

MONTHLY PERFORMANCE REPORT

Name of the Department:

Month:

PROGRAMMES CONDUCTED BY DEPARTMENT/ASSOCIATION:

Sl No	Date	Nature of the activity/Title of the programme if any	Name of the Agency / Institution collaborated with if any,	Chief Invitee(s) / Resource Persons	Number and details of beneficiaries	Remark/ Specific Comments	Details of paper cuttings/ photos attached

TEACHERS' ACHIEVEMENTS:

Sl No	Name of Teacher	Nature of Achievement	Remarks	Proof attached

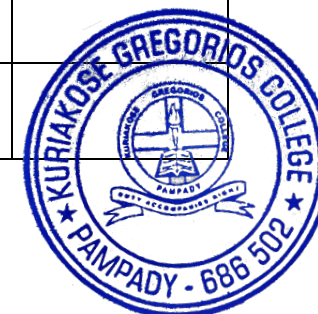


TEACHERS' PARTICIPATION IN RESEARCH ACTIVITIES:

Participation in Orientation / Refresher / FDP / Short term courses/ Seminar / Webinar / Workshops etc.						
Sl.No	Name of Teacher	Title of the Course	Organising Authority	Nature of participation	Remarks	Proof Attached
Publications						
Sl No	Name of Teacher	Title	Name of Journal/Book/periodicals etc. with UGC CARE List, ISBN (ISSN)	Remarks	Proof attached	

STUDENTS' ACHIEVEMENTS:

Sl No	Name of Student	Class	Nature of Achievement	Remarks	Proof attached



ANY OTHER DETAILS:

Signature of the teacher in case of single Faculty Department

Remarks of the HoD

Names of the teachers who has not updated the teachers' diaries -

HOD's remarks:

The details given above are true to the best of my knowledge

(Head of the Dept.)

Remarks of the Principal:

Signature of the Principal

