Session: 2023-2024

Data Capture Form (DCF) for
Internal Academic Audit Report

Department of   ………………………………

Name of the HOD: ………………………………..

Date of submission:

Document for IQAC

Vidyasagar University

Vidyasagar University

FORMAT OF INTERNAL ANNUAL ACADEMIC AUDIT (1ˢᵗ July to 30ᵗʰ June)

<u>**Session:**</u>

1. Name of the Department :

2. Faculty Information:

Sl. No.	*Name*	*Designation*	*Qualifications*	*Specialization*	*Teaching Experience*	*No. of M. Phil /Ph. D. supervised (during the year)*

3. **Thrust areas of the department:**

(a)

(b)

(c)

(d)

4. **Records:**

Description	Yes/No
Lab Log Book	
Smart Class Log Book	
Stock Register	
Resolution of DC meeting	

Resolution of Ph. D. committee meeting	
Resolution of Students-Teachers meeting	
Resolution of Parents-Teachers meeting	
Internal Assessment Marks	

Student's information:

5. Intake capacity   :

6. Demand Ratio (Intake capacity: :
    No. of applications received)

7. Student Enrolment (semester-wise)   :

	Female	Male	Total
First Semester			
Secondly Semester			
Third Semester			
Fourth Semester			

8. Teacher: Student Ratio   :

9. Teacher: Research Scholar Ratio   :

10. The success rate of Students   :

11. Mechanism of interaction with students (Lectures/tutorials/practical classes):

12. (a) Students' placement record:

Sl. No.	Name of the Student	Passing year	Designation and name of the organization	Approximate Salary

(b) Students' record for higher Study:

Sl. No.	Name of the Student	Passing year	Name of program (Ph.D., M.Phil, M. Tech, etc.)	Name of University

13. Co-curricular activities organized by the PG students:

14. Participation in co-curricular activities by the PG students:

Teaching-Learning activities:

15. Courses offered by the department:
    (a) PG course: Yes/No
    (b) UG course: Yes/No
    (c) Ph.D.: Yes/No
    (d) Value added course: Yes/No, If yes, name of the course and duration.
    (e) Skill development course: Yes/No, If yes, name of the course and duration.
    (f) Soft skill development course: Yes/No, If yes, name of the course and duration.
    (g) Certificate course: Yes/No, If yes, name of the course and duration.
    (h) Any other <u>course:</u>

16. Teaching:
a) Whether the teachers complete the work assigned by the DC? Yes/No
      If not: % of the syllabus covered and state the reason.
b) Whether the teachers complete the syllabus? Yes/No
      If not: % of the syllabus covered and state the reason.

17. (a) Number of ICT-enabled classrooms/smart classrooms available in the department (specify the equipment /instruments):
    (b) Percentage of faculty members that use ICT enabled//smart classrooms in the teaching-learning process:

18. Mode of evaluation of students:
    (a) Class test   : Yes/No
    (b) Home assignment   : Yes/No
    (c) Seminar presentation : Yes/No
    (d) Quiz   : Yes/No
    (e) Any other (please specify):

19. Class information

Sl. No	Course / Paper	No. of classes allocated [for a paper of 50 marks, 40 lectures (each lecture of one-hour duration) <u>should</u> be allocated]	No. of classes taken
1			
2			
3			
4			
5			
6			

20. Other responsibilities of the faculty:
Participation in:

Activities	Yes / No	If Yes, give details
Educational Tour / Industry implant training/ placement activity		
Extension Activities/ Institutional Governance/ Participation in committees etc.		
Filed visit/ Outreach program		
Any other		

21. Innovative practices adopted in the teaching, learning and evaluation process:

22. Frequency of revision of Syllabus and the   :
    year in which the syllabus was last revised

23. (a) No. of video lectures developed by the faculty members of the department:
    (b) No. of e-texts developed by the faculty members of the department:
13. Details of other courses developed by the faculty members (SWAYAM, MOOC, etc.):

Research Activities
24. Whether the department published any journal? If yes,
    (a) Name of the journal:
    (b) ISSN:
    (c) Whether the journal is included in UGC-CARE (Category-A/Category-B), Scopus, Web of Science, etc.? Specify.

25. Details of the Research Scholars: :

Sl. No.	Name of Scheme	No. of students
1	NET-JRF/SRF	
2	RNGF	
3	UGC-MZU	
4	SVMCM scholars	
5	Project Fellow	
6	Other	

26. (a) Faculty-wise list of publications of papers

Sl. No.	Title of paper	Name of the author(s)	Department of the teacher	Name of journal	Year of publication	ISSN number	UGC link (if any)

(b) Faculty-wise list of publications of book and book chapter

Sl. No.	Title of paper	Name of the	Department of the	Name of the Book and publisher	Year of publication	ISBN number	Link to the

		author(s)	teacher				document

27. Faculty -wise list of Research Projects:

Sl. No	Name of PI and Co-PI (if any)	Title of Project	Sponsoring Agency	Duration in years	Amount in Lakhs	No. of Papers published

28. Faculty-wise consultancy project

Sl. No	Name of PI and Co-PI (if any)	Title of consultancy	Sponsoring Agency	Duration in years	Amount in Lakhs

29. No. of Conferences/ Seminars/Webinars/Symposia/Workshops/FDPs attended by the faculty members:

International	National	State	Others

30. Department Project (Like, SAP, DST, DST-FIST, or any others) :

31. Details of seminars/symposia/conferences/refresher course/training programmes organized:

Sl. No	Name of Convener/Coordinator, etc.	Title of seminar/conference, etc.	Sponsoring Agency, if any	Duration with dates	No. of internal and external participants	Proceedings published Yes/No

32. Citation information for the faculty:

Name of faculty	Scopus Indexed		Google Scholar Indexed		
	Citation	h-index	Citation	h-index	i10-index
Prof. ABC XYZ Scopus ID: Google Scholar ID: ResearchGate ID: Vidwan ID:					
Prof. UVW PQR Scopus ID: Google Scholar ID: ResearchGate ID: Vidwan ID:					

33. Whether the department have any MoU/Collaboration with another institute? Specify.

34. Whether the department has an effective waste disposal mechanism:
    (a) Solid waste: Yes/No
    (b) E-waste: Yes/No
    (c) Chemical waste: Yes/No
    (d) Biological waste: Yes/No

35. Details of Parents-Teachers Interaction (No. of Meeting arranged, Date of meeting, number of members attending, ATR of the meeting, some important issues discussed in the meeting):

36. Details of alumni of the Department with their present employment (Name of the alumni, name of organization with address, designation, contact no. if, any endowments):

37. Details of Alumni Association with important activities undertaken (nature of activity, date(s), no. of participants, etc.):

38. **SWOT Analysis**

   A.   **Strength:**

   (i)

   (ii)

   (iii)

   B.   **Weaknesses:**

   (i)

(ii)

(iii)

C.   **Opportunities:**

(i)

(ii)

(iii)

D.   **Threat:**

(i)

(ii)

(iii)

39.   Special achievements of faculty members/highlights of the department, if any:

Signature of Head of the Department

Observations of the Academic Audit Team:

Signature of the members of the audit team:

              Name   Signature

1.

2.

3.

4.