					
3	CAT III					
4	CAT IV					

4. QUESTION PAPER FORMAT DETAILS

(As per IQAC Guidelines & DOTE Regulation 2023)

- CAT I & CAT II:
- CAT III:
- CAT IV / End Semester:

Prepared by:

Department Exam Co-coordinator: **Date:**

Verified & Approved by:

Date: _____ Signature of HoD:_____

IQAC Joint Co-ordinator	**IQAC Co-ordinator**	**Principal (i/c)**
(Dr. R. Jothimurugan)	**(Dr. R. Kannan)**	**(Dr. S. Senthil Arasu)**

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Academic Year: **Semester:**

Department: **Course Code:**

Course Name: **Faculty Name:**

Date of Preparation: _____

REMEDIAL CLASS DETAILS

S.No.	Date of Remedial Class	Topic / Unit Covered	No. of Students Identified	No. of Students Attended	Duration (Hours)	Remarks / Improvement Observed
1						
2						

Overall Observation / Action Taken:

Prepared by:

Faculty: **Date:**

Verified & Approved by:

Date:_____ **Signature of HoD:**_____

IQAC Joint Co-ordinator	IQAC Co-ordinator	Principal (i/c)
(Dr. R. Jothimurugan)	(Dr. R. Kannan)	(Dr. S. Senthil Arasu)

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CIRCULAR FOR REMEDIAL CLASS RECORD

Meeting No: **Date:**

Time: **Venue:**

Academic Year: **Semester:**

Agenda

1.
2.

(Minimum 1 week required before to circulate students)

Prepared by

Course Coordinator

Verified & Approved by:

Date: _____ Signature of HoD:_____

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COURSE END SURVEY & FEEDBACK SUMMARY REPORT
(Theory / Laboratory/Practicum)

Academic Year: **Semester:**

Department: **Course Code:**

Course Name: **Faculty Name:**

Date of Survey: **No. of Students Responded:**

1. COURSE SURVEY

S.No	Roll Number	Register Number	Name	Course Name				
				CO1	CO2	CO3	CO4	CO5

2. FACULTY FEEDBACK SUMMARY (5-Point Scale)

S.No.	Parameter / Question	Average Rating (Out of 5)					Remarks
		1	2	3	4	5	
1	Clarity of Course Objectives and Outcomes						
2	Effectiveness of Teaching Methodology						
3	Coverage of Syllabus						
4	Quality of Course Materials / Lab Manual						
5	Usefulness of Assignments / Experiments						
6	Fairness of Assessment and Evaluation						
7	Overall Learning Experience						
8	Faculty Support and Guidance						

Overall Course Rating: _____ / 5.0

3. KEY OBSERVATIONS

(Attach detailed feedback forms / summary if required)

- Major Strengths:

- Areas for Improvement:

3. ACTION TAKEN REPORT (if any)

Prepared by:

Faculty: **Date:**

Verified & Approved by:

Date:_____ Signature of HoD:_____

IQAC Joint Co-ordinator	IQAC Co-ordinator	Principal (i/c)
(Dr. R. Jothimurugan)	**(Dr. R. Kannan)**	**(Dr. S. Senthil Arasu)**

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Academic Year: **Semester:**

Department: **Program:**

Date of Survey/Feedback:

1. PROGRAMME END SURVEY SUMMARY (Student Feedback – 5-Point Scale)

S.No.	Parameter / Question	Average Rating (Out of 5)					Remarks
		1	2	3	4	5	
1	Overall quality of the Program						
2	Relevance of Curriculum to Industry / Higher Studies						
3	Effectiveness of Teaching-Learning Process						
4	Laboratory & Hands-on Training Facilities						
5	Skill Development & Employability Enhancement						
6	Support for Co-curricular & Extra-curricular Activities						
7	Overall Satisfaction with the Program						

Overall Program Rating: _____ / 5.0

Total Students Responded: _____

2. ALUMNI FEEDBACK SUMMARY

S.No.	Parameter / Question	Average Rating (Out of 5)				
		1	2	3	4	5
1	Relevance of Curriculum in current job / higher studies					
2	Quality of Teaching & Learning during the Program					
3	Preparedness for Industry / Higher Education					
4	Support received from the Department					
5	Overall Satisfaction as an Alumnus					

3. KEY FINDINGS & ACTION TAKEN REPORT

S.No.	Major Feedback / Suggestion	Action Taken / Proposed Plan	Responsibility	Target Date	Status
1					
2					
3					

Prepared by:

Department Alumni Coordinator: **Date:**

Verified by:

Faculty: **Date:**

Approved by:

Date:_____ Signature of HoD:_____

IQAC Joint Co-ordinator **IQAC Co-ordinator** **Principal (i/c)**

(Dr. R. Jothimurugan) **(Dr. R. Kannan)** **(Dr. S. Senthil Arasu)**

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PARENTS TEACHERS MEETING FEEDBACK & ACTION TAKEN REPORT

Academic Year: **Semester:**

Department: **Class/Section:**

Meeting Date: **No. of Parents Attended:**

Coordinator: **Class Advisor:**

1. PARENTS FEEDBACK SUMMARY (5-Point Scale: 5 = Excellent, 1 = Poor)

S.No.	Parameter / Question	Average Rating					Suggestions
		1	2	3	4	5	
1	Overall satisfaction with academic progress of the student / மாணவரின் கல்விசார் முன்னேற்றம் குறித்த ஒட்டுமொத்தத் திருப்தி						
2	Quality of teaching and faculty support / கற்பித்தல் தரம் மற்றும் ஆசிரியர்களின் ஆதரவு						
3	Effectiveness of internal assessments and feedback / உள் மதிப்பீடுகள் மற்றும் பின்னூட்டத்தின் செயல்திறன்						
4	Laboratory / Practical training facilities / ஆய்வகம் / செய்முறைப் பயிற்சி வசதிகள்						
5	Communication between parents and faculty / பெற்றோர்களுக்கும் ஆசிரியர்களுக்கும் இடையிலான தகவல் தொடர்பு						
6	Discipline, attendance and student behavior / ஒழுக்கம், வருகை மற்றும் மாணவர் நடத்தை						
7	Overall development of the student (academic+co-curricular) / மாணவரின் முழுமையான வளர்ச்சி (கல்வி மற்றும் பாடத்திட்டம் சார்ந்த செயல்பாடுகள்)						

