# CHAITANYA BHARATHI INSTITUTE OF TECHNOLOGY

(Autonomous)

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

www.cbit.ac.in

**Internal Quality Assurance Cell (IQAC)**

**Audit-3, Academic Year: _____**

**Faculty Name with Designation and Department:**

**Course Name and Code:**

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

**Non-Compliances in Audit-2, if any:**

| Sl. No | Description | Available (Yes/No) | Remarks |
|---|---|---|---|
| 1. | Slip Test -2 / 3 (Question Papers with Solutions) | | |
| 2. | Award Lists of Slip Test – 2 / 3 | | |
| 3. | Assignments-2 (Question Paper with Solutions) (Ensure Blooms Taxonomy Levels - at least 4 and above) | | |
| 4. | Award List of Assignment-2 | | |
| 5. | Class Test-2 (Question paper with Solutions) | | |
| 6. | Award List of Class Test-2 (Ensure tabulation of award of marks, Question wise) | | |
| 7. | Record of remedial classes conducted, if any. | | |
| 8. | Rubrics to evaluate Lab Course / Seminar / Project | | |
| 9. | Award of marks (CIE) based on rubrics for Lab Course/Seminar/Project. | | |
| 10. | Consolidated marks statement of CIE | | |
| 11. | Updated Attendance & Evaluation Register | | |
| 12. | Actions proposed, if any on Course end survey. | | |

**Note :** After declaration of SEE results, the respective faculty has to submit CO calculations and also remedial measures on CO attainment(s), if any, to the respective HoD.

| | |
|---|---|
| Signature of the Faculty with Date | Signature of the HoD with Date |
| **Name of the Auditor** | **Signature with date** |
| 1. | |
| 2. | |