**Internal Quality Assurance Cell**

**Academic Audit Report:**

**Academic Year:**

**Duration of the Audit:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Name of the department** | **No. Of Faculty on roll** | **No. of Faculty records audited** |
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**Summary and Concluding remarks:**

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**Suggestions and observations:**