2. ATTENDANCE SHEET

S.No	Roll Number	Register Number	Student Name	Parent Name	Parent Mobile Number	Parent Signature

3. KEY SUGGESTIONS FROM PARENTS

4. KEY FINDINGS & ACTION TAKEN REPORT

S.No.	Parent Suggestion / Issue	Action Taken / Proposed Plan	Responsibility	Target Date	Status
1					
2					
3					
4					

Prepared by:

PTM Coordinator: **Date:**

Verified by:

Faculty: **Date:**

Approved by:

Date:_____ Signature of HoD:_____

IQAC Joint Co-ordinator **IQAC Co-ordinator** **Principal (i/c)**

(Dr. R. Jothimurugan) **(Dr. R. Kannan)** **(Dr. S. Senthil Arasu)**

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Meeting No: **Date:**

Time: **Venue:**

Academic Year: **Semester:**

Agenda

1.
2.

(All the members are requested to attend the meeting without fail)

Prepared by

Course Coordinator

Verified & Approved by:

Date: _____ Signature of HoD:_____

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Budget Coordinator: **Class Advisor:**

Head of Department: **Date of Preparation:**

1. BUDGET ALLOCATION & EXPENDITURE SUMMARY

S.No.	Budget Head	Amount Utilized (₹)	Remarks
1	Laboratory Equipment & Consumables		
2	Software & Learning Resources		
3	Seminar / Workshop / Guest Lectures		
4	Industrial Visit / Internship		
5	Any Other (Specify)		
	TOTAL		

2. UTILIZATION DETAILS (Major Expenses)

Date	Particulars	Amount (₹)	Voucher / Bill No.	Remarks

3. REMARKS / JUSTIFICATION (If any)

Prepared by:

Budget Coordinator: **Date:**

Verified by:

Head of Department: **Date:**

Approved by:

Date:_____ Signature of Principal:_____

IQAC Joint Co-ordinator	**IQAC Co-ordinator**	**Principal (i/c)**
(Dr. R. Jothimurugan)	**(Dr. R. Kannan)**	**(Dr. S. Senthil Arasu)**

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Academic Year: **Department:**

Class: **Semester:**

Class Advisor: **Head of Department:**

Date of Meeting:

1. RESULT SUMMARY

S.No	Subject Name	No. of Students Appeared	No. of Students Passed	No. of Students Failed	Pass Percentage (%)	Remarks
1						
2						
3						
4						
5						
6						
7						

Overall Result Analysis

Total Students Appeared _____

Total Students Passed _____

Overall Pass Percentage _____

2. IDENTIFIED ISSUES / PROBLEM AREAS

3. IDENTIFIED ISSUES / PROBLEM AREAS

4. STUDENT SUPPORT INITIATIVES

- Remedial Classes: _____
- Special Coaching: _____
- Mentoring / Counselling: _____

5. REMARKS (IF ANY)

Prepared by:

Class Advisor: **Date:**

Approved & Verified:

Date: _____ Signature of HoD:_____

IQAC Joint Co-ordinator	**IQAC Co-ordinator**	**Principal (i/c)**
(Dr. R. Jothimurugan)	**(Dr. R. Kannan)**	**(Dr. S. Senthil Arasu)**

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Academic Year: **Department:**

Department Library In-Charge:

1. LIBRARY STOCK DETAILS

S.No	Accession No	Book Title	Author	Publisher	Year of Publication	No. of Copies	Cost (₹)	Remarks
1								
2								
3								
4								
5								
6								

2. ISSUE / UTILIZATION DETAILS

Date	Book Title	Issued To (Student/Staff)	Reg. No / Staff ID	Date of Return	Remarks

3. **REMARKS (IF ANY)**

Prepared by:

Department Library In-Charge: **Date:**

Approved & Verified by:

Date:_____ Signature of HoD:_____

IQAC Joint Co-ordinator	**IQAC Co-ordinator**	**Principal (i/c)**
(Dr. R. Jothimurugan)	**(Dr. R. Kannan)**	**(Dr. S. Senthil Arasu)**

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Department Library Issue Register

Academic Year: **Department:**

Library in charge: **Head of Department:**

Date of Preparation:

1. LIBRARY ISSUE & UTILIZATION SUMMARY

S.No.	Particulars	Details / Number
1	Total No. of Books / Volumes in Department Library	
2	Total No. of Students in the Department	
3	Total No. of Faculty Members	
4	Total Books Issued during the Academic Year	
5	Total Books Returned during the Academic Year	
6	No. of Books Issued to Students	
7	No. of Overdue / Pending Returns (if any)	

