

ACADEMIC AUDIT REPORT

SESSION:

1. Name of Department:

2. No.of full time permanent faculty:

3. No. of part time /temporary/ contractual faculty:

4. No. of PG / UG courses:

5. No. of Research Publications:

6. Strength:

- i.**
- ii.**
- iii.**
- iv.**
- v.**

7. Weakness:

- i.**
- ii.**
- iii.**
- iv.**
- v.**

8. Recommended Actions:

Signature of HOD