



UNION CHRISTIAN COLLEGE, MEGHALAYA

Internal Quality Assurance Cell (IQAC)

www.ucccollegemeghalaya.ac.in

Form-1B

TEACHER'S ACADEMIC AUDIT YEAR: _____

DEPARTMENT: _____

Name of the Faculty with designation:

a. Subjects taught:

Sl. No.	Theory / Practical	Name of the Paper	No. of classes allotted per week
1			
2			
3			
4			
5			
6			

b. Academic activities:

Sl. No.	Activities (Invigilation/Evaluation/ Projects/ Internal Assessment)	Name of the Paper	No. of Working Days
1			
2			
3			
4			
5			
6			

c. Leaves and permissions:

Details leaves and permissions Availed during 2019-20

CL	ML	PL	COMP	OD	RH	LOP	Permission

d. Extra classes/Mentoring Class/Tutorial taken exceeding UGC Norms

Sl. No.	Paper	No. of classes taken
a.		
b.		

e. Teaching:

- Whether he/ she completed the teaching work assigned for this semester and completed the syllabus- **YES/NO**
- Whether he/ she conducted the required evaluation components for all courses and the results (mark statements) have been handed over to the department. **YES/NO**
- Whether the lecture notes/ handouts / other records are maintained- **YES/NO**

f. Other responsibilities: Participations in

Sl. No.	Activities	Details with dates
a.	Educational Tour/Field Trip / Industry implant training Placement activity	
b.	Extension Activities: NCC/NSS/SCM/ Institutional governance / Participation in committees etc.	
c	Any other	

g. Resource person functions:

Sl. No.	Name of the Program invited with name of the inviting institution	Dates
a.		
b.		
c		

h. Academic Growth:

I. Seminars/workshops attended:

S. NO.	CATEGORY	Nos
a.	International seminars/conferences/symposia	
b.	National seminars/conferences/symposia	
c.	Regional seminars/conferences/symposia	
d.	Local seminars/conferences/symposia	

II. Publications:

S. No.	CATEGORY	DETAILS	Nos
a.	Referred journals	International level	
b.	Recognized/reputed journals	International level	
c.	Conference proceedings	International level	
d.	Referred journals	National level	
e.	Recognized/reputed journals	National level	
f.	Conference proceedings	National level	
g.	Any Other		

i. Innovative practices adopted:

j. Contribution to the Department:

Signature of the faculty:

Remarks of the HoD:

1.

2.

Signature of HoD:

(Principal/ Chairman IQAC)

(IQAC Coordinator)