Total Issue Transactions in the Academic Year: _____

2. LIBRARY ISSUE / RETURN REGISTER (Detailed Record)

S.No.	Date of Issue	Student / Faculty Name	Register No. / Designation	Accession No.	Title of the Book	Author	Date of Return	Signature of Borrower	Signature of Librarian	Remarks
1										
2										
3										
4										

3. OVERDUE / FINE / LOSS RECORD

S.No.	Date	Name & Reg. No.	Accession No. & Title	Due Date	Actual Return Date	Fine Amount (₹)	Remarks / Action Taken
1							
2							
3							

Prepared by:

Library Coordinator: **Date:**

Approved & Verified by:

Date:_____ Signature of HoD:_____

IQAC Joint Co-ordinator **IQAC Co-ordinator** **Principal (i/c)**

(Dr. R. Jothimurugan) **(Dr. R. Kannan)** **(Dr. S. Senthil Arasu)**

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Department Library Attendance Register

Academic Year: **Department:**

Library In-charge: **Head of Department:**

Date of Preparation:

1. LIBRARY ATTENDANCE SUMMARY

S.No.	Particulars	Details / Number
1	Total No. of Students in the Department	
2	Total No. of Faculty Members	
3	Total Student Visits during the Semester	
4	Total Faculty Visits during the Semester	
5	Average Student Visits per Month	
6	Average Faculty Visits per Month	
7	Total Attendance Entries Recorded	

Remarks (if any): _____

2. LIBRARY ATTENDANCE REGISTER (Daily Record)

S.No.	Date	Name of Student / Faculty	Register No. / Designation	Time In	Time Out	Purpose (Study / Reference / Project / Others)	Signature	Remarks
1								
2								
3								
4								
5								
6								

3. MONTH-WISE ATTENDANCE SUMMARY

Month	No. of Student Visits	No. of Faculty Visits	Total Visits	Remarks

Prepared by:

Library Coordinator: **Date:**

IQAC Joint Co-ordinator **IQAC Co-ordinator** **Principal (i/c)**

(Dr. R. Jothimurugan) **(Dr. R. Kannan)** **(Dr. S. Senthil Arasu)**

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Sakthi Nagar, Appakudal, Erode – 638 315

DEPARTMENT NEWSLETTER

Academic Year: **Department:**

Newsletter In-charge:

Head of Department: **Date of Preparation:**

1. NEWSLETTER SUMMARY

S.No.	Particulars	Details
1	Total Newsletters Published during the Academic Year	
2	Frequency (Semester-wise)	
3	No. of Articles / Contributions from Students	
4	No. of Articles / Contributions from Faculty	
5	No. of Events Covered	
6	No. of Photographs Included	
7	Distribution (Students / Faculty / Management / Others)	

Total Issues Published: _____

2. NEWSLETTER PUBLICATION RECORD

S.No.	Issue No. / Month	Date of Publication	No. of Pages	No. of Student Articles	No. of Faculty Articles	No. of Events Covered	Remarks
1							
2							
3							
4							
5							

3. MAJOR CONTENTS / HIGHLIGHTS OF NEWSLETTERS

Issue No. / Month	Key Articles / Events Covered	Student Contributors	Faculty Contributors	Notable Achievements	Remarks

Prepared by:

Newsletter In charge: **Date:**

Approved & Verified by:

Date:_____ Signature of HoD:_____

IQAC Joint Co-ordinator **IQAC Co-ordinator** **Principal (i/c)**

(Dr. R. Jothimurugan) **(Dr. R. Kannan)** **(Dr. S. Senthil Arasu)**

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RESEARCH AND CONSULTANCY DETAILS

Academic Year: **Department:**

Department Research Coordinator:

1. RESEARCH PUBLICATIONS

S.No	Name of Faculty	Title of Paper	Journal / Conference	ISSN / ISBN	Impact Factor	Year	Remarks
1							
2							
3							
4							
5							

2. FUNDED RESEARCH PROJECTS

S.No	Name of Faculty	Project Title	Funding Agency	Amount (₹)	Duration	Status (Ongoing/Completed)	Remarks
1							
2							
3							

3. CONSULTANCY WORKS

S.No	Name of Faculty	Consultancy Title	Industry / Client	Amount Received (₹)	Duration	Status	Remarks
1							
2							
3							

4. PATENTS / IPR

S.No	Name of Faculty	Title of Patent	Application No.	Status (Filed/Published/Granted)	Year	Remarks
1						
2						

5. WORKSHOPS / FDP / SEMINARS ATTENDED

S.No	Name of Faculty	Programme Title	Organized by	Duration	Date	Remarks
1						
2						

5. REMARKS (IF ANY)

Prepared by:

Department Research Co-ordinator: **Date:**

Approved & Verified by:

Date:_____ Signature of HoD:_____

IQAC Joint Co-ordinator **IQAC Co-ordinator** **Principal (i/c)**

(Dr. R. Jothimurugan) **(Dr. R. Kannan)** **(Dr. S. Senthil Arasu)**

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DEPARTMENT LABORATORY FILE

Academic Year: **Department:**

Lab In charge: **Class Advisor:**

Head of Department: **Date of Preparation:**

1. LABORATORY FACILITIES & EQUIPMENT SUMMARY

S.No.	Particulars / Equipment	Quantity / Capacity	Purchase Year	Condition
1	Major Equipment / Instruments			
3	Consumables & Chemicals			
4	Software / Simulation Tools			
5	Any Other (Specify)			
	TOTAL			

Total Number of Experiments / Practical's in the Syllabus:

Number of Experiments Conducted in the Current Academic Year:

Utilization Percentage:

