**GOVERNMENT COLLEGE OF TECHNOLOGY, COIMBATORE-641013**

**DEPARTMENTAL AUDIT**

**CHECK LIST FOR EVALUATION OF COURSE FILE (PRACTICAL)**

Course Code :

Course Name :

Name of the Faculty :

Name of the Department :

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **CONTENT** | **ATTACHED IN FILE** | **REMARK** |
| **Yes** | **No** |
| 1 | Vision, Mission of Institute and Department |  |  |  |
| 2 | POs, PEOs, PSOs  |  |  |  |
| 3 | Syllabus and List of experiements |  |  |  |
| 4 | List of Students  |  |  |  |
| 5 | Course Plan |  |  |  |
| 6 | Time Table |  |  |  |
| 7 | Assessment and Evaluation schemes |  |  |  |
| 8 | Model Question Paper & Answer Sheets (3 samples) |  |  |  |
| 9 | Details of Content beyond syllabus |  |  |  |
| 10 | Details of Attendance |  |  |  |
| 11 | Continuous Assessment Marks (with split up details) |  |  |  |
| 12 | CO-PO attainment of the course(20% Weightage for Course Exit Survey)(40% Weightage for Internal Mark)(40% Weightage for External Mark) |  |  |  |
| 13 | Sample Lab Record Copies (Three from each category of best, medium & poor) as submitted by students |  |  |  |
| 14 | Lab Manual |  |  |  |
| 15 | Gap Analysis |  |  |  |
| 16 | Result AnalysisNo. of students Cleared in current semesterNo. of students Reappeared in current semester |  |  |  |
| 17 | Course End Survey ( 5 Samples) |  |  |  |

**Signature of the Faculty In-charge**

**Departmental Audit Members**

 **Head of the Department**