

Shikshan Mandal, Karad
Mahila Mahavidyalaya, Karad
Teaching Plan

Programme _____

Year _____

Course _____

Semester _____

Name of the Paper _____

Name of the Faculty _____

Module No.	Title of Module	Sub-Topic	Month

* Lectures allotted per week : ____

Signature

(Name: _____)

Date: _____


IQAC Co-ordinator
Mahila Mahavidyalaya, Karad


Principal
Mahila Mahavidyalaya, Karad

Shikshan Mandal, Karad
Mahila Mahavidyalaya, Karad
Portion Completion Report

Programme _____

Year _____

Title of the Paper _____

Semester/s _____

Name of the Faculty _____

Sr. No.	Class	Module	Syllabus Completed by
		Module: Module Module Module	

Signature

(Name: _____)

Date: _____


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Mahila Mahavidyalaya, Karad


Principal
Mahila Mahavidyalaya, Karad

**Shikshan Mandal Karad's
Mahila Mahavidyalaya, Karad
Activity Report**

Date:

Department/ Committee:

Title of the Activity/ Programme:

Resource Person/s:

Number of Beneficiaries:

Name of the Organizing Committee/Organizer/Coordinator:

Short Description of the Activity/Programme:

Appendices:

1. Table Programme
2. Photos with Caption
3. Attendance Sheet
4. Sample Feedback of the Activity
5. Statement of Expenditure incurred



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Principal
Mahila Mahavidyalaya, Karad

Shikshan Mandal, Karad
Mahila Mahavidyalaya, Karad

Day and Date: _____ / ____ / ____

Name of the Department / Committee:

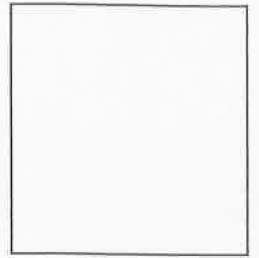
Agenda: _____

Minutes: _____

Members Present: _____


IQAC Co-ordinator
Mahila Mahavidyalaya, Karad


Principal
Mahila Mahavidyalaya, Karad



Mahila Mahavidyalaya, Karad
Mentor – Mentee Programme 20.. - 20..

Dear Student,

The form is intended to help the college to get to know a bit about you so that we can help you in your personal / academic / financial / social matters.

Name of the Mentor:.....

A)

Name of the Mentee: Ms./Mr.....

.....

Class:..... Div.....

Birthdate:..... Age:.....

Caste:..... Religion:..... Category:.....

Blood Group:..... Married / Unmarried:.....

Language/s Spoken:.....

Address:.....

.....

Permanent:.....

.....

Temporary:

.....

.....

Ph. No./Mob. No.:..... Father's/Mother's Mob. No.....

E-mail:.....

Aadhar No..... PAN:.....

Chhatrapati Shahu Maharaj EBC Scholarship: Yes / No.....

Scholarship by Samajkalyan Vibhag: Yes / No.....

B)

Father's Name:.....

Qualification:..... Occupation:.....

Income:.....

Mother's

Name:.....

Qualification:..... Occupation:.....

Income:.....

Guardian's Name:.....

Qualification:..... Occupation:.....

Income:.....

Total Family Income:.....

No. of Members in the Family:.....

Family Type: Nuclear / Joint / Extended:.....

C)

Mode of Travelling to the college: ST / Auto / Cycle / Two Wheeler / Walking

Time of Leaving Home:

Time of Reaching Home:.....

Total time of Travelling:.....

Do you face any problem while travelling? If Yes, What?.....

.....

Are you employed? Yes/No... If Yes, Type of Work.....

Place of Work:..... Salary:.....

D)

Hobby/Hobbies:.....

Skill you possess:.....

Participation in Sports: Yes / No. If yes, which game?.....

Participation in NSS: Yes/No. If yes, Year.....

Participation in co-curricular activities:.....

.....
Participation in extra-curricular activities:.....

.....
Enrollment in for a course/s conducted by the Centre for Skill Development:.....

.....
Enrollment in Competitive Examination Centre: Yes / No

Scholarship/s Received: Yes / No. If yes, State Merit/National Merit/ University Merit / Any other.....

Award/s Received:.....

E)

Percentage of Marks Received Last Year:

Subject/s Opted for in the Present Year:.....

Do you attend college regularly? Yes / No. If not, Why?.....

.....
Do you need any extra guidance for any subject you have opted for? Yes/No.

