

OFFICE OF THE IQAC

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MONTHLY REPORT FOR THE MONTH OF: -

Name of School:

Name of IQAC Coordinator:

Name of Head of Department:

Name of Dean:

Remedial classes taken for Slow learners:

Details as per the format in Excel file.

S. No	Name of the faculty	Name of the Subject/Course	Date and Time	No. Of students registered	No. Of students attended
	NA	NA	NA	NA	NA

Measures for Advance learners:

Details as per the format with an Excel file.

S. No	Name of the faculty	Name of the Subject/Course	Date and Time	No. Of students registered	No. Of students attended

Mentor-Mentee Sessions:

Provide Mentor-Mentee Documentation for the month in Scanned PDF Format.

Value Added Courses / Expert Courses (Share List in the semesters)

ICT enabled Tools and E-content resources used for Teaching learning by Faculty

NMEICT/NPTEL/SWAYAM/ e-PG-Pathshala/ other MOOCs platform.

INTERNAL QUALITY ASSURANCE CELL, SANSKARAM UNIVERSITY

 Patauda, Jhajjar, Haryana, 124108, INDIA

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* Provide details (Soft copies)

Faculty/Staff meeting held by HOD/HOI/ Dean

* Provide details (Soft copies)- Agenda/MoM/ATR

S.NO	Date of Meeting	Agenda	Name of Members Present
1			
2			

ATRs on laboratory equipment (Repair and Development)

S. No	Name of the Equipment	Stock entry number	Name of the Laboratory	Since when it is not working	Nature of the Problem	To whom it is reported	Date of Complaint

Books Journals / e-Journals recommended to the Central Library

S.NO	Name of Books Journals/ e Journals	Date of Recommendation

2) Research Projects:

A: Submitted / Proposed

S. No	Name of the Project	Internal/External	Name of the Principal Investigator	Name of the Co-Investigator	Value of the Project (Rs/-)	Date of application	Organisation Name & Name of the Scheme

B: Sanctioned:



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S. No	Name of the Project	Internal/ External	Name of the Principal Investigator	Name of the Co- Investigator	Organization Name & Name of the Scheme	Date of Sanctioned	Value of the Sanctioned Project (Rs/-)	Fund received till now	Fund received in this month
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C: Completed:

S. No	Name of the Project	Internal / External	Name of the Principal Investigator	Name of the Co- Investigator	Organization Name & Name of the Scheme	Sanctioned Date	Value of the Sanctioned Project (Rs/-)	Fund received	Date of submission

Publications:

A: Journals:

S. No	Title of paper	Name of the author/s	Name of journal	International / National	ISBN/ISSN number	Journal impact factor	Indexing (SCI, Scopus, etc..)

Provide soft copy of first page as supporting document

B: Conferences:

S. No	Title of the paper	Name of the author /s	Name of the conference	National /International	Date of Duration	Organised by	ISBN / ISSN number	Financial assistance if any	
								Sponsored by	amount



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- 3) **Books and chapters** in edited volumes /
 books published: Books with ISBN
 No. :
 Books Without ISBN Number :
 Chapters in Edited Books ;
 :

*Details as per the format

S. No	Title of the Book/Chapter	Name of the author(s)	Name of the publisher	ISBN / ISSN number	Year of publication
01					

4) **Patents Applied / Granted:**

*Details as per the format

A: Applied:

S. No	Name of the patents	Name of the Principal Investigator	Name of the Co-Investigator	Date of application	Published or not

B: Granted:

S. No	Name of the patents	Name of the Principal Investigator	Name of the Co-Investigator	Date of Granted	National/ International	If Commercialized fund generated (Rs/-)

5) **Revenue generated through advisory/ R&D/consultancy projects (in**

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Rs.): .

**Details as per the format*

a) Number of consultancy projects:_____.

S. No	Name of the consultant	Name of consultancy project	Nature of consultancy project	Consulting/Sp onsoring agency with contact details	Date / duration	Revenue generated (amount in rupees)

6) Conference/Workshops/Seminars/FDP/Technical session organized by the department during the last month

S. No	Title of the program organized	International / National / State / University Level	Financial assistance if any		Date s (from-to)	No. of participants outside the university	No. of participants from the university
			Name of the agency	Amount			
1.							

