

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)

Session:

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) |
|---------|------|-------------|----------------|----------------|---------------------|---|
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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 |
|---------|---------------------|--------------|--|--------------------|
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(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 |
|---------|---------------------|--------------|--|--------------------|
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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 course:

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 |
|--------|-------------------------------|------------------|-------------------|-------------------|-----------------|-------------------------|
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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 |
|--------|-------------------------------|----------------------|-------------------|-------------------|-----------------|
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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 |
|--------|------------------------------------|-----------------------------------|---------------------------|---------------------|---|------------------------------|
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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: | | | | | |
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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. | |