If yes, which subject?.....

Do you wish for enrolling in for any Course run by the college?

.....
Do you wish help from Employment Cell of the college to get a job?

Sign of the Mentee

Sign of the Mentor

Date:


IQAC Co-ordinator
Mahila Mahavidyalaya, Karad


Principal
Mahila Mahavidyalaya, Karad

FACULTY PROFILE

20 __ - 20 __

1: Name of the Teacher: _____

2: Designation: _____

3: Department: _____

4: Date of Appointment: _____

5: Subject/s taught: _____

6: Educational Qualifications: _____

7: Total Teaching Experience: UG _____ PG _____

8: Mobile Number: _____

9: E-mail: _____

12. Academic Record:

Sr. No.	Exam. Passed	University	Subject	Year	Grade / Class
1	B.A.				
2	M.A.				
3	M.Phil.				
4	Ph.D.				
5	SET/NET				
6	Other				

Criterion I: Curricular Aspect:

1) Member of B.O.S. / Faculty:

Year	Name

* Note: Please Attach Documents

2) Written Assessment of Syllabi or Suggestions through Proper Channel:

* Note: Please Attach Documents


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3) Contribution to Design of Curriculum:

Class	Title of the Paper

* Note: Please Attach Documents

4) Setting of Question Papers for UG/PG Level:

Class	Title of the Paper and Question Paper Code

* Note: Please Attach Documents

2: Details of Subject / Paper Taught at U.G. / P.G level:

Sr. No	Class	Level	Title of the Paper	No. of Lectures per week
Total				

3: Time table (Personal)

Sr. No.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

4. Teaching Plan Submitted: Yes / No

Criterion II: Teaching - Learning and Evaluation:

1: Teaching Methods Used:

2: Use of ICT:

Sr. No.	Class	Semester	Paper No.	Title of the Paper	Title of the Module	Teaching Aid Used

Note: Please send the PPT (if not uploaded on college website) to mckiqac2015@gmail.com

3: Mentoring of Students:

Class	No. of Mentees	Nature of Mentoring

4: Guidance to Slow Learners and Advance Learners:

Sr. No.	Class	Name of the Slow Learner	Name of the Advanced Learner	Nature of Guidance

5. Organisation of a Short Term Course / Certificate Course:

Sr. No.	Title of the Course	Beneficiaries

* Note: Please attach a brochure of the Course

6: Evaluation Techniques /Methods used:

Sr. No.	Class	Module	Tests

			Unit	Surprise	Open book	Practice	Group Discussion	MCQ	Seminar	Mock Teaching	Role Play	Quiz

Criterion III: Research, Innovation and Extension:

1: Details of Major / Minor Research Project:

* Note: Please attach Document

2 : Whether Any Fellowship Received: No / Yes If Yes,

Name: _____

* Note: Please attach Document

3: Research Awards / Recognition Received:

* Note: Please attach Document

4: Whether Ph.D. / M.Phil. Guide:

a) Yes /No

b) If Yes:

Sr. No.	Number of Ph.D. students registered	Number of Ph.D. students awarded	Number of M.Phil. students registered	Number of M.Phil. students awarded

* Note: Please attach guideship letter and Confirmation letter of the research student

5: Research Publications:

a) Peer Reviewed Journals / UGC Care listed Journals :

Sr. No.	Title of Paper	Name of the Journal and Pub. Year	ISSN /ISBN NO.	International	National	Other

* Note: Please attach Document

b) Non-Peer Reviewed Journals:

Sr. No.	Title of Paper	Name of the Journal and Pub. Year	ISSN /ISBN NO.	International	National	Other

* Note: Please attach Document

c) E -journals:

Sr. No.	Title of the Paper	Name of the Journal and Pub. Year	ISSN /ISBN No.	International	National	Other

* Note: Please attach Document

d) Conference Proceedings / Souvenir:

Sr. No.	Title of Paper	Title and Pub. Year	ISSN /ISBN NO.	International	National	Other

* Note: Please attach Document

6: Papers Presented in Seminar/ Conference/ Symposium/Webinar:

Sr. No.	Theme	Level (International/ National/ State/University)	Organizer	Title of the Paper

* Note: Please attach Document

7: Number of Conference / Seminar / Workshops/Webinar Attended:

Sr. No.	Theme	International	National	State	University	College

* Note: Please attach Document

8: Number of Conference / Seminar / Workshops/ Webinar Organized:

Sr. No.	Theme	International	National	State	University	College

* Note: Please attach Document / Brochure

9: Number of Books Published:**a) Solo Books with ISSN/ISBN Number :**

Sr.	Title of book	ISSN No.	Publisher

No.			

