

REPORT ON SHORT TERM COURSE / WORKSHOP
CONDUCTED

- 1: Name of the institution :
- 2: Title of the programme :
- 3: Dates of conduct of the programme :
- 4: Name and Address of the coordinator :
- 5: Number of participants :

Number of participants											
<i>Professor</i>	<i>AP</i>	<i>Lecturer</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>From the same institution</i>	<i>From Govt colleges</i>	<i>From Govt aided colleges</i>	<i>From self financing college</i>	<i>From industry</i>	<i>From outside the district</i>

- 6: Attendance details :

<i>Day 1</i>	<i>Day 2</i>	<i>Day 3</i>	<i>Day 4</i>	<i>Day 5</i>

- 7: Topics covered with :

Sl.No	Topic	Name and Address of Faculty	No. of Hours

8: Details of feedback from participants :

	<i>Excellent</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Poor</i>
a. Course content				
B: Course material				
C: Presentation				
D: Duration				
E: Faculty				
F: General Arrangement				
G: Hospitality				
H: Timing of the programme				
I: Uesfulness of the programme				

9:

a: Whether any test was conducted :

b: If no, mode of evaluation :

10: Performance of the participants :

Number of participants with			
<i>A Grade (above 90%)</i>	<i>B Grade (70 to 90 %)</i>	<i>C Grade (50 to 70 %)</i>	<i>Not satisfactory (below 50%)</i>

11: Details of finance

a: Total amount received from DTE :

b: Amount received from any other Source (specify) :

c: Amount spent on each item :

Remarks of the co-ordinator :

Certified that all the details provided here are true and as per the records maintained with me.

Signature of the co-ordinator

Remarks of the observer (appointed by the Principal)

Signature of the observer

Remarks and signature of the Head of Department

Remarks and signature of the Principal

***Copies of attendance statements, feedback form, Photographs etc may be attached.**