

ANNEXURE: PROJECT WORK, INTERNAL ASSESSMENT & PRACTICAL FILE COMPLETION

1. General Information

| Field | Details |
|---------------------|---|
| Academic Session | |
| Class | <input type="checkbox"/> X <input type="checkbox"/> XII |
| Subject | |
| Teacher Name | |
| Submission Deadline | |
| Prepared By | |

2. Submission Status (Student-wise Record)

| S. No. | Student Name | Roll No. | Project Submitted | Practical File Submitted | IA Completed | Checked | Signed | Marks Awarded |
|--------|--------------|----------|---|---|---|---|---|---------------|
| 1 | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 2 | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 3 | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 4 | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 5 | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

(Add rows as required)

3. Subject-wise Completion Summary

| Subject | Total Students | Submitted | Pending | Checked | Signed | Completed (%) |
|---------|----------------|-----------|---------|---------|--------|---------------|
| | | | | | | % |
| | | | | | | % |

4. Verification Checklist

| Parameter | Status |
|----------------------------|--|
| All Projects Submitted | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Practical Files Completed | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IA Work Completed | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Teacher Checking Done | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Teacher Signatures Done | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Marks Allotted | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Record Maintained Properly | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. Assessment & Grading Criteria

| Component | Marks | Criteria Defined (Yes/No) |
|---------------------|-------|--|
| Project Work | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Practical File | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Viva / Activity | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Internal Assessment | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

6. Submission Register Maintenance

| Field | Details |
|-----------------------------|--|
| Register Maintained | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Subject-wise Tracking Done | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Verification Status Updated | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Teacher Sign-off Taken | <input type="checkbox"/> Yes <input type="checkbox"/> No |

7. Pending / Defaulter List

| S. No. | Student Name | Roll No. | Pending Work | Action Taken |
|--------|--------------|----------|--------------|--------------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |

8. Follow-up & Remedial Actions

| Field | Details |
|----------------------------|--|
| Reminder Given to Students | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Parent Intimation Done | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Final Deadline Provided | _____ |
| Special Submission Allowed | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Documentation & Record Keeping

| Field | Status |
|----------------------------|--|
| Records Filed Subject-wise | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Digital Backup Maintained | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Marks Ready for Upload | <input type="checkbox"/> Yes <input type="checkbox"/> No |

10. Challenges Faced

1. _____
2. _____

11. Suggestions / Improvements

1. _____
2. _____

12. Final Remarks

Signatures

| Role | Name & Signature | Date |
|-------------------|-----------------------------|-------------|
| Subject Teacher | | |
| Class Coordinator | | |
| Exam Coordinator | | |
| Principal | | |