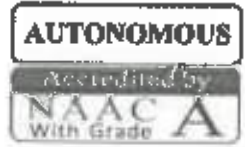




DVR & Dr. HS
MIC College of Technology

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Kanchikacherla - 521180, NTR Dist, A.P, India.
Phones: 08678 - 273535 / 94914 57799 / 73826 16824
E mail: office@micotech.ac.in, Website: www.micotech.edu.in



Internal audit No: 01

QMS – F005

DATE:01-11-2022

INTERNAL AUDIT SCHEDULE

Sl. No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	07-11-2022	CE	HOD,CE & Mr.K. Prasad	Ms.B.Triveni
2		EEE	HOD, EEE & Mr.A.V.Ravi kumar	Mr.A.Naga pavan kumar
3		MECH	HOD, MECH & Mr.A.Naga pavan kumar	Dr.V.Srilakshmi
4		ECE	HOD, BCE & Dr. Pragathi	Mr.S.B.C.Prasad
5		ADMIN	Administrative officer	Dr.V.Srifakshmi
6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7	08-11-2022	CSE	HOD, CSE & Dr.V.Srilakshmi	Dr. Pragathi
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
9		AI & IT MCA	HOD, AI& IT & Ms.B.Triveni	Mr.A.V.Ravi kumar
10		EXAM SECTION	COE	Dr. Pragathi
11		T&P	Mr.Katta Prasad	Mr.A.Naga pavan kumar

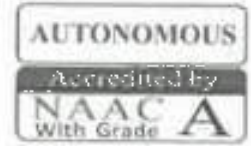
AAC Coordinator

(Dr. K.Srinivas)
Principal



DVR & Dr. HS
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Phones: 08678 - 273535 / 94914 57799 / 73826 16824
E mail: office@mictch.ac.in, Website: www.mictch.edu.in



OC - Outgoing

DEPARTMENT: AAC

ACADEMIC YEAR:2022-23

QMS - F 061

DATE:31-10-2022

SEMESTER:I

ORIGINATOR	PRINCIPAL
CIRCULATED TO	All HODs, Office, Library In charge, COB

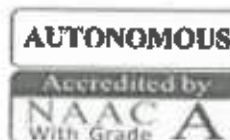
This is to inform that Internal Academic audit is scheduled on **07-11-2022 to 08-11-2022**, i.e. Monday-Tuesday . In this regard , all the HODs and department Academic Audit Committee (AAC) coordinators are hereby informed to keep the necessary documents(related to A.Y 2022-23 Semester-I) updated and ready for smooth conduct of audit.

(Dr. K. Srinivas)
Principal



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E mail: office@micotech.ac.in, Website: www.micotech.edu.in



ACADEMIC AUDIT COMMITTEE

2022-23

A committee consisting of the following members is hereby reconstituted as "ACADEMIC AUDIT COMMITTEE (AAC)" for the Academic Year 2022-23

The Academic Audit Committee is responsible:

1. To understand the existing system and assess the strengths and weaknesses of the Departments and Administrative Units.
2. To suggest the methods for improvement and for overcoming the weaknesses.
3. To identify the bottlenecks in the existing administrative mechanisms and the opportunities for academic reforms, administrative reforms and examination reforms etc.
4. To evaluate the optimum utilization of financial and other resources.
5. To suggest the methods for continuous improvement of quality, considering NBA, NAAC and other certification bodies.
6. For Designing effective teaching and learning processes.
7. For Evaluation of Course and Program Outcomes.
8. In Developing student assessment.
9. For Assuring quality education by implementation of co- curricular and extracurricular activities.

ACADEMIC AUDIT COMMITTEE MEMBERS :

S.No.	Name of the Staff Member	Designation	Designation in the committee
1	Dr. K. Srinivas	Principal	Chairman
2	Dr. P. Pradeep	HOD,BEE	Convener
3	Mrs. B. Pragathi	Assistant Professor, ECE	Member
4	Mr.A.Naga PavanKumar	Assistant Professor, ME	Member
5	Dr. V. Sri Lakshmi	Assistant Professor, CSE	Member
6	Mr.S.B.C.Prasad	Assistant Professor, HED	Member
7	Ms. B.Triveni	Assistant Professor, AI&IT	Member
8	Mr.K. Prasad	Assistant Professor, CE	Member
9	Mr.A.V.Ravi Kumar	Assistant Professor, EEE	Member
10	Mr. M. VenuBabu	Assistant Professor, EEE	Member
11	Mr.N.Narash Babu	Assistant Professor, ME	Member
12	Mr. Narendra Kumar	Assistant Professor, ECE	Member

P.M.M.
Prin
A
V.Srinivas
S.B.C.
K.Prasad
A.V.Ravi
M.Venu
N.Narash
N.Kumar



DVR & Dr. HS
MIC College of Technology

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Kunchikacherla - 521180, NTR Dist, A.P, India.
Phone: 08678 - 273535 / 94914 57799 / 73826 16824
E mail: office@mictech.ac.in, Website: www.mictech.edu.in



Internal audit No: 02

QMS - F005

DATE:04-05-2023

INTERNAL AUDIT SCHEDULE

Sl No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	08-05-2023	CE	HOD,CE & Mr.K. Prasad	Ms. B.Triveni
2		EEE	HOD, EEE & Mr.A.V.Ravi kumar	Mr.A.Naga pavan kumar
3		MECH	HOD, MECH & Mr.A.Naga pavan kumar	Dr.V.Srilakshmi
4		ECE	HOD, ECE & Dr.B. Pragathi	Mr.S.B.C.Prasad
5		ADMIN	Administrative officer	Dr.V.Srilakshmi
6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7	09-05-2023	CSE	HOD, CSE & Dr.V.Srilakshmi	Dr.B. Pragathi
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
9		AI & IT MCA	HOD, AI& IT & Ms.B.Triveni	Mr.A.V.Ravi kumar
10		EXAM SECTION	COE	Dr.B. Pragathi
11		T&P	Mr.Katta Prasad	Mr.A.Naga pavan kumar


AAC Coordinator


(Dr. T.Vamsee Kiran)
Principal



DVR & Dr. HS
MIC College of Technology

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Kanchikacherla - 521180, NTR Dist, A.P, India.
Phones: 08678 - 273535 / 94914 57799 / 73826 16824
E mail: office@micotech.ac.in, Website: www.micotech.edu.in



OC – Outgoing

DEPARTMENT: AAC

ACADEMIC YEAR:2022-23

QMS – F 061

DATE:02-05-2023

SEMESTER: II

ORIGINATOR	PRINCIPAL
CIRCULATED TO	All HODs, Office, Library In-charge, COE

This is to inform that Internal Academic audit is scheduled on **08-05-2023** to **09-05-2023** i.e Monday-Tuesday . In this regard , all the HODs and department AAC coordinators are hereby informed to keep the necessary documents (related to A.Y 2022-23 Semester- II) updated and ready for smooth conduct of audit.


(Dr. T. Vamshee Kiran)
Principal



22-23 April 2022

DVR & Dr. HS MIC College of Technology

ISO 9001:2015 Certified Institute
(Approved by AICTE & Permanently Affiliated to JNTUK, Kakinada)
Kanchikacherla - 521180, NTR Dist, A.P, India.
Phones: 08678 - 273335 / 94914 57799 / 73826 16824
E mail: office@micotech.no.in, Website: www.micotech.edu.in



ACADEMIC AUDIT COMMITTEE

A committee consisting of the following members is hereby reconstituted as “**ACADEMIC AUDIT COMMITTEE (AAC)**” for the Academic Year 2022-23

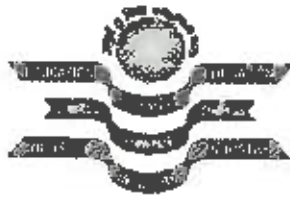
The Academic Audit Committee is responsible:

1. To understand the existing system and assess the strengths and weaknesses of the Departments and Administrative Units.
2. To suggest the methods for improvement and for overcoming the weaknesses.
3. To identify the bottlenecks in the existing administrative mechanisms and the opportunities for academic reforms, administrative reforms and examination reforms etc.
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8. In Developing student assessment.
9. For Assuring quality education by implementation of co- curricular and extracurricular activities.

