**Teacher’s ACTIVITY REPORT 2016 - 2021**

**FACULTY: DEPARTMENT/ COMMITTEE IQAC ACTIVITY No:**

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| --- |
| **NAME OF THE ACTIVITY:** |
| **DATE** | **FACULTY** | **DEPARTMENT/COMMITTEE** | **COORDINATOR NAME** |
|  |  |  |  |
| **TIME** | **VENUE** | **NUMBER OF PARTICIPANTS** | **NATURE: Outdoor/Indoor** |
|  |  |  |  |
| **SUPPORT/ASSISTANCE:** |  |

BRIEF INFORMATION ABOUT THE ACTIVITY (**CRITERION NO. -** ):

|  |  |
| --- | --- |
| TOPIC/SUBJECT OF THE ACTIVITY |  |
| OBJECTIVES |  |
| METHODOLOGY |  |
| OUTCOMES |  |

**PROOFS & DOCUMENTS ATTACHED (Tick mark the proofs attached):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Notice & Letters | **Student list of participation** | **Activity report** | **Photos** | Feedback form |
| **Feedback analysis** | News clip with details | Certificate | Any other |  |

|  |  |  |
| --- | --- | --- |
| IQAC Document No:  | Criterion No:  | Metric No: |
| Departmental file no | IQAC file No;  |  |

|  |  |  |
| --- | --- | --- |
| NAME OF TEACHER & SIGNATURE | NAME OF HEAD/ COMMITTEE INCHARGE & SIGNATURE | IQAC COORDINATOR (SEAL & SIGNATURE) |
|  |  |  |

For Reference

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Criterion I  | Curricular Aspects (planning & Implementation) |  | Criterion V | Student Support & Progression |
| Criterion II | Teaching Learning & Evaluation | Criterion VI | Governance |
| Criterion III | Research, Innovations & Extension | Criterion VII | Institutional Values & Best Practices |
| Criterion IV | Learning Resources and Infrastructure |  |  |