* Note: Please attach Document

b) Chapter in Edited Books:

Sr. No.	Title of book	Title of the Chapter with Page nos.	ISSN / ISBN No.	Publisher

* Note: Please attach Document

10: Research Funds Sanctioned from Various Agencies, Industries, and Other Organizations:

Sr. No.	Nature of Project	Duration (years)	Name of Funding Agency	Total Grants Sanctioned	Total Grants Received

* Note: Please attach Document

11: Whether served as Chairperson, Expert, or Resource Person in Seminars/ Conferences/ Symposium:

Sr. No.	Central theme	International	National	State	University	College

* Note: Please attach Document

12: Extension activities:

a) Contribution to NSS: _____

b) Organization of Lectures/ Guidance for Society or Other Stakeholders:

Sr. No.	Date	Programme	Resource Person	Number of Stakeholders

* Note: Please attach Activity report

c) Survey/S Undertaken:

* Note: Please attach Document

d) Help rendered to Stakeholders (monetary or otherwise):

* Note: Please attach Document

13: Awards won:

Sr. No.	Title of the Award	Name of the Agency	Year	Level (National/State/ District/Local)

Criterion IV: Infrastructure and Learning Resources

1: Preparation of Learning / Study Material / Resources:

Sr. No.	Class	Module/ Other	Study Material / Resources Used

3: Efforts to Enhance the Use of Library as a Learning Resource: (Self and Students)

4. Academic Staff College Orientation / Refresher Course/ FDP / Short Term Course, etc. attended during the year

Sr. No.	Title of the Programme	Date

* Note: Please attach Document

Criterion V: Student Support and Progression:

1: Competitive Exams Guidance provided:

Exam	No. of Student Beneficiaries

* Note: Please attach Document

2: Details of Counseling and Career Guidance (With number of student beneficiaries):

Sr. No.	Topic	Resource Person along with his/her designation	No. of Students

* Note: Please attach Document

3: Awards / Scholarships Launched / Sponsored:

Award	Nature

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4. Maintenance of Alumni Data in the Department: Yes / No

Criterion VI: Governance, Leadership and Management:

1: Leadership in the form of Membership of Committees along with capacity and level

a) College level:

Sr. No.	Name of Committee	Position

b) University Level:

Sr. No.	Name of Committee	Position

* Note: Please attach Document

c) State/ National/ International Level:

Sr. No.	Name of Committee	Position	State/National /International

* Note: Please attach Document

2: Initiatives Taken for Environment Protection:

8: Consultancy:

a) Yes/ No :

b) Resources Generated through Consultancy: _____

Date:

Signature of the Teacher


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Principal
Mahila Mahavidyalaya, Karad

SHIKSHAN MANDAL, KARAD

MAHILA MAHAVIDYALAYA, KARAD

Departmental Profile

Academic Year: 20__ / 20__

1. Name of the Department:

2. Details of Faculty:

Sr. No	Name	M/F	Designation	Qualification	Workload/ week	Experi ence

3. Timetable of the Department:

Sr. No	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Criterion I: Curricular Aspect

i) Member of B.O.S. / Faculty:

Year	Name of Faculty	Position

ii) Written Assessment of Syllabi or Suggestions through Proper Channel:

iii) Contribution to Design of Curriculum:

Class	Name of Faculty	Title of the Paper


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iv) Setting of Question Papers for UG/PG Level:

Class	Name of Faculty	Name of the Course and Question Paper Code

5) Teaching Plan Submitted: Yes / No

Criterion II: Teaching - Learning and Evaluation

i) Completion of any Training Course (Refresher/Orientation/FDP/ Skill-based)

Sr. No.	Name of Faculty	Training Course	Title of the Course/Programme	Organized by	Place	Duration

ii) Teaching Methods Used:

iii) Use of ICT:

Sr. No.	Class	Paper No.	Title of the Paper

iv) Mentoring of Students:

Name of Faculty	Class	No. of Mentees	Nature of Mentoring

v) Guidance to Slow Learners and Advance Learners:

Sr. No.	Name of Faculty	Class	Name: Slow Learner	Name: Advanced Learner	Nature of Guidance

vi) Organization of a Short Term Course / Certificate Course:

Sr. No.	Name of Faculty	Title of the Course	No. of Students

7) Evaluation Techniques /Methods used:

Sr. No.	Class	Tests									
		Unit	Surprise	Open book	Practice	Group Discussion	MCQ	Seminar	Mock Teaching	Role Play	Quiz

8) Number of Students Enrolled in the Department:

B.A I (Opt.)	B.A II (Opt.)	B.A III (Sp.)

9) Result Analysis:

Sr. No	Course /Paper No	Appeared	Dist. No.	I Cl. No.	II Cl. No.	Fail	Pass %

Criterion III: Research, Innovation and Extension:

1) Details of Major / Minor Research Project:

2) Whether Any Fellowship Received: No / Yes If Yes,

Name: _____

3) Research Awards / Recognition Received:

4) Ph.D. / M.Phil. Guideship:

Sr. No.	Name of Faculty	M/Phil/ Ph.D.	No. of Research Students

5) Research Publications:

i) Peer Reviewed Journals / UGC Care listed Journals :

Sr. No.	Name of Faculty	Title of Paper	Journal and Pub. Year	ISSN /ISBN NO.	International /National /State/ Other

ii) E -Journals:

Sr. No.	Name of Faculty	Title of Paper	Journal and Pub. Year	ISSN /ISBN NO.	International /National /State/ Other

iii) Conference Proceedings / Souvenir:

Sr. No.	Name of Faculty	Title of Paper	Journal and Pub. Year	ISSN /ISBN NO.	(International/ National/ State/University/ College)

iv) Papers Presented in Seminar/ Conference/ Symposium/Webinar:

Sr. No.	Name of Faculty	Title of Paper	Organizer	(International/ National/ State/University/ College)

v) Number of Conference / Seminar / Workshops/Webinar Attended:

Sr. No.	Name of Faculty	Organised by	Place	(International/ National/ State/University/ College)

vi) Number of Conference / Seminar / Workshops/ Webinar Organized:

Sr. No.	Theme	Collaboration if any	(International/ National/ State/University/ College)

6) Number of Books Published:

i) Solo Books with ISSN/ISBN Number :

Sr. No.	Name of Faculty	Title of book	ISSN / ISBN No.	Publisher

ii) Chapter in Edited Books:

Sr. No.	Name of Faculty	Title of book	Title of the Chapter with Page nos.	ISSN / ISBN No.	Publisher

7) Whether served as Chairperson, Expert, or Resource Person in Seminars/ Conferences/ Symposium:

Sr. No	Name of Faculty	Central Theme	Date	Place	International/ National/ State University/ College

9) Survey/s or Project/s Undertaken:

Sr. No	Name of Faculty	Title: Survey/Project	No. of Students

10) Extension Activities:

i) Contribution to NSS: _____

ii) Initiatives Taken for Environment Protection: _____

iii) Organization of Lectures/ Guidance for Society or Other Stakeholders:

Sr. No	Date	Programme	Resource Person	Number of Stakeholders

iv) Help rendered to Stakeholders (Monetary Or Otherwise):

Sr. No.	Name of Faculty	Nature of Help

11: Awards won:

Sr. No	Name of Faculty	Title of the Award	Name of the Agency	Year	International/National/State/ District/Local)

Criterion IV: Infrastructure and Learning Resources

i) Efforts to Enhance the Use of Library as a Learning Resource:

ii) Augmentation in Departmental infrastructure / facilities, if any:

Criterion V: Student Support and Progression:

1) Competitive Exams Guidance Provided:

Name of Faculty	Exam	No. of Student

2: Details of Counseling and Career Guidance (With number of student beneficiaries):

Sr. No.	Topic	Resource Person	No. of Students

3) Activities for Student Development:

Sr. No	Name of Faculty	Activity	Date	No. of Students

4) Awards / Scholarships Launched / Sponsored:

Sr. No.	Name of Faculty	Award	Nature

5) Maintenance of Alumni Data in the Department: Yes / No

Criterion VI: Governance, Leadership and Management:

Leadership in the form of Membership of Committees along with capacity and level

Sr. No.	Name of Faculty	Name of Committee	Position	Level (International/ National/State/ University/ College)

8) Consultancy: Yes/ No :

9) Resources Generated through Consultancy: _____

10. Innovations/ Best Practices of the Department: _____

11. Perspective Plan for the Next Five Years: _____


IQAC Co-ordinator
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