ACADEMIC AUDIT COMMITTEE MEMBERS :

S.No.	Name of the Staff Member	Designation	Designation in the committee
1	Dr. T. Vamsee kiran	Principal	Chairman
2	Dr. P. Pradeep	HOD,EEE	Convener
3	Dr. B. Pragathi	Assistant Professor,ECE	Member
4	Mr.A.Naga Pavan Kumar	Assistant Professor, ME	Member
5	Ms. B. Triveni	Assistant Professor, AI&IT	Member
6	Mr.S.B.C.Prasad	Assistant Professor, BED	Member
7	Dr. V. Sri Lakshmi	Assistant Professor, CSE	Member
8	Mr.K. Prasad	Assistant Professor,CE	Member
9	Mr.A.V.Ravi Kumar	Assistant Professor, EEE	Member
10	Mr. M. VenuBabu	Assistant Professor,EEE	Member
11	Mr. Naresh Babu	Assistant Professor,ME	Member
12	Mr. Narendra Kumar	Assistant Professor,ECE	Member

Handwritten signatures and initials:
 P.K.M.
 Pradeep
 B.L.
 V. Sri Lakshmi
 B.
 VenuBabu
 Naresh
 Narendra



DVR & Dr. HS
MIC College of Technology

ISO 9001:2015 Certified Institute
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Phones: 08678 - 273535 / 94914 57799 / 73826 16824
E mail: office@micotech.ac.in, Website: www.micotech.edu.in



Internal audit No: 01

QMS – F005

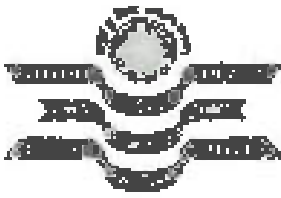
DATE:03-11-2021

INTERNAL AUDIT SCHEDULE

Sl. No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	08-11-2021	CE	HOD, CE & Mr.K. Prasad	Ms.B.Triveni
2		EEE	HOD, EEE & Mr.A.V.Ravi kumar	Mr.A.Naga pavan kumar
3		MECH	HOD, MECH & Mr.A.Naga pavan kumar	Dr.V.Srilakshmi
4		ECE	HOD, ECE & Dr. B Pragathi	Mr.S.B.C.Prasad
5		ADMIN	Administrative officer	Mrs.V.Srilakshmi
6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7	09-11-2021	CSE	HOD, CSE & Mrs.V.Srifakshmi	Dr. B Pragathi
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
9		AI & IT MCA	HOD, AI& IT & Ms.B.Triveni	Mr.A.V.Ravi kumar
10		EXAM SECTION	COE	Dr. B Pragathi
11		T&P	Mr.Katta Prasad	Mr.A.Naga pavan kumar


AAC Coordinator


(Dr.K.Srinivas)
Principal



DVR & Dr. HS
MIC College of Technology

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(Approved by AICTE & Permisecrty Affiliated to JNTUK, Raichur)
Kanchikacherla - 521160, Krishna Dist, A.P, India.
Phone: 08678 - 373333 / 94914 57759 / 73826 16034
E-mail: office@micotech.ac.in, Website: www.micotech.ac.in



IOC - Outgoing

DEPARTMENT: AAC

ACADEMIC YEAR:2021-22

QMS - F 061

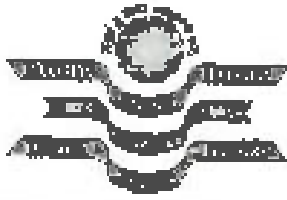
DATE:01-11-2021

SEMESTER: I

ORIGINATOR	PRINCIPAL
CIRCULATED TO	All HODs, Office, Library In charge, COE

This is to inform that Internal Academic audit is scheduled on 08-11-2021 to 09-11-2021 i.e Monday-Tuesday . In this regard , all the-HODs and department AAC coordinators are hereby informed to keep the necessary documents(related to A.Y 2021-22 Semester- I) updated and ready for smooth conduct of audit.

(Dr. K. Srinivas)
Principal



DVR & Dr. HS
MIC College of Technology

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Kanchikacherla - 521180, Krishna Dist, A.P, India.
Phone: 08678 - 273035 / 94914 57799 / 73826 16824
E-mail: office@miccollegetechnology.in, Website: www.miccollegetechnology.in



ACADEMIC AUDIT COMMITTEE

31-12-22 (2)

A committee consisting of the following members is hereby reconstituted as "ACADEMIC AUDIT COMMITTEE (AAC)" for the Academic Year 2021-22

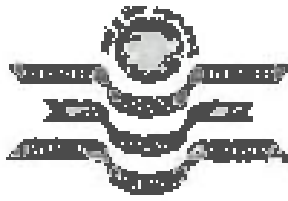
The Academic Audit Committee is responsible:

1. To understand the existing system and assess the strengths and weaknesses of the Departments and Administrative Units.
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ACADEMIC AUDIT COMMITTEE MEMBERS :

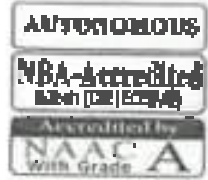
S.No.	Name of the Staff Member	Designation	Designation in the committee
1	Dr. K. Srinivas	Principal	Chairman
2	Dr.P.Pradeep	HOD,EEE	Convener
3	Mrs. B. Pragathi	Assistant Professor,ECE	Member
4	Mr.A.Naga PavanKumar	Assistant Professor, ME	Member
5	Mrs. V. Sri Lakshmi	Assistant Professor, CSE	Member
6	Mr.S.B.C.Prasad	Assistant Professor, BED	Member
7	Ms. B. Triveni	Assistant Professor,AI&IT	Member
8	Mr. K. Prasad	Assistant Professor,CE	Member
9	Mr.A.V.Ravi Kumar	Assistant Professor, EEE	Member
10	Mr. M. Venu Babu	Assistant Professor, EEE	Member
11	Mr. N. Naresh Babu	Assistant Professor,ME	Member
12	Mr. Narendra Kumar	Assistant Professor,ECE	Member

Handwritten signatures and initials in blue ink on the right side of the table, including names like P.K.V., N.S.M., and others.



DVR & Dr. HS
MIC College of Technology

ISO 9001:2015 Certified Institute
(Approved by AICTE & Permanently Affiliated to JNTUK, Kakinada)
Kanchilacherla - 521180, Krishna Dist, A.P, India.
Phone: 08678 - 273933 / 94914 57793 / 73826 16824
E mail: office@mictech.ac.in, Website: www.mictech.edu.in



Internal audit No: 02

QMS – F005

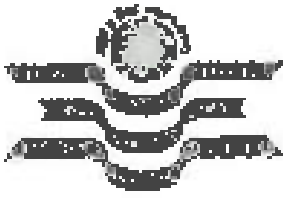
DATE:02-05-2022

INTERNAL AUDIT SCHEDULE

Sl. No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	09-05-2022	CE	HOD, CE & Mr.K. Prasad	Ms.B.Triveni
2		EEE	HOD, EEE & Mr.A. V.Ravi kumar	Mr. A. Naga pavan kumar
3		MECH	HOD, MECH & Mr.A.Naga pavan kumar	Mrs. V.Srilakshmi
4		ECE	HOD, ECE & Dr. B.Pragathi	Mr.S.B.C.Prasad
5		ADMIN	Administrative officer	Dr.V.Srilakshmi
6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7	10-05-2022	CSE	HOD, CSE & Mrs.V.Srilakshmi	Dr. B.Pragathi
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
9		AI & IT MCA	HOD, AI& IT & Ms.B.Triveni	Mr.A. V.Ravi kumar
10		EXAM SECTION	COE	Dr. B.Pragathi
11		T&P	Mr.Katta Prasad	Mr.A.Naga pavan kumar

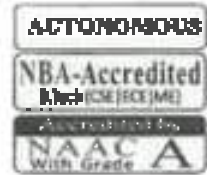

AAC Coordinator


(Dr.K. Srinivas)
Principal



DVR & Dr. HS
MIC College of Technology

ISO 9001:2015 Certified Institute
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Kanchiluvolu - 511130, Krishna Dist, A.P, India.
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Email: office@mictech.ac.in, Website: www.mictech.edu.in



IOC – Outgoing

DEPARTMENT: AAC

ACADEMIC YEAR:2021-22

QMS – F 061

DATE:02-05-2022

SEMESTER: II

ORIGINATOR	PRINCIPAL
CIRCULATED TO	ALL HODs, Office, Library In charge, COE

This is to inform that Internal Academic audit is scheduled on **09-05-2022 to 10-05-2022** i.e Monday-Tuesday . In this regard , all the HODs and department Academic Audit Committee (AAC) coordinators are hereby informed to keep the necessary documents (related to A.Y 2021-22 Semester- II) updated and ready for smooth conduct of audit.

