**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

11. Activities during last one Year from the date of Application:

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| --- | --- | --- | --- | --- |
| **Sl. No.** | **Date** | **Activity** | **Learning Outcomes** | **Participants/Stakeholders** |
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Note: Please add row, as needed

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Signature of the Director, IQAC

(with official seal)