7) Department level orientation / awareness / expert lecture

** Provide details (Soft copies)*

S. No	Date and Time	Title of orientation lecture	Name of the resource person	Number of the students participated	Number of the Faculty/Staff participated

8) WEBINARS / Online sessions organized

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S. No	Date and Time	Title of WEBINARS Online session	Name of the resource Person / organisation	List of the students participated	List of the Faculty/Staff participated

9) Extension and Outreach Activities with no. of Students participation

1. Community Health Education
 2. Community Health Camps
 3. Tele-conferences
 4. Tele-Medicine consultancy
- *Provide details (Soft copies)

S. No	Date	Extension and Outreach Activities	Place	List of the students participated	List of the Faculty/Staff participated

10) Linkages with institutions/industries for internship, on-the job Training, project work, sharing of research facilities etc.

* Provide details (Soft copies)

S. No	Name of the Organization	Nature of linkages	List of faculty/students benefitted

11) MoUs entered by the School

S. No	Name of the Organization	Duration of MoU	Nature of MoU

12) National Leaders Birthday, Teachers Day, Republic Day etc.

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Celebrations

* Provide details (Soft copies)

S. No	Date	Name of the activity	Number of students participated	Number of Faculty/staff participated

13) Conference/Workshops/Seminars attended by the faculty (within or outside the University)

*Details as per the format

S. No	Name of the faculty	Name of the Conference/ Workshops/ Seminars	Details of the university/ institute organizing program	Duration	Financial assistance if any	
					Sponsored by	amount

*enclose the scanned copy of Flyer Schedule and certificate.

14) Faculty served as Conference chair/panel member, Resource person to guest lecture, Resource person to Work shop etc.

*Details as per the format

S. No	Name of the faculty	Details of the Conference/ Workshops/ Seminars/ Guest lecture etc..	Served as Chair/panel member/ Resource person etc..	Date /Duration
1				
2				

15) Awards/Recognitions/fellowships received by Faculty

*Details as per the format



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S. No	Name of the faculty	Name of the Awards/Recognitions/fellowships	Awarded by	Date

**enclose the proof.*

16) Faculty acting as reviewer or Editorial Board member for journals / Others

** Provide details (Soft copies)*

S. No	Name of the faculty	Name of journal	National / International	Editorial Board Member / Reviewer

**Proof of correspondence to be attached.*

17) Faculty /staff attended training program or Faculty development program

** Provide details (Soft copies)*

A: Within the university: -

S. No	Program name	Duration	Name of faculty benefitted
1			

B: Outside the university: -

S. No	Name of faculty benefitted	Program name	Duration	Details of the university/institute organizing program	Financial assistance if any	
					Sponsored by	Amount
1.						

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2.

*Enclose the scanned copy of the certificate

18) Career Guidance Activities:

NET/SLET/GATE/GMAT/GPAT/CAT/GRE/TOEFL/PLAB/USMLE/AYUSH/AICTE/ CIVIL SERVICES/DEFENSE/UPSE/PG-NEET/JIPMER/ AIIMSPGET etc.

S. No	University ID number	Name of the student	Program	NET/SLET/GATE/GMAT/GPAT/CAT/GRE/TOEFL/PLAB/USMLE/AYUSH/AICTE/ CIVIL SERVICES/DEFENSE/UPSE/PG-NEET/JIPMER/ AIIMSPGET etc.

19) Students' participation - NSS activity

* Provide details (Soft copies)

S. No	Date/ Duration	University ID number	Name of the student	Name & Nature of the NSS activity

20) Details of students and faculty 'professional society membership enrolment:

*Details as per the

A: **Students professional society membership enrolment details:**

S. No	University ID number	Name of the student	Name of the Professional society	Date of enrolment

*copy of membership certificate to be attached.