(Dr. K. Srinivas)
Principal



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Phones: 08678 - 273535 / 94914 57799 / 73826 16824
E mail: office@mictech.ac.in, Website: www.mictech.edu.in



ACADEMIC AUDIT COMMITTEE

21-22 (1)

A committee consisting of the following members is hereby reconstituted as "ACADEMIC AUDIT COMMITTEE (AAC)" for the Academic Year 2021-22

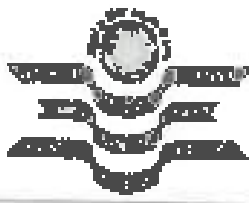
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ACADEMIC AUDIT COMMITTEE MEMBERS :

S.No.	Name of the Staff Member	Designation	Designation in the committee
1	Dr. K. Srinivas	Principal	Chairman
2	Dr.P.Pradeep	HOD,BEE	Convener
3	Mrs. B. Pragathi	Assistant Professor,ECE	Member
4	Mr.A.Naga PavanKumar	Assistant Professor, ME	Member
5	Mrs. V. Sri Lakshmi	Assistant Professor, CSE	Member
6	Mr.S.B.C.Prasad	Assistant Professor, BED	Member
7	Ms. B. Triveni	Assistant Professor,AI&IT	Member
8	Mr. K. Prasad	Assistant Professor,CE	Member
9	Mr.A.V.Ravi Kumar	Assistant Professor, EEE	Member
10	Mr. M. Venu Babu	Assistant Professor, EEE	Member
11	Mr. N. Naresh Babu	Assistant Professor,ME	Member
12	Mr. Narendra Kumar	Assistant Professor,ECE	Member

[Handwritten signatures and initials in blue ink on the right side of the table, including names like V. S. Lakshmi, S. B. C. Prasad, and others.]



Internal audit No: 01


QMS - F005

DATE:02-11-2020

INTERNAL AUDIT SCHEDULE

Sl. No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	09-11-2020	CE	HOD, CE & Mr.K. Prasad	Mr P Narasimha Rao
2		EEE	HOD, EEE & Mr.A.V.Ravi kumar	Mr.A.Naga pavan kumar
3		MECH	HOD, MECH & Mr.A.Naga pavan kumar	Dr.V.Srilakshmi
4		ECE	HOD, ECE & Mr. B.R.K Singh	Mr.S.B.C.Prasad
5		ADMIN	Administrative officer	Mrs.V.Srilakshmi
6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7	10-11-2020	CSE	HOD, CSE & Mrs.V.Srilakshmi	Mr. B.R.K Singh
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
9		IT & MCA	HOD, IT & MCA & Mr P Narasimha Rao	Mr.A.V.Ravi kumar
10		EXAM SECTION	COE	Mr. B.R.K Singh
11		T&P	Mr.Katta Prasad	Mr.A.Naga pavan kumar


AAC Coordinator


(Dr.K.Srinivas)
Principal



Devineni Venkata Ramana & Dr.Hima Sekhar
MIC College of Technology

(Approved by AICTE & Permanently Affiliated to JNTUK, Kakinada)

Kanohikachera - 521180, Krishna Dist, A.P, India.

Phone : 08678 - 273535, 273623, Fax: 08678 - 273569

e-mail: dvchamr@micotech.ac.in, Website: www.micotech.ac.in



IOC – Outgoing

DEPARTMENT: AAC

ACADEMIC YEAR:2020-21

QMS – F 061

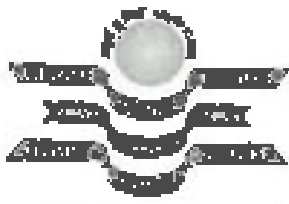
DATE:02-11-2020

SEMESTER: I

ORIGINATOR	PRINCIPAL
CIRCULATED TO	All HODs, Office, Library In charge, COE

This is to inform that Internal Academic audit is scheduled on 09-11-2020 to 10-11-2020 i.e Monday-Tuesday . In this regard , all the HODs and department Academic Audit Committee (AAC) coordinators are hereby informed to keep the necessary documents (related to A.Y 2020-21 Semester-I) updated and ready for smooth conduct of audit.

(Dr.K. Srinivas)
Principal



DVR & Dr. HS
MIC College of Technology

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(Approved by AICTE & Permanently Affiliated to JNTUK, Kakinada)
Kandukuram - 521169, Krishna Dist, A.P, India
Phone: 08672 - 273333 / 54914 53799 / 73826 16824
E-mail: aofee@mictech.ac.in, Website: www.mictech.edu.in



ACADEMIC AUDIT COMMITTEE

20-21(1)

A committee consisting of the following members is hereby reconstituted as "ACADEMIC AUDIT COMMITTEE (AAC)" for the Academic Year 2020-21

The Academic Audit Committee is responsible:

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ACADEMIC AUDIT COMMITTEE MEMBERS :

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1	Dr. K. Srinivas	Principal	Chairman
2	Dr.P.Pradeep	HOD,EEE	Convener
3	Mrs. B. Pragathi	Assistant Professor,ECE	Member
4	Mr.A.Naga PavanKumar	Assistant Professor, ME	Member
5	Mrs. V. Sri Lakshmi	Assistant Professor, CSE	Member
6	Mr.S.B.C.Prasad	Assistant Professor, BED	Member
7	Ms. P.Narasimha Rao	Assistant Professor,AI&IT	Member
8	Mr. K. Prasad	Assistant Professor,CE	Member
9	Mr.A.V.Ravi Kumar	Assistant Professor, EEE	Member
10	Mr. M. Venu Babu	Assistant Professor, EEE	Member
11	Mr. N. Naresh Babu	Assistant Professor,ME	Member
12	Mr. Narendra Kumar	Assistant Professor,ECE	Member

Handwritten signatures and initials in blue ink are present on the right side of the table, corresponding to the members listed.



Devineni Venkata Ramana & Dr.Hima Sekhar
MIC College of Technology

(Approved by AICTE & Permanently Affiliated to JNTUK, Kakinada)

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e mail: devinemi@micotech.ac.in, Website: www.micotech.ac.in

AUTONOMOUS

NBA-Accredited
B.Tech (CSE/ECE/ME)

NAAC
With Grade A

Internal audit No: 02

QMS – F005

DATE:01-05-2021

INTERNAL AUDIT SCHEDULE

Sl. No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	10-05-2021	CE	HOD, CE & Mr.K. Prasad	Mr P Narasimha Rao
2		EEE	HOD, EEE & Mr.A.V.Ravi kumar	Mr.A.Naga pavan kumar
3		MECH	HOD, MECH & Mr.A.Naga pavan kumar	Dr.V.Srilakshmi
4		ECE	HOD, ECE & Mr. B.R.K Singh	Mr.S.B.C.Prasad
5		ADMIN	Administrative officer	Mrs.V.Srilakshmi
6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7	11-05-2021	CSE	HOD, CSE & Mrs.V.Srilakshmi	Mr. B.R.K Singh
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
9		IT ,MCA	HOD, IT & MCA Mr P Narasimha Rao	Mr.A.V.Ravi kumar
10		EXAM SECTION	COE	Mr. B.R.K Singh
11		T&P	Mr.Katta Prasad	Mr.A.Naga pavan kumar


AAC Coordinator


(Dr.K.Srinivas)
Principal



Devineni Venkata Ramana & Dr.Hirna Sekhar
MIC College of Technology

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e-mail: dvramic@mictech.ac.in, Website: www.mictech.ac.in



IOC – Outgoing

DEPARTMENT: AAC

ACADEMIC YEAR:2020-21

QMS – F 061

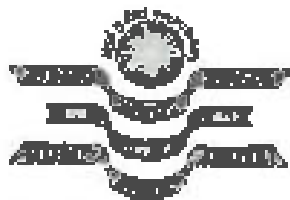
DATE:04-05-2021

SEMESTER: I

ORIGINATOR	PRINCIPAL
CIRCULATED TO	All HODs, Office, Library In charge, COE

This is to inform that Internal Academic audit is scheduled on 10-05-2021 to 11-05-2021 ie Monday-Tuesday . In this regard , all the HODs and department Academic Audit Committee (AAC) coordinators are hereby informed to keep the necessary documents (related to A.Y 2020-21 Semester-I) updated and ready for smooth conduct of audit.