2. EQUIPMENT STOCK REGISTER / INVENTORY DETAILS (Major Items)

Date	Particulars / Equipment Added / Repaired / Condemned	Quantity	Voucher / Bill No. / Reference	Amount (₹) (if any)	Remarks / Condition

3. MAINTENANCE & CALIBRATION RECORD

Date	Particulars of Maintenance / Repair / Calibration	Amount Spent (₹)	Vendor / Agency	Bill No.	Remarks

Prepared by:

Lab Co-ordinator: **Date:**

Approved & Verified by:

Date:_____ Signature of HoD:_____

IQAC Joint Co-ordinator **IQAC Co-ordinator** **Principal (i/c)**

(Dr. R. Jothimurugan) **(Dr. R. Kannan)** **(Dr. S. Senthil Arasu)**

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DEPARTMENT EVENTS FILE
(Technical & Non- Technical)

Academic Year: **Department:**

Event coordinator: **Class Advisor:**

Head of Department: **Date of Preparation:**

1. DUTY- CHART

S.No	Staff Name	Responsibility	Assigned Area
1		Overall Coordinator	
2		Registration	
3		Paper Presentation In-charge	
4		Quiz Coordinator	
5		Refreshments	
6		Certificates & Prizes	
7		Stage & Anchoring	
8		Photography	

2. PROGRAM SCHEDULE

Time	Event
09:00 AM	Registration
09:30 AM	Inauguration
10:00 AM	Paper Presentation
11:30 AM	Technical Quiz
01:00 PM	Lunch Break
02:00 PM	Non-Technical Events
03:30 PM	Valedictory Function
04:00 PM	Prize Distribution

3. EVENT REPORT/ SUMMARY

The Department of _____Engineering successfully conducted a **Technical & Non-Technical Event** on ____at ___.

The program started with an inaugural function followed by various technical and non-technical events. Students actively participated and displayed their talents in areas like paper presentation, quiz, and games.

A total of:

a. Students Participated: __
b. Faculty Participated: __
c. External Participants: __

4. PHOTO SECTION

- With Geo Tag:
- Without Geo Tag:

5. SAMPLE CERTIFICATES

CERTIFICATE OF PARTICIPATION

This is to certify that
Mr. /Ms. _____has successfully participated in the **Technical Event** conducted by the Department of _____on ____.

Event Coordinator

6. BUDGET FILE

S.No.	Budget Head	Amount Utilized (₹)	Remarks
1	Publicity & Invitation		
2	Registration Kits & Certificates		
3	Refreshments / Lunch / Hospitality		
4	Prizes, Medals & Mementos		
5	Honorarium to Resource Persons / Judges / Chief Guest		
6	Venue Arrangement / Decoration / Technical Setup		
7	Travel & Accommodation (if any)		
8	Any Other (Specify)		
	TOTAL		

7. REMARKS / JUSTIFICATION (If any)

Prepared by:

Event Coordinator: **Date:**

Approved & Verified by:

Date:_____ Signature of HoD:_____

IQAC Joint Co-ordinator	**IQAC Co-ordinator**	**Principal (i/c)**
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CIRCULAR FOR DEPARTMENT EVENTS FILE
(Technical & Non- Technical)

Meeting No: **Date:**

Time: **Venue:**

Academic Year: **Semester:**

Agenda

1.

2.

(All the members are requested to attend the meeting without fail)

Prepared by

Course Coordinator

Verified & Approved by:

Date: _____ Signature of HoD:_____

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DEPARTMENT FACULTY CONTRIBUTION FILE

Academic Year: **Department:**

Faculty Name: **Class Advisor:**

Head of Department: **Date of Preparation:**

1. FACULTY PROFILE & SUMMARY

S.No	Faculty Name	Designation	D.O.B	D.O.J	Experience		Area of Specialization	Email ID	Mobile Number
					Teaching	Industry			

2. PROFESSIONAL DEVELOPMENT & TRAINING RECORD (FDP / Seminar / Workshop / Conference)

Date	Program Name	Organized by	Duration	Level	Certificate / Participation Proof	Remarks

3. RESEARCH, PUBLICATION, CONSULTANCY & PROJECT GUIDANCE, IPR

S.No.	Particulars	Details (Title / Journal / Agency / Students Guided)	Year	Impact / Outcome	Remarks
1	Research Papers Published (Journal / Conference)				
2	Books / Lab Manuals / Course Materials Authored				
3	Funded Projects / Consultancy				
4	Student Project Guidance (No. of Projects)				
5	Any Patent / Prototype Developed				

4. CO-CURRICULAR, EXTRA-CURRICULAR ,INSTITUTIONAL & INDUSTRIAL CONTRIBUTION

Date / Month	Activity / Role	Level	No. of Students Involved	Outcome / Achievement	Remarks

5. FACULTY MENTORING & COUNSELING RECORD

Batch / Semester	No. of Students Mentored	Key Issues Addressed	Grievance addressed to Parents	Remarks

6. ANY OTHER CONTRIBUTION

Date	Particulars	Details	Remarks

Prepared by:

Name of the Faculty: **Date:**

Verified & Approved by:

Date: _____ Signature of HoD:_____

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DEPARTMENT STUDENT PARTICIPATION FILE

Academic Year: **Department:**

Student Participation Coordinator: **Class Advisor:**

Head of Department: **Date of Preparation:**

1. STUDENT PARTICIPATION & ACHIEVEMENT SUMMARY

S.No.	Category	No. of Students Participated	No. of Events / Activities	No. of Prizes / Awards Won	Remarks
1	Technical Symposia / Paper Presentation / Project Expo				
2	Workshops / Seminars / FDPs / Skill Development Programs				
3	Sports & Games (Intra & Inter-College)				
4	Cultural & Literary Activities				
5	NSS / NCC / YRC / RRC / Red Ribbon Club Activities				
6	Industrial Visits / Internship / In-Plant Training				
7	Placement Drives / Career Guidance Programs / Aptitude Tests				
8	Entrepreneurship / Innovation / Startup Activities				
9	Any Other (Specify)				

