**FORMAT OF ANNUAL REPORT, CENTRE FOR QUALITY ASSURANCE**

(To be submitted to QAC-UGC by 31 January each year)

**UNIVERSITY** ………….

**REPORT FOR THE YEAR**……

1. **Meetings of Senate Subcommittee on Quality Assurance / IQAU MC:**

|  |  |  |
| --- | --- | --- |
| Meeting no | Date | No of participants |
|  |  |  |
|  |  |  |

1. **Workshops/training programmes conducted by CQA**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Topic | Target group | No of participants |
|  |  |  |  |
|  |  |  |  |

1. **Submission of Self Evaluation Reports for external review by QAC**

|  |  |  |
| --- | --- | --- |
| IR/PR | Name of programme/cluster | Date of submission of SER |
|  |  |  |
|  |  |  |

1. **Site visits for external reviews**

|  |  |  |
| --- | --- | --- |
| IR/PR | Name of programme/cluster | Dates of the site visit |
|  |  |  |
|  |  |  |

1. **Action plans for implementation of recommendations in external review reports**

|  |  |  |  |
| --- | --- | --- | --- |
| IR/PR | Name of Faculty/Institute/ Campus/Unit | Year of external review | Dates of approval by Senate and Council |
|  |  |  |  |
|  |  |  |  |

1. **Any other activities / highlights for the year**
2. **Report presented by** ………………….. (DIRECTOR, CQA)
3. Please annex complete list of names of the members of Senate Subcommittee on Quality Assurance, and members of Internal Quality Assurance Cells in all Campuses / Faculties/Institutes / Units