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B: Faculty professional society membership enrolment Details:

S. No	Name of the faculty	Name of the Professional society	Type of Membership (Member, Senior member, Life Member, Young Professionals, Society Affiliate, Fellow etc..)	Membership enrolment details	Date of enrolment	Financial assistance if any

21) Industrial visits/tours organized

**Details as per the format*

S. No	Name of the industry visited	No. of students participated	Name of the Program	Class and year of the students	Date of visit

** Provide details (Soft copies)*

IQAC COORDINATOR

Head of Department

Dean

Subject: Proposal Performa for MoU Signing

(To be filled by Concerned School/Department and submitted to the Vice Chancellor's Office for approval)

1. Basic Information

- Name of School/Department: _____
- Name & Designation of Faculty Proposing MoU: _____
- Date of Proposal Submission: _ / _ / 202__

2. Details of Proposed Partner Organization

- Name of Organization/Industry/Institution: _____
- Nature of Organization: (Academic / Industry / NGO / Government Body / Others)
- Registered Address: _____
- Website (if any): _____
- Contact Person Name & Designation: _____
- Contact Details (Phone/Email): _____

3. Purpose of the MoU

(Briefly describe why the MoU is being proposed – objectives and expected benefits for both parties)

4. Scope of Collaboration (Tick / Specify as applicable)

- Student Internships & Training
- Faculty Development / Exchange
- Joint Research & Publications
- Industrial Visits & Practical Exposure
- Workshops / Seminars / Conferences
- Consultancy / Projects / Technology Transfer
- Other (please specify): _____

5. Benefits to Sanskaram University

(Highlight how this MoU will add value – academic, research, placement, branding, networking, etc.)

6. Proposed Duration of MoU

- 1 Year
- 3 Years
- 5 Years
- Other (Specify): ____

7. Financial Implications (if any)

- Estimated Budget / Cost Sharing (if applicable):

- _____
- Funding Source: (School/Department / University / Partner Organization / Joint)
 - Honorarium / Charges (if any): _____

8. Proposed Activities / Deliverables

(Please mention key activities planned under this MoU along with tentative timeline)

S. No.	Proposed Activity	Tentative Timeline	Expected Outcome	Responsible Person(s)

9. Recommendation by School/Department

- Name of Dean/HOD: _____
- Signature: _____
- Date: _ / _ / 202__

10. Internal Endorsements

- IQAC Remarks (if any): _____
- Registrar's Office Remarks: _____

11. Approval

The above proposal for signing an MoU between Sanskaram University and [Partner Organization] is:

Approved Not Approved Approved with Modifications

Vice Chancellor

Name: _____

Signature: _____

Date: _ / _ / 202__

Name of the school

A meeting is conducted by

Date:

Time:

Venue:

Agenda for the Meeting

- 1.
- 2.
- 3.

Members Present

S. No	Name	Designation

S.No	Agenda	Proceeding	Action To be Taken
1			
2.			
3.			

Annexures

- Attendance Sheet
- Geotagged Photograph of the meeting
- Agenda circulation mail copy to all the members

Head of Department

Name of the school

Subject Template for Load Adjustment of Faculty Members on

Leave

1. Faculty Member on Leave

- Name of Faculty Member: _____
- Designation: _____
- Department/School: _____
- Type of Leave: (Casual Leave / Earned Leave / Medical Leave / Maternity Leave / Others)
- Duration of Leave: From //202__ to //202__
- Total Working Days Affected: _____

2. Course / Subject Allocation of Faculty on Leave

S.No	Course Code	Course Title	Semester/Year	Class Strength	Scheduled Lecture/ Practical Hours per Week	Remarks

3. Redistribution of Load

S. No.	Course Code	Course Title	Adjusted Faculty	Designation	Additional Hours Assigned per Week	Mode of Adjustment (Lecture/Practical/Tutorial/Invigilation/Other)	Remarks

4. Adjusted Faculty Consent

Each faculty member taking additional load must acknowledge.

- Name of Faculty: _____
- Signature: _____
- Date: _____

5. Approval & Authentication

Forwarded by (HOD/Dean):

Name: _____ Signature: _____ Date: //202__

Verified by (Academic Dean):

Name: _____ Signature: _____ Date: //202__

Approved by (Vice Chancellor/Registrar):

Name: _____ Signature: _____ Date: //202__

6. Notes/Instructions

1. Workload adjustment should ensure compliance with UGC/Regulatory norms regarding maximum weekly teaching hours.
2. Adjusted faculty shall be compensated either by workload balance in subsequent semester(s) or as per university policy.
3. This document should be maintained in the Department Office and a copy sent to the Academic Section/IQAC for record.