Total Number of Students in the Department: _____

Total Number of Events / Activities Conducted or Participated: _____

Total Awards / Prizes Won by Students: _____

2. DETAILED PARTICIPATION RECORD (Major Activities)

Date / Month	Name of the Event / Activity	Organized by (Institution / Agency)	Level (Intra / Inter-College / District / State / National / International)	No. of Students Participated	Achievements / Prizes Won	Remarks

3. STUDENT-WISE PARTICIPATION & ACHIEVEMENT HIGHLIGHTS

S.No.	Student Name & Register No.	Semester / Year	Events Participated	Achievements	Remarks
1					
2					
3					
4					

4. REMARKS / JUSTIFICATION (If any)

Prepared by:

Student Participation Coordinator: **Date:**

Verified & Approved by:

Date: _____ Signature of HoD:_____

IQAC Joint Co-ordinator **IQAC Co-ordinator** **Principal (i/c)**

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PLACEMENT AND HIGHER STUDY FILE

Academic Year: **Department:**

Placement coordinator:

Date of Preparation:

1. PLACEMENT & HIGHER STUDIES SUMMARY

S.No.	Particulars	Details / Number
1	Total No. of Students in Final Year	
2	No. of Students Eligible for Placement	
3	No. of Students Placed through Campus Drive	
4	No. of Students Placed through Off-Campus / Direct	
5	Total Students Placed	
6	Highest Package Offered (₹ per annum)	
7	Average Package Offered (₹ per annum)	
8	No. of Students Opted for Higher Studies	
9	No. of Students Opted for Self-Employment / Entrepreneurship	
10	No. of Students Not Placed / Not Interested	

Total Placement Percentage: _____%

Higher Studies Percentage: _____%

Overall Progression Rate: _____%

Utilization / Performance Percentage: _____

2. PLACEMENT DETAILS

S.No.	Date of Drive / Month	Company Name	No. of Students Attended	No. of Students Selected	Package	Designation / Role	Remarks
1							
2							
3							
4							

3. HIGHER STUDIES DETAILS

S.No.	Student Name	Register Number	Course / Programme Joined	Institution / University	Year of Admission	Mode (Full Time / Part Time)	Remarks / Scholarship
1							
2							
3							
4							
5							

4. COMPANY-WISE PLACEMENT RECORD

S.No.	Company Name	No. of Students Placed	Package Range (₹ p.a.)	Date of Selection	Remarks
1					
2					
3					
4					

5. STUDENT PROGRESSION SUMMARY (Batch-wise)

Batch / Semester	Total Students	Placed	Higher Studies	Entrepreneurship	Others	Placement %	Higher Studies %	Remarks

6. TRAINING & PLACEMENT ACTIVITIES CONDUCTED

Date / Month	Activity	Resource Person / Agency	No. of Students Benefited	Outcome	Remarks
1					
2					
3					
4					

7. **ANY OTHER CONTRIBUTION / ACHIEVEMENTS**

Date	Particulars	Details	Outcome / Impact	Remarks

Prepared by:

Placement Coordinator: **Date:**

Verified & Approved by:

Date: _____ Signature of HoD:_____

IQAC Joint Co-ordinator **IQAC Co-ordinator** **Principal (i/c)**

(Dr. R. Jothimurugan) **(Dr. R. Kannan)** **(Dr. S. Senthil Arasu)**

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DEPARTMENT MINUTES OF MEETING FILE

Academic Year: **Department:**

Meeting coordinator: **Date of Preparation:**

Head of Department:

1. MEETING SUMMARY RECORD

S.No.	Meeting Type	Date & Time	Venue	No. of Members Present	Key Agenda Items	Remarks
1						
2						
3						
4						
5						

Total Number of Meetings Conducted in the Current Academic Year: _____

Utilization / Compliance Percentage _____%

2. DETAILED MINUTES OF MEETINGS

Meeting No.: _____ Date: _____

Time: From _____To _____Venue: _____

Chairperson: _____Secretary / Recorder: _____

Members Present:

1.

2.

Members Absent (with prior intimation): _____

Agenda of the Meeting:

1.

2.

Proceedings / Discussions:

1.

3. **Action Items / Responsibilities:**

S.No.	Action Point	Responsible Person	Target Date	Status / Remarks
1				
2				
3				

Any Other Matter (AOM): _____

Next Meeting Date: _____

Prepared by Lab Coordinator: _____ Date: _____

Verified & Approved by:

Head of Department: _____

Signature: _____ Date: _____

4. ACTION TAKEN REPORT (ATR) SUMMARY

Date of Previous Meeting	Key Action Points	Action Taken	Status	Remarks

Prepared by:

Meeting Coordinator: **Date:**

Verified & Approved by:

Date: _____ Signature of HoD:_____

IQAC Joint Co-ordinator	**IQAC Co-ordinator**	**Principal (i/c)**
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NAAN MUDHALVAN COURSE FILE

Academic Year: **Department:**

NM Course Coordinator: **Head of Department:**

Date of Preparation:

