2020-21

**U G Department Profile**

**(Provide the details of the academic year 2020-21 from June 2020 to May 2021)**

**Pease Note:**

1.Furnish the report on each programme/activity conducted along with proofs like, Invitation, Guest names, Nature of activity, News paper cuttings, agencies involved-if any, number of students participated, number of teachers attended etc.

2. Question numbers in this profile do not follow particular order, please don’t change it let it remain as it is.

3. Submit the profiles in soft copy only

**4. Mail the filled profiles to** **iqacucm@gmail.com** **before 17th August 2020-21.**

|  |  |  |
| --- | --- | --- |
|  | Name of the department |  |
|  | Year of Establishment |  |
|  | Names of Programmes/Courses offered (UG, PG, M.Phil., Ph.D., Integrated Masters; Integrated Ph.D., etc.) |  |
|  | Names of Interdisciplinary courses and the departments/units involved |  |
|  | Annual/ semester/choicebased credit system (programme wise) |  |
|  | Participation of the department in the courses offered by other departments |  |
|  | Courses in collaboration with other universities, industries, foreign institutions |  |
|  | Details of courses/programmes discontinued (if any) with reasons: |  |

1. Number of teaching posts

|  |  |  |  |
| --- | --- | --- | --- |
| **S.N** | **Designation** | **Sanctioned** | **Filled** |
| 1 | Professors |  |  |
| 2 | Associate Professors |  |  |
| 3 | Assistant Professors |  |  |

1. Faculty profile with name, qualification, designation, specialization (D.Sc./D.Litt. /Ph.D./M. Phil. etc.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No** | **Name** | **Qualification** | **Designation** | **Specialisation** | **No. of Years of Experience** | **No. of Ph.D Students guided for the last 4 years** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |

1. Guest Faculty details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No** | **Name** | **Qualification** | **Specialisation** | **PhD** **Yes/No** | **No. of Years of Experience** |
| 1 |  |  |  |  |

1. Lectures delivered and practical classes handled (programme wise) by Guest faculty

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.N | Name of the Guest Faculty | Programme | Theory | Practical |
|  |  |  |  |  |
|  |  |  |  |  |

1. List of senior visiting faculty delivered talk (Student Enrichment Programme)

|  |  |  |  |
| --- | --- | --- | --- |
| S.N | Name and address of the Visiting Faculty | Date of Visit | Topic of Lecture |
|  |  |  |  |
|  |  |  |  |

14 Number of courses offered by the Department across all programs during the current year

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program code | Program Name  | Course Code  | Course Name  | Year of introduction |
|  |  |  |  |  |
|  |  |  |  |  |

1.3.2 Number of courses that include experiential learning through project work/field work/internship during the year

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Program name | Program code | Name of the Course that include experiential learning through project work/field work/internship | Course code | Year of offering | Name of the student studied course on experiential learning through project work/field work/internship |
|  |  |  |  |  |  |

1.3.3 Number of students undertaking project work/field work/ internships

|  |  |  |  |
| --- | --- | --- | --- |
| Programme name | Program Code | List of students undertaking project work/field work/internship | Link to the relevant document |
|  |  |  |  |

2.6.1. Course outcomes of all courses for the Programmes offered by the institution

|  |  |
| --- | --- |
| Course Name | Course Outcomes, (For each course taught, in each semester) |
|  |  |

2.6.3 Pass percentage of Students during the year

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Program Code | Program Name | Number of students appeared in the final year examination | Number of students passed in final year examination |
|  |  |  |  |  |

14.Number of academic support staff (technical) and administrative staff; sanctioned and filled

|  |  |  |  |
| --- | --- | --- | --- |
| S.N | Designation | Sanctioned | Filled |
| 1 | Administrative Staff |  |  |
| 2 | Technical  |  |  |

1. Areas of consultancy and income generated by the department

|  |  |
| --- | --- |
| Area of Consultancy | Income Generated |
|  |  |

1. Number of faculty with ongoing projects from a) National b) International funding agencies and grants received:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.N | Name of the Principal Investigator | Duration | Funding Agency | Allocated Amount  | Received Amount | Status |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |

3.4.2 Number of awards and recognitions received for extension activities from government/ government recognized bodies during the year

(Please furnish the e-copy of the award letters)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the activity | Name of the Award/ recognition | Name of the Awarding government/ government recognized bodies | Year of award |
|  |  |  |  |

3.2.2 Number of workshops/seminars conducted on Research Methodology, Intellectual Property Rights (IPR) and entrepreneurship during the year

(**Please furnish the report on each programme like invitation, Guests, Nature of activity, News paper cuttings, agencies involved, if any. etc. in soft copy in a separate document**)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Name of the workshop/ seminar | Number of Participants | Date From – To | Link to the Activity report on the website |
|  |  |  |  |  |

3.5.1 Number of Collaborative activities for research, Faculty exchange, Student exchange/ internship during the year

Documents Required

(E-copies of related Collaborative activities)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No | Title of the collaborative activity | Name of the collaborating agency with contact details | Name of the participant | Year of collaboration | Duration | Nature of the activity |
|  |  |  |  |  |  |  |

3.5.2 Number of functional MoUs with institutions, other universities, industries, corporate houses etc. during the year

(Attach e-Copies of the MoUs with institution./ industry/corporate houses)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organisation with which MoU is signed | Name of the institution/ industry/ corporate house | Year of signing MoU | Duration | List the actual activities under each MOU year wise | Number of students/teachers participated under MoUs |
|  |  |  |  |  |  |