(Dr.K. Srinivas)
Principal



DVR & Dr. HS
MIC College of Technology

ISO 9001:2015 Certified Institute
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E-mail: office@mictech.ac.in, Website: www.mictech.ac.in



ACADEMIC AUDIT COMMITTEE

20-21(1)

A committee consisting of the following members is hereby reconstituted as "ACADEMIC AUDIT COMMITTEE (AAC)" for the Academic Year 2020-21

The Academic Audit Committee is responsible:

1. To understand the existing system and assess the strengths and weaknesses of the Departments and Administrative Units.
2. To suggest the methods for improvement and for overcoming the weaknesses.
3. To identify the bottlenecks in the existing administrative mechanisms and the opportunities for academic reforms, administrative reforms and examination reforms etc.
4. To evaluate the optimum utilization of financial and other resources.
5. To suggest the methods for continuous improvement of quality, considering NBA, NAAC and other certification bodies.
6. For Designing effective teaching and learning processes.
7. For Evaluation of Course and Program Outcomes.
8. In Developing student assessment.
9. For Assuring quality education by implementation of co- curricular and extracurricular activities.

ACADEMIC AUDIT COMMITTEE MEMBERS :

S.No.	Name of the Staff Member	Designation	Designation in the committee
1	Dr. K. Srinivas	Principal	Chairman
2	Dr.P.Pradeep	HOD,EEE	Convener
3	Mrs. B. Pragathi	Assistant Professor,ECE	Member
4	Mr.A.Naga PavanKumar	Assistant Professor, ME	Member
5	Mrs. V. Sri Lakshmi	Assistant Professor, CSE	Member
6	Mr.S.B.C.Prasad	Assistant Professor, BED	Member
7	Ms. P.Narasimha Rao	Assistant Professor,AI&IT	Member
8	Mr. K. Prasad	Assistant Professor,CE	Member
9	Mr.A.V.Ravi Kumar	Assistant Professor, EEE	Member
10	Mr. M. Venu Babu	Assistant Professor, EEE	Member
11	Mr. N. Naresh Babu	Assistant Professor,ME	Member
12	Mr. Narendra Kumar	Assistant Professor,ECE	Member

Handwritten signatures and initials:
M.S. Prasad
V.S. Lakshmi
S.B.C. Prasad
P.N. Rao
K. Prasad
A.V. Ravi Kumar
M. Venu Babu
N. Naresh Babu
N. Narendra Kumar



Devineni Venkata Ramana & Dr.Hima Sekhar
MIC College of Technology

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e-mail: dv@mic@micotech.ap.in, Website: www.micotech.ap.in



QMS – F005

Internal audit No: 01

DATE:01-11-2019

INTERNAL AUDIT SCHEDULE

Sl. No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	11-11-2019	CE	HOD, CE & Mr.K. Prasad	Mr. A V Ravi Kumar
2		EEE	HOD, EEE & Mr.A.V.Ravi kumar	Mr.A.Naga pavan kumar
3		MECH	HOD, MECH & Mr.A.Naga pavan kumar	Mrs.V.Srilakshmi
4		ECE	HOD, ECE & Mr. B.R.K Singh	Mr.S.B.C.Prasad
5		ADMIN	Administrative officer	Mrs.V.Srilakshmi
6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7	12-11-2019	CSE	HOD, CSE & Mrs.V.Srilakshmi	Mr. B.R.K Singh
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
10		EXAM SECTION	COE	Mr. B.R.K Singh
11		T&P	Mr.B Rajesh	Mr.A.Naga pavan kumar


AAC Coordinator


(Dr.Y.Sudheer Babu)
Principal



Devineni Venkata Ramaiah & Dr.Hima Sekhar
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AUTONOMOUS

NBA-Accredited
B.Tech (CSE/ECE/AIE)

NAAC A
With Grade

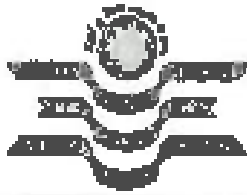
IOC – Outgoing
DEPARTMENT: AAC
ACADEMIC YEAR:2019-20

QMS – F 061
DATE:05-11-2019
SEMESTER: I

ORIGINATOR	PRINCIPAL
CIRCULATED TO	All HODs, Office, Library In charge, COE

This is to inform that Internal Academic audit is scheduled on 11-11-2019 to 12-11-2019 ie Monday & Tuesday. In this regard , all the HODs and department Academic Audit Committee (AAC) coordinators are hereby informed to keep the necessary documents (related to A.Y 2019-20 Semester-I) updated and ready for smooth conduct of audit.


(Dr.Y.Sudheer Babu)
Principal



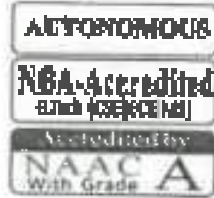
Devineni Venkata Ramana & Dr.Hima Sekhar
MIC College of Technology

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Phone: 08678 - 27533, 27562, Fax: 08678 - 27566

e-mail: ddevrmanic@miccol.ac.in, Website: www.miccol.ac.in



Internal audit No: 02

QMS – F005

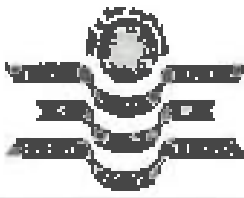
DATE:01-05-2020

INTERNAL AUDIT SCHEDULE

Sl. No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	08-05-2020	CE	HOD,CE & Mr.K. Prasad	Mr. A V Ravi Kumar
2		EEE	HOD, EEE & Mr.A. V.Ravi kumar	Mr.A.Naga pavan kumar
3		MBCH	HOD, MECH & Mr.A.Naga Pavan Kumar	Dr.V.Srilakshmi
4		ECE	HOD, BCE & Mr. B.R.K Singh	Mr.S.B.C.Prasad
5		ADMIN	Administrative officer	Mrs. V.Srilakshmi
6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7	09-05-2020	CSE,IT & MCA	HOD, CSE & Mrs.V.Srilakshmi	Mr. B.R.K Singh
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
10		EXAM SECTION	COE	Mr. B.R.K Singh
11		T&P	Mr.B Rajesh	Mr.A.Naga pavan kumar


AAC Coordinator


(Dr.Y.Sudheer Babu)
Principal



Devineni Venkata RAYANA & Dr.Hima Sekhar
MIC College of Technology

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AUTONOMOUS

NBA-Accredited
(With EQUIS)

NAAC
With Grade A

IOC – Outgoing

DEPARTMENT: AAC

ACADEMIC YEAR:2019-20

QMS – F 061

DATE:01-05-2020

SEMESTER: II

ORIGINATOR	PRINCIPAL
CIRCULATED TO	All HODs, Office, Library In charge, COE

This is to inform that Internal Academic audit is scheduled on 08-05-2020 to 09-05-2020 ie Friday & Saturday. In this regard , all the HODs and department Academic Audit Committee (AAC) coordinators are hereby informed to keep the necessary documents (related to A.Y 2019-20 Semester-II) updated and ready for smooth conduct of audit.

(Dr. Y. Sudheer Babu)
Principal



ACADEMIC AUDIT COMMITTEE

(2019)

A committee consisting of the following members is hereby reconstituted as "ACADEMIC AUDIT COMMITTEE (AAC)" for the Academic Year 2019-20

The Academic Audit Committee is responsible:

1. To understand the existing system and assess the strengths and weaknesses of the Departments and Administrative Units.
2. To suggest the methods for improvement and for overcoming the weaknesses.
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6. For Designing effective teaching and learning processes.
7. For Evaluation of Course and Program Outcomes.
8. In Developing student assessment.
9. For Assuring quality education by implementation of co- curricular and extracurricular activities.

ACADEMIC AUDIT COMMITTEE MEMBERS :

S.No.	Name of the Staff Member	Designation	Designation in the committee
1	Dr. Y.sudheer Babu	Principal	Chairman
2	Dr.P.Pradeep	HOD,EEE	Convener
3	Mr. B.R.K .Singh	Assistant Professor,ECE	Member
4	Mr.A.Naga PavanKumar	Assistant Professor, ME	Member
5	Mrs. V. Sri Lakshmi	Assistant Professor, CSE	Member
6	Mr.S.B.C.Prasad	Assistant Professor, BED	Member
7	Mr. K. Prasad	Assistant Professor,CE	Member
8	Mr.A.V.Ravi Kumar	Assistant Professor, EEE	Member
9	Mr. M. Venu Babu	Assistant Professor, EEE	Member
10	Mr. N. Naresh Babu	Assistant Professor,ME	Member
11	Mr. Narendra Kumar	Assistant Professor,ECE	Member

Handwritten signatures and initials:
P.K.M.
V.S.: Me
Sof
K.P.
Kandam
N.V.
A.B.
A.P.



