**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 experiments |  |  |  |
| 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  (10% Weightage for Course Exit Survey)  (50% Weightage for Internal Mark)  (40% Weightage for External Mark) |  |  |  |
| 13 | Sample Lab Record Copies as submitted by students |  |  |  |
| 14 | Lab Manual |  |  |  |
| 15 | Course End Survey ( 5 Samples) |  |  |  |

**Signature of the Faculty In-charge**

**Departmental Audit Members**

**Head of the Department**