4.3.2. Student – Computer ratio in the department if applicable

|  |  |  |
| --- | --- | --- |
| Number of computers in working condition | Total Number of students | Any additional information |
|  |  |  |

5.1.3 Capacity building and skills enhancement initiatives taken by the Department

Association include the following1.Soft skills, 2.Language and communication skills, 3.Life

skills (Yoga, physical fitness, health and hygiene), 4.ICT/computing skills

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the capability enhancement program | Date of implementation (DD-MM-YYYY) | Number of students enrolled | Name of the agencies/consultants involved with contact details (if any) |
|  |  |  |  |

5.2.1 Number of placement of outgoing students during the year

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Name of student placed and contact details | Program graduated from | Name of the employer with contact details | Pay package at appointment |
|  | Name  | Contact Details |  |  |  |
|  |  |  |  |  |  |

* + 1. Number of students progressing to higher education during the year,

(Provide the supporting document/data for student/alumni, passing certificate copy, Enrollment Number etc.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of student enrolling into higher education | Reg. Number | Programme progressed from | Combination  | Name of the institution joined | Name of programme admitted to |
|  |  |  |  |  |

5.2.3 Number of students qualifying in state/national/ international level examinations during the year (eg: JAM/CLAT/GATE/ GMAT/CAT/GRE/ TOEFL/ Civil

**(Instruction: Please do not include individual university's entrance examination.)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Examination  | Year of Passing | Registration number/roll number for the exam | Name of student selected/ qualified |
| NET |  |  |  |
| SLET |  |  |  |
| GATE |  |  |  |
| GMAT |  |  |  |
| CAT |  |  |  |
| GRE |  |  |  |
| JAM |  |  |  |
| IELET |  |  |  |
| TOEFL |  |  |  |
| Civil Services |  |  |  |
| State government examinations |  |  |  |
| Any other examinations conducted by the State / Central Government Agencies (Specify) |  |  |  |

**6.**3.3 Number of professional development /administrative training programs organized by the Department for teaching and non-teaching staff during the year

**Provide relevant document if any.**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates (from-to) (DD-MM-YYYY) | Title of the professional development program organised for teaching staff | Title of the administrative training program organised for non-teaching staff | No. of participants |
|  |  |  |  |

6.5.3 Quality assurance initiatives taken by the department during the year

|  |  |  |
| --- | --- | --- |
| Collaborative quality initiatives with other institution(s) (Provide name of the institution and activity) | Name of the institution | Nature of the activity |
|  |  |  |

6.5.3 Quality assurance initiatives taken by the department during the year

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Conferences, Seminars, Workshops on quality conducted | Date and Year | Number of Students present  |
|  |  |  |  |
|  |  |  |  |

6.5.3.1 Orientation programme on quality issues for teachers and students organised by the Department, Date (From-To) (DD-MM-YYYY)

|  |  |  |
| --- | --- | --- |
| Orientation programme on quality issues for teachers and students organised by the Department  | Date (From-To) (DD-MM-YYYY) | Theme of the programme  |
|  |  |  |

1. **Result statistics**

|  |  |  |  |
| --- | --- | --- | --- |
| No. of students appeared  | No. of students passed | 1st Class | Distinction |
|  |  |  |  |

***Note: Show pass percentage of VI semester result of April/May 2021 (Consider only those***

 ***students who have completed the course)***

**Pass Percentage:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ISEM | IIISEM | VSEM | IISEM | IVSEM | VISEM |
|  |  |  |  |  |  |

17. Number of capability enhancement and development schemes such as soft skill development, remedial coaching, language lab, bridge courses, yoga, meditation, personal counselling and mentoring etc.

**Provide relevant document if any.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the capability enhancement scheme | Date of implementation | Number of students enrolled | Outside agency involved |
|  |  |  |  |

19. Details of Infrastructural Facilities in the department

|  |  |
| --- | --- |
| Department Library (No. of Books) |  |
| Internet facilities for Staff & Students (Yes/No) |  |
| Laboratories (Yes/No) |  |

20. Teaching methods adopted to improve student learning:

21. Participation in Institutional Social Responsibility (ISR) and Extension activities:

22. Action Taken for slow learners (Monitoring and counselling), Provide proof documents

23. SWOC analysis of the department and Future plans

|  |  |
| --- | --- |
| **7.2.1** | **Describe two best practices successfully implemented by the Department as per NAAC format provided below.****Provide documents to create web link*** Best practices in the Institutional web site
* Any other relevant information
 |

**Format for Presentation of Best Practices**

**1. TitleofthePractice**

This title should capture the keywords that describe the practice.

**2. Objectives of the Practice**

What are the objectives/intended outcomes of this “best practice” and what are the underlying principles or concepts of this practice?

**3. TheContext**

What were the contextual features or challenging issues that needed to be addressed in designing and implementing this practice?

**4. ThePractice**

Describe the practice and its uniqueness in the context of India’s higher education. What were the constraints/limitations, if any, faced (in about400words)?

**5. Evidence of Success**

Provide evidence of success such as performance against targets and benchmarks, review/results. What do these results indicate? Describe inabout200words.

**6. Problems Encountered and Resources Required**

Please identify the problems encountered and resources required to implement the practice

**7. Notes (Optional)**

Any other information regarding Institutional Values and Best Practices which the university would like to include.

**24. Any additional Information, Please provide**

**Date: Signature of the H.O.D**

**Place:**