1. NAAN MUDHALVAN COURSE DETAILS

S.No.	Course Code	Course Title	Semester / Year	No. of Hours	Mode	Faculty
1						

Total Students Enrolled: _____

NM Portal Course Code: _____

2. COURSE CONTENT / MODULE SUMMARY

Module N	No. of Hours Allotted	No. of Hours Delivered	Completion Status (Yes/No)	Remarks
1				
2				
3				
4				

Total Hours Delivered: _____

3. STUDENT ENROLLMENT & ATTENDANCE SUMMARY

S.No	Register No.	Student Name	Attendance %	Eligible for Certificate (≥75%)	Certificate Issue	Remarks

Total Students Completed the Course: _____

4. ASSESSMENT & EVALUATION RECORD

Assessment Component	Max. Marks	Marks Obtained (Average)	Passing Status	Remarks
Online Quiz Test				
Assignment Activity				
Attendance				
Final Assessment				
Total				

5. COURSE OUTCOME ATTAINMENT

CO No.	Course Outcome Statement	Attainment Level	Remarks
CO1			
CO2			
CO3			

Overall Attainment Level: _____

6. COURSE FEEDBACK SUMMARY

Feedback Parameter	Excellent	Good	Satisfactory	Needs Improvement	Average Score
Course Content					
Delivery Method					
Skill Development					
Usefulness for Employability					

7. ACTION TAKEN REPORT

S.No.	Observation / Feedback	Action Taken	Status	Evidence / Remarks
1				
2				

Prepared by:

NM Coordinator: **Date:**

Verified & Approved by:

Date: _____ Signature of HoD:_____

IQAC Joint Co-ordinator **IQAC Co-ordinator** **Principal (i/c)**

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AUDIT COURSE FILE

Academic Year: **Department:**

Audit Course In-charge: **Head of Department:**

Date of Preparation:

1. AUDIT COURSE DETAILS

S.No.	Course Code	Course Title	Semester / Year	No. of Hours (as per DOTE)	Faculty In-charge	Mode (Theory / Activity)

2. COURSE CONTENT

Module No.	Topics Covered	No. of Hours Allotted	No. of Hours Delivered	Remarks
1				
2				

3. STUDENT ENROLLMENT & ATTENDANCE SUMMARY

S.No.	Register No.	Student Name	Attendance

4. ASSESSMENT & EVALUATION RECORD

Assessment Component	Max. Marks	Marks Obtained (Average)	Remarks
Assignment / Activity			
Seminar / Presentation			
Group Activity / Project			
Attendance			
Total	**100**		

5. COURSE OUTCOME ATTAINMENT

CO No.	Course Outcome Statement	Attainment Level (1/2/3)	Remarks
CO1			
CO2			
CO3			

6. ACTION TAKEN REPORT

S.No.	Feedback / Observation	Action Taken	Status	Evidence / Remarks
1				
2				

Prepared by:

Audit Course In charge: **Date:**

Verified & Approved by:

Date: _____ Signature of HoD:_____

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DEPARTMENT ADVISORY BOARD (DAB) FILE

Academic Year: _____ **Department:**_____

DAB Coordinator: _____ **Head of Department:**_____

Date of Preparation: _____

1. DEPARTMENT ADVISORY BOARD

S.No.	Name	Designation	Role in DAB	Contact No	Date of Nomination	Signature
1		HOD	Chairperson			
2		Senior Faculty	Member			
3		Industry Expert	Member			
4		Academic Expert	Member			
5		Alumni Representative	Member			
6		Parent Representative	Member			
7		DAB Coordinator	Member Secretary			

2. DETAILED MINUTES OF THE DAB MEETING

Meeting ID.:

Date: _____ **Time:** _____

Venue: _____

Members Present:

1.

2.

3.

4.

Agenda of the First Meeting:

Minutes / Discussions & Decisions:

Agenda Item	Discussion Summary	Decision Taken	Responsibility	Target Date
1				
2				
3				
4				

4. ACTION TAKEN REPORT ON DAB MEETING

Decision Taken	Action Taken	Status	Evidence / Remarks	Signature of HOD

Prepared by:

DAB Coordinator: **Date:**

Verified & Approved by:

Date: _____ Signature of HoD:_____

IQAC Joint Co-ordinator	**IQAC Co-ordinator**	**Principal (i/c)**
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Physical Education File

Academic Year: **Department:**

Physical Education Director: **Date of Preparation:**

1. SPORTS UNIT PROFILE & SUMMARY

S.No.	Particulars	Details
1	Name of Physical Education Director / Sports In-charge	
2	Designation & Department	
3	Contact Number & Email	
4	Total Students in the Institution	
5	No. of Students Participated in Sports Activities	
6	No. of Regular Sports Activities Conducted	
7	No. of Tournaments / Competitions Organized	
8	No. of Tournaments Participated (Inter-Polytechnic / District / State)	
9	Total Medals / Certificates Won	
10	Major Achievements / Awards (DOTE / University / State)	

Total Number of Sports Activities in the Academic Year: _____

Total Students Benefited: _____

Utilization / Performance Summary (Self-Assessed): _____

2. REGULAR SPORTS ACTIVITIES & PRACTICE RECORD

Date / Month	Activity / Program Name	Venue	No. of Students Participated	Outcome / Achievement	Remarks / Photos Attached
1					
2					
3					
4					
5					

3. SPORTS TOURNAMENTS & COMPETITIONS RECORD

Date / Duration	Tournament / Event Name	Level	No. of Students Participated	Medals / Position Won	Organized by / Venue	Remarks
1						
2						
3						
4						

4. SPORTS ACHIEVEMENTS & AWARDS

Date	Student Name & Reg. No.	Event / Game	Level	Achievement / Medal	Remarks
1					
2					
3					