Devineni Venkata Ramana & Dr.Hima Sekhar
MIC College of Technology

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e mail: dvramic@mictech.ac.in, Website: www.mictech.ac.in

AUTONOMOUS

NBA-Accredited
B.Tech (ECE|ECE|ME)

NAAC A
With Grade

Internal audit No: 01

QMS - F005

DATE:01-11-2018

INTERNAL AUDIT SCHEDULE

S. No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	12-11-2018	CE	HOD, CE & Mr.K. Prasad	Mr. A V Ravi Kumar
2		EEE	HOD, EEE & Mr.A.V.Ravi Kumar	Mr.A.Naga Pavan Kumar
3		MECH	HOD, MECH & Mr.A.Naga Pavan Kumar	Mrs.V.Srilakshmi
4		ECE	HOD, ECE & Mr. B.R.K Singh	Mr.S.B.C.Prasad
5		ADMIN	Administrative officer	Mrs.V.Srilakshmi
6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7	13-11-2018	CSE	HOD, CSE & Mrs.V.Srilakshmi	Mr. B.R.K Singh
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
10		EXAM SECTION	COE	Mr. B.R.K Singh
11		T&P	Mr.B Rajesh	Mr.A.Naga Pavan Kumar


AAC Coordinator


(Dr.Y.Sudheer Babu)
Principal



Devineni Venkata Ramana & Dr.Hirna Sekhar
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e-mail: dev@mic.ac.in, Website: www.mictech.ac.in

AUTONOMOUS

NBA-Accredited
B.Tech (CSE/ECE/ME)

ACCREDITED BY
NAAC
With Grade **A**

IOC – Outgoing
DEPARTMENT: AAC
ACADEMIC YEAR: 2018-2019

QMS – F 061
DATE:01-11-2018
SEMESTER: I

ORIGINATOR	PRINCIPAL
CIRCULATED TO	All HODs, Office, Library In-charge, COE

This is to inform that Internal Academic audit is scheduled on 12-11-2018 to 13-11-2018 i.e on Monday & Tuesday. In this regard , all the HODs and department Academic Audit Committee (AAC) coordinators are hereby informed to keep the necessary documents(related to A.Y 2018-19 Semester-I) updated and ready for smooth conduct of audit.

(Dr. Y. Sudheer Babu)
Principal



ACADEMIC AUDIT COMMITTEE

A committee consisting of the following members is hereby reconstituted as "ACADEMIC AUDIT COMMITTEE (AAC)" for the Academic Year 2018-19

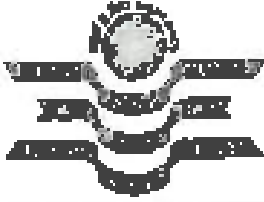
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ACADEMIC AUDIT COMMITTEE MEMBERS :

S.No.	Name of the Staff Member	Designation	Designation in the committee
1	Dr. Y.sudheer Babu	Principal	Chairman
2	Mr.P. Pradeep	Assistant Professor, EEE	Convener
3	Mr. B.R.K .Singh	Assistant Professor,ECE	Member
4	Mr.A.Naga PavanKumar	Assistant Professor, ME	Member
5	Mrs. V. Sri Lakshmi	Assistant Professor, CSE	Member
6	Mr.S.B.C.Prasad	Assistant Professor, BED	Member
7	Mr. K. Prasad	Assistant Professor,CE	Member
8	Mr.A.V.Ravi Kumar	Assistant Professor, EEE	Member
9	Mr. M. Venu Babu	Assistant Professor, EEE	Member
10	Mr. N. Naresh Babu	Assistant Professor,ME	Member
11	Mr. Narendra Kumar	Assistant Professor,ECE	Member

Handwritten signatures and initials in blue ink are present to the right of the table, corresponding to the members listed.



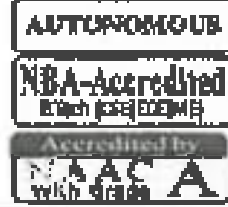
Devineni Venkata Ramana & Dr.Hima Sekhar
MIC College of Technology

(Approved by AICTE & Permittedly Affiliated to JNTUK, Kakinada)

Kanchi/Andhra - 521180, Krishna Dist, A.P, India.

Phone: 08678 - 273636, 273613, Fax: 08678 - 273669

e-mail: devbhmic@mictech.ac.in, Website: www.mictech.ac.in



QMS - F005

Internal audit No: 02

DATE:01-05-2019

INTERNAL AUDIT SCHEDULE

S. No	Date of audit	Auditee Department	Name of Auditee	Auditor
1	06-05-2019	CE	HOD,CE & Mr.K. Prasad	Mr.A.V.Ravikumar
2		EEB	HOD, EEB & Mr.A.V.Ravikumar	Mr.A.Nagapavankumar
3		MECH	HOD, MECH & Mr.A.Nagapavankumar	Mrs.V.Srilakshmi
4		ECE	HOD, ECE & Mr. B.R.K Singh	Mr.S.B.C.Prasad
5		ADMIN	Administrative officer	Mrs.V.Srilakshmi
6		LIBRARY	Librarian	Mr.S.B.C.Prasad
7	07-05-2019	CSE	HOD, CSE & Mrs.V.Srilakshmi	Mr. B.R.K Singh
8		BED	HOD, BED & Mr.S.B.C.Prasad	Mr.K. Prasad
10		EXAM SECTION	COE	Mr. B.R.K Singh
11		T&P	Mr.B Rajesh	Mr.A.Nagapavankumar


AAC Coordinator


(Dr. Y. Sudheer Babu)
Principal



Devineni Venkata Ramana & Dr.Hima Sekhar
MIC College of Technology

(Approved by AICTE & Permanently Affiliated to JNTUK, Kakinada)

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e mail: dvf@mic@micttech.ac.in, Website: www.micttech.ac.in



IOC – Outgoing
DEPARTMENT: AAC
ACADEMIC YEAR: 2018-2019

QMS – F 061
DATE:30-04-2019
SEMESTER: II

ORIGINATOR	PRINCIPAL
CIRCULATED TO	All HODs, Office, Library In-charge, COE

This is to inform that Internal Academic audit is scheduled on 06-05-2019 to 07-05-2019 i.e on Monday & Tuesday. In this regard, all the HODs and department Academic Audit Committee (AAC) coordinators are hereby informed to keep the necessary documents(related to A.Y 2018-19 Semester-II) updated and ready for smooth conduct of audit.

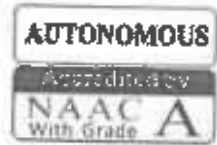

(Dr. Y.Sudheer Babu)
Principal

2022-2023



DVR & Dr. HS
MIC College of Technology

ISO 9001:2015 Certified Institute
(Approved by AICTE & Perpetually Affiliated to JNTUK, Kakinada)
Kanchilacherla - 521 180, NTR Dist. A.P., India
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E mail: office@mictech.ac.in Website: www.mictech.edu.in



22-23
I - ①

ACADEMIC AUDIT FINDING REPORT

Date: 07-11-2022

Dept of audit: <u>Civil Engineering</u>		Category: Major <input type="radio"/> Minor <input type="radio"/>	
Description of audit: <u>Faculty Published The papers of Main Projects of Final year students AY (22-23, II sem).</u> <u>Sample 1: N.V. Subba Rao - Planning & designing environmentally Sustainable College Campus of DVR & Dr.HS MIC college of Technology.</u> <u>Sample 2: K.Prasad - Study on Manufacturing of Bricks by using Minerals Admixtures as Alternate solution.</u>			
Name of the auditor: <u>B. Frieni</u>		Signature of the auditor: <u>B. Frieni</u>	
Name of the auditee: <u>K.Prasad</u>		Signature of the auditee: <u>K.Prasad</u>	
Root cause for Non-Conformance - if observed: <u>---</u>			
Corrective Action: <u>---</u>			
Signature of Auditee: <u>B</u>		Date: <u>07-11-2022</u>	
Probable date of completion of work: <u>---</u>			
Date of follow-up audit: <u>---</u>			
Effectiveness of Corrective action verified (Report references): <u>---</u>			
Result of follow-up audit: <u>---</u>			
Status of audit: Closed <input checked="" type="radio"/>		Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>B. Frieni</u>		Date: <u>07-11-2022</u>	

