**Format for Information Relating to IQAC**

1. Date of Approval of IQAC by the competent authority of the HEI: ……………
2. Date of appointment of Director: ……………..
3. Name of the Director: ……………………………………………………
4. Name(s) of the Additional Director(s): …………………………………
5. …………………………………………………
6. .………………………………………………..
7. ………………………………………………...
8. Name(s) and designation of the office staff
9.
10.
11. Activities during last one Year from the date of Application:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Date** | **Activity** | **Learning Outcomes** | **Participants/Stakeholders** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Note: Please add row, as needed

 ------------------------------------------

Signature of the Director, IQAC

(with official seal)