5. ANY OTHER CONTRIBUTION / SPECIAL ACTIVITIES

Date	Particulars	Details	No. of Participants	Remarks
1				
2				
3				

Prepared by:

Physical Education Director: **Date:**

IQAC Joint Co-ordinator **IQAC Co-ordinator** **Principal (i/c)**

(Dr. R. Jothimurugan) **(Dr. R. Kannan)** **(Dr. S. Senthil Arasu)**

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CLUB ACTIVITIES RECORD

Academic Year: **Department:**

Club coordinator: **Class Advisor:**

Head of Department: **Date of Preparation:**

1. CLUB ACTIVITY SUMMARY

S.No.	Particulars	Details
1	Total Club Activities Conducted	
2	Total Students Participated	
3	No. of Resource Persons / Guests	
4	Major Clubs Active (e.g., Technical, Cultural, Literary, etc.)	

Total Activities: _____

Remarks (if any): _____

Prepared by:

Club Coordinator: **Date:**

Verified & Approved by:

Date: _____ Signature of HoD:_____

IQAC Joint Co-ordinator **IQAC Co-ordinator** **Principal (i/c)**

(Dr. R. Jothimurugan) **(Dr. R. Kannan)** **(Dr. S. Senthil Arasu)**

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NATIONAL CADET CORPS (NCC)

Academic Year: **Department:**

NCC Program officer: **NCC Unit strength:**

Head of Institution: **Date of Preparation:**

1. NCC UNIT PROFILE & SUMMARY

S.No.	Particulars	Details
1	Name of NCC Officer	
2	Designation & Department	
3	Contact Number & Email	
4	No. of NCC Units / Wings (Army/Navy/Air)	
5	Total Cadets Enrolled (Senior Division/Wing)	
6	No. of Regular Parades / Training Sessions Conducted	
7	No. of Camps / Attachment Programmes Organized	
8	Total Training Hours / Service Rendered by Cadets	
9	Major Achievements / Awards (DOTE / NCC Directorate / State / 'B' & 'C' Certificates)	

Total Number of NCC Activities in the Academic Year: _____

Total Beneficiaries (Cadets + Community): _____

Utilization / Performance Summary (Self-Assessed): _____

2. REGULAR NCC ACTIVITIES / PARADE RECORD

Date / Month	Activity / Programme Name	Venue / Place	No. of Cadets Participated	Collaborating Agency	Outcome / Impact	Remarks / Photos Attached

3. NCC CAMPS / ANNUAL TRAINING CAMP / ATTACHMENT CAMP DETAILS

Date / Duration	Camp Title	Location / Unit	No. of Cadets	Major Activities Conducted	Outcome / Beneficiaries	Remarks

4. **PROFESSIONAL DEVELOPMENT & TRAINING (For NCC Officer & Cadets)**

Date	Programme Name	Organized by	Duration	Level	Certificate / Proof	Remarks

5. **AWARENESS PROGRAMMES, CELEBRATIONS & NATIONAL INTEGRATION ACTIVITIES**

Date / Month	Activity	No. of Cadets	No. of Beneficiaries	Outcome / Achievement	Remarks

6. **AWARD AND ACHEIVEMENT**

S.No	Date	Name of Cadet / Faculty	Award / Achievement	Level	Organized by	Outcome / Recognition	Remarks

7. **ANY OTHER CONTRIBUTION / SPECIAL ACHIEVEMENTS**

Date	Particulars	Details	Remarks

Prepared by:

NCC Program Officer: **Date:**

IQAC Joint Co-ordinator	**IQAC Co-ordinator**	**Principal (i/c)**
(Dr. R. Jothimurugan)	**(Dr. R. Kannan)**	**(Dr. S. Senthil Arasu)**

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A unit of Sakthi Foundation | Established: 1981

Sakthi Nagar, Appakudal, Erode – 638 315

CENTRAL LIBRARY RECORD

Academic Year: **Department:**

Library In-charge: **Head of Department:**

Date of Preparation:

1. CENTRAL LIBRARY SUMMARY

S.No.	Particulars	Details / Number
1	Total No. of Books / Volumes in Central Library	
2	Total No. of Titles	
3	Total No. of Students in the Institution	
4	Total No. of Faculty Members	
5	Total Books Issued during the Academic Year	
6	Total Books Returned during the Academic Year	
7	Average Books Issued per Student	
8	Average Books Issued per Faculty	
9	No. of Overdue / Pending Returns (if any)	
10	No. of Journals / Magazines Subscribed	

Total Issue Transactions in the Academic Year: _____

Library Utilization Percentage: _____%

Remarks (if any): _____

2. ACCESSION REGISTER

S.No.	Title	Author	Publisher	Accession No.	Date of Publication	Edition
1						
2						

3. PERIODICAL REGISTER

S.No	Title	Duration	Volume	Issue No

4. LIBRARY COMMITTEE MEETING RECORDS

5. OVERDUE / FINE / LOSS RECORD (If any)

S.No.	Date	Name & Reg. No.	Accession No. & Title	Due Date	Actual Return Date	Fine Amount (₹)	Remarks / Action Taken
1							
2							
3							

Total Fine Collected (if any): ₹ _____

Prepared by:

Library Coordinator: **Date:**

IQAC Joint Co-ordinator **IQAC Co-ordinator** **Principal (i/c)**

(Dr. R. Jothimurugan) **(Dr. R. Kannan)** **(Dr. S. Senthil Arasu)**

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NATIONAL SERVICE SCHEME (NSS)