CC: Auditor, Auditee

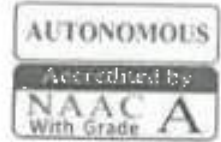
HOD/Date

Principal/Date



DVR & Dr. HS
MIC College of Technology

ISO 9001:2015 Certified Institute
(Approved by AICTE & Permanently Affiliated to JNTUK, Kakinada)
Kanchikacherla - 521180, NTR Dist. A.P, India.
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E mail: office@micotech.ac.in, Website: www.mitech.edu.in



2-0

ACADEMIC AUDIT FINDING REPORT

Date : 07-11-2022

Dept of audit: <u>Civil Engineering</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>After completion of lab internals Dept reports lab wise performance of individual students with all the details</u> <u>Sample:1 R. Hanumansai (20H71A0106) : 10/15 (RT Lab)</u> <u>Sample:2 G. Navendra (22H75A0101) : 12/15 (CAD Lab)</u> <u>Sample:3 B. Gopikrishna (19H71A0101) : 24/24 (12/15 (ETABS Lab))</u>	
Name of the auditor: <u>B. Triveni</u>	Signature of the auditor:
Name of the auditee: <u>K. Prasad.</u>	Signature of the auditee:
Root cause for Non-Conformance - if observed :	
Corrective Action:	
Signature of Auditee:	Date: <u>07-11-2022</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date:

CC: Auditor, Auditee

HOD/Date

Principal/Date



DVR & Dr. HS
MIC College of Technology

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E mail: office@mictech.ac.in, Website: www.mictech.edu.in



2-3

ACADEMIC AUDIT FINDING REPORT

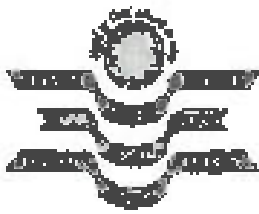
Date : 07-11-2022

Dept of audit: <u>Civil Engineering</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Student Mentoring Books observed in the respective Department in 22-23 A.Y sem 2.</u>	
<u>Sample 1: 21H717A-0103 : S. Darsah, Attendance : (86% in 1st sem)</u>	
<u>Sample 2: 22H717A-0116 : V. Yaswanth, Attendance : (76% in 1st sem)</u>	
Name of the auditor: <u>B. Triveni</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>K. Prasad.</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance - if observed : <u>-</u>	
Corrective Action: <u>-</u>	
Signature of Auditee: <u>[Signature]</u>	Date: <u>07-11-2022</u>
Probable date of completion of work: <u>-</u>	
Date of follow-up audit: <u>-</u>	
Effectiveness of Corrective action verified (Report references): <u>-</u>	
Result of follow-up audit: <u>-</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>07-11-2022</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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L-4

ACADEMIC AUDIT FINDING REPORT

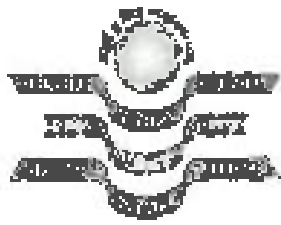
Date: 07-11-2022

Dept of audit: <u>Civil Engineering</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Internal Marks are Uploaded to Portal for 22-23 A.Y. Sem-2.</u> <u>Sample 1: ID/ID : 19H71A0106 : 22/80 - WRE-I</u> <u>Sample 2: ID/ID : 20H71A0102 : 12/80 - DDRCB</u> <u>Sample 3: ID/ID : 21H71A0106 : 17/80 - CT.</u>	
Name of the auditor: <u>B. Triveni</u>	Signature of the auditor: <u>B. Triveni</u>
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee: <u>K. Prasad</u>
Root cause for Non-Conformance - if observed: -	
Corrective Action: -	
Signature of Auditee: <u>K. Prasad</u>	Date: <u>07-11-2022</u>
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>B. Triveni</u>	Date: <u>07-11-2022</u>

CC: Auditor, Auditee

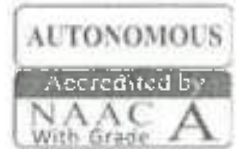
07/11
HOD/Date

K. Prasad
Principal/Date



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22-22
① Original

ACADEMIC AUDIT FINDING REPORT

Date : 07-11-2022

Dept of audit: <u>Civil Engineering.</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <u>Checked Syllabus coverage Monitoring Semester Wise</u> <u>Verified staff Attendance Registers</u>	
Name of the auditor: <u>B. Triveni</u>	Signature of the auditor <u>B.T.</u>
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee <u>K.P.</u>
Route cause for Non-Conformance -- if observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee: <u>[Signature]</u>	Date: <u>07-11-2022</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit : <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>B.T.</u>	Date: <u>07-11-2022</u>

CC: Auditor, Auditee

[Signature]
HOD/Data

[Signature]
Principal/Data



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ACADEMIC AUDIT FINDING REPORT

Date: 2-11-2022

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Class room - tables and individual faculty</u> <u>room - tables are unified - No deviations observed</u>	
Name of the auditor: <u>Mr A Naga Prasad Dima</u>	Signature of the auditor:
Name of the auditee: <u>Mr AV Kavi Kumar</u>	Signature of the auditee:
Route cause for Non-Conformance - If observed: _____	
Corrective Action: _____	
Signature of Auditee:	Date: <u>2/11/2022</u>
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>2/11/2022</u>

CC: Auditor, Auditee

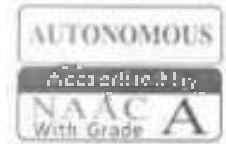
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 7-11-2022

Dept of audit: EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Verified Students Industrial Visit and other related documents	
Name of the auditor: Mr. A NAGA PAVAN Kumar	Signature of the auditor:
Name of the auditee: Mr. AVRAVI KUMAR	Signature of the auditee:
Route cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditor:	Date: 7/11/2022
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 7/11/2022

CC: Auditor, Auditee

HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date: 7-11-2022

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Unified Lab maintenance records and other related documents</u>	
Name of the auditor: <u>Mr. A Naye Pavan Kumar</u>	Signature of the auditor:
Name of the auditee: <u>Mr. A V Ravi Kumar</u>	Signature of the auditee:
Route cause for Non-Conformance – if observed : _____	
Corrective Action: _____	
Signature of Auditee:	Date: <u>8/1/2022</u>
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>7/11/2022</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 7-11-2022

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: 1. Checked Alumni Registration Form 2. Checked feedback forms for Employers and other related documents	
Name of the auditor: <u>Mr. A Naga Prasad Kumar</u>	Signature of the auditor:
Name of the auditee: <u>Mr AV Sai Kumar</u>	Signature of the auditee:
Route cause for Non-Conformance – if observed : <u>Maintaining Alumni data</u>	
Corrective Action:	
Signature of Auditee:	Date: <u>09-11-2022</u>
Probable date of completion of work: <u>09-11-2022</u>	
Date of follow-up audit: <u>09-11-2022</u>	
Effectiveness of Corrective action verified (Report references): <u>Updated Alumni data</u>	
Result of follow-up audit: <u>Completed</u>	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>09-11-2022</u>

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HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date: 07/11/22

Dept of audit: Mechanical	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: Department Monitors subject wise syllabus Allocated to the Faculty for smooth running of I sem. After that basing on the syllabus coverage corrective actions planned	
Name of the auditor: Dr. V. Sri Lakshmi	Signature of the auditor:
Name of the auditee: Ms. A. Naga Pravam kumar	Signature of the auditee:
Root cause for Non-Conformance -- if observed :	
Corrective Action:	
Signature of Auditee:	Date: 07/11/22
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input checked="" type="checkbox"/>
Signature of the Auditor:	Date: 07/11/22

CC: Auditor, Auditee

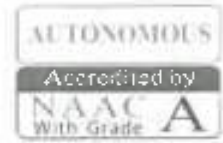
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ACADEMIC AUDIT FINDING REPORT

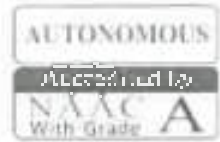
Date: 07/11/22

Dept of audit: Mechanical	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: Basing on JNTUK curriculam department receives faculty requisition from other departments for interdepartment subjects for smooth running of 22-23 (ISEM)	
Name of the auditor: DR. V. Srilakshmi	Signature of the auditor: V. Sai M.
Name of the auditee: Mrs. A. Naga Pavan <small>Kurmasi</small>	Signature of the auditee: [Signature]
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: [Signature]	Date: 07/11/22
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input checked="" type="checkbox"/>
Signature of the Auditor: V. Sai M.	Date: 07/11/22

