

ACADEMIC REVIEW REPORT

Faculty Name, Designation & Emp. Code	
Name & designation of the reviewer	
Year	
Semester	
Study Week	
Date of Review	
Period of Review	
Subjects taught (Department wise)	

Criteria		Response	Remarks	
		Yes/No	Faculty	Reviewer
Adherence to routine (Classes conducted Vs. Classes scheduled)				
Adherence to Academic Calendar		Yes/No	Faculty	Reviewer

Have you conducted?	Yes/No	Faculty	Reviewer
- Webinar/Seminar			
- Workshops/Guest Lectures			
- Industrial visits			
- Any sporting event			
- Other enriching activities			
- Internal Examinations			
Have you attended?	Nos.	Details	Reviewer

- FDPs			
- Training Sessions			
- Workshops			
- Seminar/Webinars			

	Nos.	Details	Reviewer
Have you published Research paper?			

Student Attendance (subject wise)	%age	Faculty	Reviewer

Completion of Course (CPR) Subject wise as on	%age	Faculty	Reviewer

Observations of the reviewer

Signature of the Faculty

Signature of the Reviewer

Signature of the Principal