



Department of Information Technology

Academic
Review I / II

Date:

Academic Year	Semester	Year	Name of the Subject/Subjects

Name Of The faculty:

I. Completion Status of Syllabus with reference to Teaching Plan & Academic Course File contents

II. Completion Status of Laboratory Assignments with reference to Teaching Plan.

III. Assessment Regularity of Assignments & LAB Experiments.

IV. Review of Resource updation on Moodle Server and Lab Manual completion/Updation.

V. Report of missed Lecture & Practical's with reference to Teaching Plan Prepared.

VI. Usage of Digital Aids available in Classrooms to improve Teaching learning process.

VII. Proactive initiatives in completing Academic Tasks assigned by Department to improve Teaching Learning Process.

IX. Online and offline feedback

X. Research publications

Remarks: _____

Name & Signature of Faculty

HOD Information Technology