Transfer of Charge Document

Employee Name:	Dept.:
Designation:	
Reason for work hand over:	
Charge taken over by:	Designation:

Guideline: This form must be filled and completed before releasing the employees and a copy of this must be attached with the employee clearance form, this employee should include all relevant files, documents, and a material relevant to the work/task being turned over to the person directed by his Superior. Extra pages may be used as require

A. Any task(s) which are pending or under progress at the time of hand over:		
Sr. No.	Task(s)	Status
1.		
2.		
3.		
4.		
5.		

Note: For pending (tasks), provide the reason

B. Asset / Equipment Hand over				
Please find the below assets hand over to you, to support you in carrying out your assignment in a most proficient manner.				
Sr. No.	Particulars	Asset Code	Qty.	Remarks
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				



C. List of Files/Documents		
Sr. No.	File Name	File Place
1.		
2.		
3.		
4.		
5.		
6.		
7.		

D. Other Things

1. University E-mail ID credentials has been given to taken over authority.
2. Any other credentials if any

E. Acknowledgement and declaration of the Employee:

I, _____, Designation: _____
hereby acknowledge that I have handed over above mentioned files/items/records (soft copy and hard copy), and subsequently above all mentioned files/items/records (soft copy and hard copy) taken over by _____.

I understand that this files/items/records (soft copy and hard copy) belongs to the University and it was under my possession for carrying out my office work and also hereby assure that I have taken care of the equipment /files of the various documents of the University to the best possible extent. I will be responsible for any query or happening that may arise in future.

(Person responsible for
Handed over)

I, _____, Designation: _____
hereby acknowledge that I have received all above mentioned files/items/records (soft copy and hard copy) in person and subsequently taken under my possession.

(Person responsible for
Taken over)

Approver

UNIVERSITY EVENT REPORT TEMPLATE

(To be submitted to IQAC Office)

1. Cover Page

- Name of the Event:
- Organizing Department:
- Date of Event:
- Venue:
- Event Category: (Academic / Co-curricular / Cultural / Outreach /

Workshop / FDP / Others)

- Prepared by:
- Designation:
- Date of Submission:

2. Event Circular / Notice (Attach copy)

Official circular or notice issued regarding the event, including date, time, venue, target audience, and mode (online/offline/hybrid).

3. Event Flyer / Brochure (Attach copy)

Designed flyer or brochure used for publicity and awareness of the event.

4. Objectives of the Event

- Clearly mention the purpose and goals of the event.
- Relevance to the academic or institutional framework.
- Expected outcomes.

5. Brief Summary of the Event

A concise narrative of the event covering:

- Inauguration details
- Key speakers or guests
- Schedule and sessions
- Participation overview
- Highlights and key takeaways

6. Photographs of the Event (Attach 4–6 high-resolution photos)

Include photographs of:

- Inauguration
- Guest/speaker sessions
- Audience/participants
- Interactive/engagement moments
- Group photo (if applicable)

7. Attendance Record (Attach duly signed attendance sheet or extract from online tools such as Google Form / Zoom / MS Teams)

Provide a table or attachment that includes:

- Name of Participant
- Designation/Institution
- Email ID
- Contact Number
- Signature (for offline)

8. Feedback Summary

- Mode of Feedback Collection: (Google Form / Printed Form / MS Forms, etc.)
- Total Responses Received:
- Feedback Highlights:
- Quality of Content
- Speaker Effectiveness
- Relevance to the Theme
- Suggestions for Improvement
- (Attach sample feedback form and a few anonymized responses if available)

9. Outcomes / Deliverables

Describe any tangible or intangible outcomes of the event, such as:

- Skill enhancement
- Knowledge gain
- Policy recommendations
- Student engagement
- Certificate distribution (if applicable)

10. Suggestions & Future Scope

Recommendations based on feedback and observations.

Scope for scaling or improvement in future events.

11. Annexures

Please attach the following (as applicable):

- Copy of Circular / Invitation
- Event Flyer / Brochure
- Attendance Sheet (signed or digital)
- Feedback Form (blank and responses summary)
- Certificates Issued (sample, if applicable)
- Media Coverage / Social Media Links (if any)
- Relevant Documents

Signature:

Name:

Designation:

Department:

Date: