



CHAITANYA BHARATHI INSTITUTE OF TECHNOLOGY

(Autonomous)

Kokapet (Village), Gandipet, Hyderabad, Telangana – 500075

www.cbit.ac.in

Internal Quality Assurance Cell (IQAC)

Course Audit-1

Academic Year: _____

Faculty Name with Designation and Department:

Course Name and Code:

Name of the Program: _____ Semester: _____ Section: _____

S.No.	Item Description	Available	Remarks
1.	Vision and Mission of the Institute		
2.	Vision and Mission of the Department		
3.	Program Educational Objectives (PEOs)		
4.	Program Outcomes (POs)		
5.	Program Specific Outcomes (PSO)		
6.	CEG/ CCC group meeting minutes		
7.	Class Time Table and Faculty Time Table		
8.	Filled in Course Pack (To be shared with Students)		
9.	Lecture Notes (Hand written/Soft copy)		
10.	Attendance Register (Duly filled in all aspects)		
11.	Laboratory Manual : Soft Copy / Hard Copy (for Lab Course)		
12.	Guidelines/Rubrics for Evaluation of Mini Project / Project: Part-1/2		
Signature of the Faculty with Date		Signature of the HoD with Date	
Name(s) of the Auditor(s)		Signature with date	
1.			
2.			