Academic Year: **Department:**

NSS Program officer: **NSS Unit strength:**

Head of Institution: **Date of Preparation:**

1. NSS UNIT PROFILE & SUMMARY

S.No.	Particulars	Details
1	Name of NSS Programme Officer	
2	Designation & Department	
3	Contact Number & Email	
4	No. of NSS Units	
5	Total Volunteers Enrolled	
6	No. of Regular Activities Conducted	
7	No. of Special Camps Organized	
8	Total Hours of Service Rendered by Volunteers	
9	Adopted Village / Community (if any)	
10	Major Achievements / Awards (DOTE / University / State)	

Total Number of NSS Activities in the Academic Year: _____

Total Beneficiaries (Students + Community): _____

Utilization / Performance Summary (Self-Assessed): _____

2. REGULAR NSS ACTIVITIES RECORD

Date / Month	Activity / Programme Name	Venue / Place	No. of Volunteers Participated	Collaborating Agency	Outcome / Impact	Remarks / Photos Attached

3. NSS SPECIAL CAMP / ANNUAL CAMP DETAILS

Date / Duration	Camp Title / Theme	Adopted Village / Location	No. of Volunteers	Major Activities Conducted	Outcome / Beneficiaries	Remarks

4. AWARENESS PROGRAMMES, CELEBRATIONS & EXTENSION ACTIVITIES

Date / Month	Activity	No. of Volunteers	No. of Beneficiaries	Outcome / Achievement	Remarks

5. COMMUNITY SERVICE & SOCIAL IMPACT RECORD

Date / Period	Activity	Place / Village	No. of Volunteers	Impact / Outcome	Remarks

Prepared by:

NSS Program Officer: **Date:**

IQAC Joint Co-ordinator **IQAC Co-ordinator** **Principal (i/c)**

(Dr. R. Jothimurugan) **(Dr. R. Kannan)** **(Dr. S. Senthil Arasu)**

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PLACEMENT CELL

Academic Year: **Department:**

Placement Cell Coordinator: **Class Advisor:**

Head of Department: **Date of Preparation:**

1. EVENT / ACTIVITY ALLOCATION & EXPENDITURE SUMMARY

S.No.	Budget Head	Amount Utilized (₹)	Remarks
1	Publicity & Invitation		
2	Registration / Kits / Certificates / Placement Brochure		
3	Refreshments / Lunch / Hospitality		
4	Prizes / Mementos / Gifts to Recruiters		
5	Honorarium to Resource Persons / Trainers / Industry Experts		
6	Venue Arrangement / Decoration / Technical Setup		
7	Travel & Accommodation (if any)		
8	Any Other (Specify)		

Total Amount Utilized: ₹ _____

No. of Participants:

- Alumni: _____
- Students: _____
- Faculty: _____
- External / Guests: _____

No. of Activities Conducted: _____

No. of Resource Persons / Chief Alumni / Guests: _____

2. UTILIZATION DETAILS

Date	Particulars	Amount (₹)	Voucher / Bill No.	Remarks

3. ACTIVITY DETAILS / SUMMARY

Activity Title: _____

Date of Activity: _____ **Venue:** _____

Brief Report / Highlights: (Attach photos, attendance sheet, feedback forms, alumni feedback etc.)

Key Outcomes / Contributions:

- Number of alumni interacted: _____
- Feedback summary:
- Any donations / endowments / support received:
- Follow-up actions:

4. REMARKS / JUSTIFICATION (If any)

Prepared by:

Placement Cell Coordinator: **Date:**

Verified & Approved by:

Date: _____ **Signature of HoD:**_____

IQAC Joint Co-ordinator	IQAC Co-ordinator	Principal (i/c)
(Dr. R. Jothimurugan)	(Dr. R. Kannan)	(Dr. S. Senthil Arasu)

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ALUMNI CELL EVENTS

Academic Year: **Department:**

Alumni Cell Coordinator: **Class Advisor:**

Head of Department: **Date of Preparation:**

1. EVENT / ACTIVITY ALLOCATION & EXPENDITURE SUMMARY

S.No.	Budget Head	Amount Utilized (₹)	Remarks
1	Publicity & Invitation		
2	Registration Kits / Badges / Certificates		
3	Refreshments / Lunch / Hospitality		
4	Prizes / Mementos / Gifts to Alumni		
5	Honorarium to Resource Persons / Chief Alumni		
6	Venue Arrangement / Decoration / Technical Setup		
7	Travel & Accommodation (if any)		
8	Any Other (Specify)		

Total Amount Utilized: ₹ _____

No. of Participants:

- Alumni: _____
- Students: _____
- Faculty: _____
- External / Guests: _____

No. of Activities Conducted: _____

No. of Resource Persons / Chief Alumni / Guests: _____

2. UTILIZATION DETAILS (Major Expenses)

Date	Particulars	Amount (₹)	Voucher / Bill No.	Remarks

3. ACTIVITY DETAILS / SUMMARY

Activity Title: _____

Date of Activity: _____ **Venue:** _____

Brief Report / Highlights:

Key Outcomes / Contributions:

- Number of alumni interacted: _____
- Feedback summary:
- Any donations / endowments / support received:
- Follow-up actions:

4. REMARKS / JUSTIFICATION (If any)

Prepared by:

Alumni Cell Coordinator: **Date:**

Verified & Approved by:

Date: _____ **Signature of HoD:**_____

IQAC Joint Co-ordinator	IQAC Co-ordinator	Principal (i/c)
(Dr. R. Jothimurugan)	(Dr. R. Kannan)	(Dr. S. Senthil Arasu)