

**C1-Check List for Courses Offered in the Department (Other than Regular)**  
(ATL/CRT/Technical/Certification Courses etc) (Having More than 30 Contact Hours)

Name of the Department: \_\_\_\_\_

Name of the Course: \_\_\_\_\_ Course Code: \_\_\_\_\_

Course Period/Duration: \_\_\_\_\_ No. of Contact Hours: \_\_\_\_\_

S. No	Document	Please Mark <input checked="" type="checkbox"/> as applicable	
		Yes	No
1	MOU (if associated with outside Company)		
2	Syllabus (including Course Code)		
3	Lecture plan		
4	Time Table		
5	Attendance Sheet/Attendance Register		
6	Handouts/Lecture Notes		
7	Feedback		
8	Exam paper (as per CO-PO)		
9	Result/Certificate (if Any)		

Submitted By \_\_\_\_\_ Verified By \_\_\_\_\_ Approved By \_\_\_\_\_

Course Coordinator

HOD

Director