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 07/11/22

Dept of audit: Mechanical	Category: Major of, Minor of
Description of audit: Department Evaluates and analyse Subject wise marks achieved by the students in MID-I and MID-II of (22-23) I SEM details.	
Name of the auditor: Dr. V. Sri Lakshmi	Signature of the auditor: V. Sai M
Name of the auditee: Mr. A. Naga Pavan Kumar	Signature of the auditee: [Signature]
Root cause for Non-Conformance – If observed :	
Corrective Action:	
Signature of Auditee: [Signature]	Date: 07/11/22
Probable date of completion of work	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: V. Sai M	Date: 07/11/22

CC: Auditor, Auditee

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ACADEMIC AUDIT FINDING REPORT

Date: 07/11/22

Dept of audit: Mechanical	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: After completion of lab internals dept reports lab wise performance of individual students with all the details	
Name of the auditor: Dr. V. Srilakshmi	Signature of the auditor: V. Srilakshmi
Name of the auditee: Mr. A. Naga Pavan Kumar	Signature of the auditee: A. Naga Pavan Kumar
Root cause for Non-Conformance - if observed: -	
Corrective Action: -	
Signature of Auditee: A. Naga Pavan Kumar	Date: 07/11/22
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: V. Srilakshmi	Date: 07/11/22

CC: Auditor, Auditee

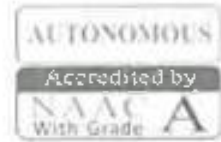
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HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date: 07/11/22

Dept of audit: Mechanical	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit checked student Result Analysis Department wise. checked students details Register	
Name of the auditor: Dr. V. Srilakshmi	Signature of the auditor:
Name of the auditee: Mr. A. Naga Pavan Kumar	Signature of the auditee:
Root cause for Non-Conformance – if observed:	
Corrective Action:	
Signature of Auditee:	Date: 07/11/22
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report reference):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 07/11/22

CC: Auditor, Auditee

HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date: 07/11/22

Dept of audit: <u>Mechanical</u>	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <u>verified Faculty R&D Register.</u>	
Name of the auditor: <u>Dr. V. Srilakshmi</u>	Signature of the auditor: <u>V. Srilakshmi</u>
Name of the auditee: <u>Mrs. A. Naga Pavan Kumar</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance – if observed : <u>update R&D Register.</u>	
Corrective Action:	
Signature of Auditee: <u>[Signature]</u>	Date: <u>07/11/22</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input checked="" type="checkbox"/>	
Signature of the Auditor: <u>V. Srilakshmi</u>	Date: <u>07/11/22</u>

CC: Auditor, Auditee

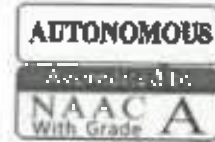
[Signature]
HOD/Date

[Signature]
Principal/Date



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22-23
 I Sem

ACADEMIC AUDIT FINDING REPORT

Date: ...07/11/2022

Dept of audit: E.C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Based on curriculum department review syllabus delivers once in a fortnight with all details in ECE (2022-2023) sample 1: Ch. Lakshmana - 32% - SS sample 2: Mr. M. Anil Kumar - ECA - 49%.	
Name of the auditor: B. S. Prasad,	Signature of the auditor
Name of the auditee: Dr. B. Pragathi.	Signature of the auditee
Root cause for Non-Conformance - if observed: ---	
Corrective Action: ---	
Signature of Auditee:	Date: ---
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit: ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 07/11/2022

CC: Auditor, Auditee

HOD Date

Principal Date



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ACADEMIC AUDIT FINDING REPORT

Date: 7/11/2022

Dept of audit: <u>ECE</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>1. checked maintenance & stock registers</u> <u>2. Academic Book statement.</u>	
Name of the auditor: <u>Mr. S.B.C. Prasad</u>	Signature of the auditor:
Name of the auditee: <u>Dr. B. Pragathi</u>	Signature of the auditee:
Route cause for Non-Conformance - if observed: <u>NEP</u>	
Corrective Action: <u>NEP</u>	
Signature of Auditee:	Date: <u>7/11/2022</u>
Probable date of completion of work:	
Date of follow-up audit: <u>-</u>	
Effectiveness of Corrective action verified (Report references): <u>-</u>	
Result of follow-up audit: <u>-</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>7/11/2022</u>

CC: Auditor, Auditee

HOD/Date
7/11/22

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 07/11/2022

Dept of audit: <u>E.C.E</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>workshops attended by students II year ECE all sections has been attended.</u> <u>Sample:- A 3-day National level workshop on IoT Applications with latest boards.</u> <u>Date of event - From 17/10/2022 to 19/10/2022</u>	
Name of the auditor: <u>Mr. S.B.C. Prasad</u>	Signature of the auditor:
Name of the auditee: <u>Dr. B. Pragathi.</u>	Signature of the auditee:
Root cause for Non-Conformance - if observed: <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditor:	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit: <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>07/11/2022</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 07/11/2022

Dept of audit: <u>E.C.E.</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Placement analysis for the Academic Year 2022-23 and 2021-22 till date has been Recorded.</u> <u>Sample 1 : 2021-22 - Registered - 163, placed - 120</u> <u>Sample 2 : 2022-23 - Registered - 140, placed - 80.</u>	
Name of the auditor: <u>Mr. S.B.C Prasad</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>Dr. B. Anagathi.</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance - if observed: <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee: <u>[Signature]</u>	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit: <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>07/11/2022</u>

CC: Auditor, Auditee

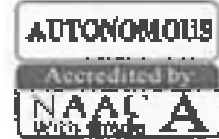
[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 07/11/2022

Dept of audit: <u>E.C.E.</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Alumni Survey verified in ECE department during the academic year 2022-23.</u> <u>Sample 1: Dr. Puspalekha - She is working in HCL - taken feed back on 01/11/2022</u> <u>Sample 2 - M. Vamsi - He is working in "COLRUF" - taken feed back on 29/10/22</u>	
Name of the auditor: <u>Mr. S.B.C Prasad</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>Dr. B. Pragathi.</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance - If observed : - -	
Corrective Action: - -	
Signature of Auditee: <u>[Signature]</u>	Date: _____
Probable date of completion of work: - -	
Date of follow-up audit: - -	
Effectiveness of Corrective action verified (Report references): - -	
Result of follow-up audit : - -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>07/11/2022</u>

CC: Auditor, Auditee

[Signature]
 HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date : 07/11/2022

Dept of audit: E.C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified attendance and internal marks of students sample 1: 21H71A0421: Kavya Sri.G. attendance-90% ECA Lab: Got 15/15 marks sample 2: 21H71A0408: Melchela Reddy attendance-87% DS Lab: Got 12/15 marks	
Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor:
Name of the auditee: Dr. B. Pragathi.	Signature of the auditee:
Root cause for Non-Conformance - if observed : — —	
Corrective Action: — —	
Signature of Auditee:	Date: — —
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit : — —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 07/11/2022

CC: Auditor, Auditee

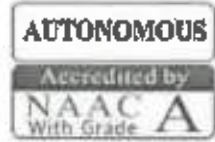
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ACADEMIC AUDIT FINDING REPORT

Date : 7-11-2022

Dept of audit: <u>admin</u>	Category: Major <input checked="" type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <u>INFRA affiliated Reports are updated.</u> <u>cash Receipts are verified.</u> <u>Inventory stock Register is verified.</u>	
Name of the auditor: <u>v. srilakshmi</u>	Signature of the auditor <u>V. Srilakshmi</u>
Name of the auditee: <u>A. Babji</u>	Signature of the auditee <u>A. B. Babji</u>
Route cause for Non-Conformance – If observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>—</u>	Date: <u>—</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>7-11-2022</u>

CC: Auditor, Auditee

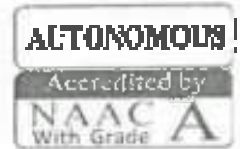
A. B. Babji
HOD/Date 7/11/2022

K. J.
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 07/11/2022

Dept of audit: <u>Library</u>	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <u>Updated stock of Journals with all the details evident in magazine journal register.</u> <u>Sample 1 : TIME magazine</u> <u>Sample 2: Science Reporter</u> <u>Sample 3: Electrical India</u>	
Name of the auditor: <u>Mr S.B.C Prasad</u>	Signature of the auditor
Name of the auditee: <u>Mrs. B.Mandira</u>	Signature of the auditee
Root cause for Non-Conformance - if observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee: <u>---</u>	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit : <u>---</u>	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <u>---</u>	Date: <u>07/11/2022</u>

CC: Auditor, Auditee

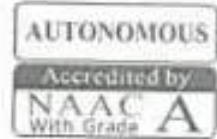
Date: 22/11/22

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ACADEMIC AUDIT FINDING REPORT

Date : 8-11-2022

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verifying FDPs attended by the faculty Paper publications of the faculty	
Name of the auditor: Dr. Ragathi	Signature of the auditor:
Name of the auditee: Dr. V. Srilakshmi	Signature of the auditee:
Root cause for Non-Conformance – if observed : -	
Corrective Action: -	
Signature of Auditee:	Date: 8-11-2022
Probable date of completion of work:	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 8-11-2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 8-11-2022

Dept of audit: <u>CSE</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit <u>Subject allotment to the faculty</u> <u>Workload of the faculty</u>	
Name of the auditor: <u>Dr. Pragathi</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>Dr. V. Srilakshmi</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance – If observed : -	
Corrective Action: -	
Signature of Auditee: <u>[Signature]</u>	Date: <u>8-11-2022</u>
Probable date of completion of work:	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>8-11-2022</u>

CC: Auditor, Auditee

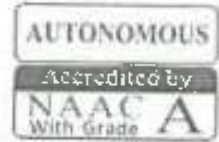
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ACADEMIC AUDIT FINDING REPORT

Date : 8-11-22

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit Verification of lab records, stock registers, laboratory details	
Name of the auditor: Dr. Pragathi	Signature of the auditor
Name of the auditee: Dr. V. Srilakshmi	Signature of the auditee
Root cause for Non-Conformance - if observed: -	
Corrective Action: -	
Signature of Auditee: V. Srilakshmi	Date: 8-11-2022
Probable date of completion of work	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: [Signature]	Date: 8-11-2022

CC: Auditor, Auditee

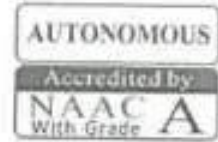
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[Signature]
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ACADEMIC AUDIT FINDING REPORT

Date : 8-11-2022

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verification of student Attendance details Syllabus coverage	
Name of the auditor: Dr. Pragathi	Signature of the auditor:
Name of the auditee: Dr. V. Srilakshmi	Signature of the auditee:
Root cause for Non-Conformance – if observed : --	
Corrective Action: --	
Signature of Auditee:	Date: 8-11-2022
Probable date of completion of work	
Date of follow-up audit --	
Effectiveness of Corrective action verified (Report references): --	
Result of follow-up audit : --	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 8-11-2022

CC: Auditor, Auditee

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ACADEMIC AUDIT FINDING REPORT

Date: 8-11-2022

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit checked staff Attendance Registers Syllabus Coverage Monitoring	
Name of the auditor: Dr. Pragathi	Signature of the auditor
Name of the auditee: Dr. V. Satish Kumar	Signature of the auditee V. Satish Kumar
Route cause for Non-Conformance - If observed : update staff Attendance Registers	
Corrective Action: -	
Signature of Auditee: V. Satish Kumar	Date: 8-11-2022
Probable date of completion of work: 10-11-22	
Date of follow-up audit: 10-11-22	
Effectiveness of Corrective action verified (Report references): completed	
Result of follow-up audit : completed	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: [Signature]	Date: 10-11-22

CC: Auditor, Auditee

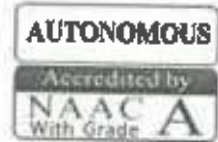
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HOD/Date 10/11/2022

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ACADEMIC AUDIT FINDING REPORT 22-23

Date : 8/11/2022

Dept of audit: <u>IBED</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Lab Equipments / Systems on coming inspection Cwm stock register is verified and found good.</u>	
Name of the auditor: <u>F. Prasad</u>	Signature of the auditor:
Name of the auditee: <u>SBC Prasad</u>	Signature of the auditee:
Root cause for Non-Conformance - if observed: <u>Nil</u>	
Corrective Action: <u>Nil</u>	
Signature of Auditee: <u>---</u>	Date: <u>8/11/22</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>8/11/22</u>

CC: Auditor, Auditee

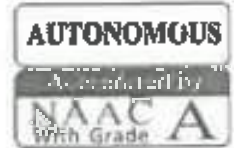
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ACADEMIC AUDIT FINDING REPORT 22-23

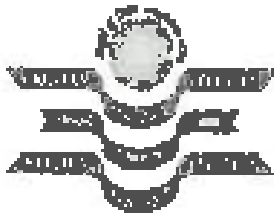
Date: 8/11/2022

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: 1. Verified Student Counseling file 2. Verified the records of Student Extra/Co-curricular activities 3. Verified Student Feed back analysis lab/class	
Name of the auditor: K. Prasad	Signature of the auditor
Name of the auditee: SBC prasad	Signature of the auditee
Root cause for Non-Conformance – if observed: —	
Corrective Action:	
Signature of Auditee:	Date: 8/11/22
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 8/11/22

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 22-23

Date: 8/11/2022

Dept of audit: <u>BBD</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>* Verified Students nominal roll list</u> <u>* " Students Address</u> <u>* " reports to parents (Attendance & Marks)</u>	
Name of the auditor: <u>K. Prasad</u>	Signature of the auditor
Name of the auditee: <u>SBC Prasad.</u>	Signature of the auditee
Root cause for Non-Conformance - If observed: <u> </u>	
Corrective Action:	
Signature of Auditee:	Date: <u>8/11/22</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: <u>8/11/22</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 22-23

Date :8/11/2022

Dept of audit: <i>BBD</i>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <i>1. Verified Semesterwise condonation list & detained list maintained by the Department.</i> <i>2. Verified Exam result analysis (Sem/Dept-wise)</i>	
Name of the auditor: <i>K. Prasad</i>	Signature of the auditor <i>[Signature]</i>
Name of the auditee: <i>SBC Prasad</i>	Signature of the auditee <i>[Signature]</i>
Root cause for Non-Conformance – if observed : <i>—</i>	
Corrective Action:	
Signature of Auditee:	Date: <i>8/11/22</i>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <i>[Signature]</i>	Date: <i>8/11/22</i>

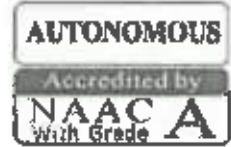
CC: Auditor, Auditee
[Signature]
 HOD/Date

[Signature]
 Principal/Date



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ACADEMIC AUDIT FINDING REPORT 22-23

Date : ..8/11/2022

Dept of audit: 8&D	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: 1. Verified Consolidated Academic performance report 2. verified Departmental internal notices about Guest lecture/workshop / Seminar for students 3. verified the Students attendance for the above.	
Name of the auditor: K. Pragas	Signature of the auditor:
Name of the auditee: S. Sreeraj	Signature of the auditee:
Root cause for Non-Conformance - if observed : <u> </u>	
Corrective Action:	
Signature of Auditee:	Date: 8/11/22
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report reference):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 8/11/22

CC: Auditor, Auditee

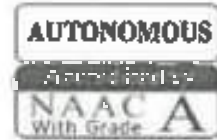
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 31/12/2022

Dept of audit: <u>AI & IT</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Before commencement of class work, department proposed Master time table for A.Y 2022-23 / I sem reported in AIA & IT - FOB</u> <u>sample-I Thu - 5th hour - NVMC - II IT</u> <u>sample-II Sat - 4th hour - STM - IV IT</u>	
Name of the auditor: <u>A.V. Ravi Kumar</u>	Signature of the auditor:
Name of the auditee: <u>B. Triveni</u>	Signature of the auditee:
Root cause for Non-Conformance - if observed : <u>-</u>	
Corrective Action: <u>-</u>	
Signature of Auditee: <u>-</u>	Date: <u>-</u>
Probable date of completion of work: <u>-</u>	
Date of follow-up audit: <u>-</u>	
Effectiveness of Corrective action verified (Report references): <u>-</u>	
Result of follow-up audit : <u>-</u>	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: <u>-</u>	Date: <u>31/12/2022</u>

CC: Auditor, Auditee

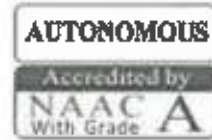
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ACADEMIC AUDIT FINDING REPORT

Date : 8/11/2022

Dept of audit AI&IT	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit As per the department planning for every font-right syllabus coverage (class delivery - Review) repeated in AI&IT - Food sample-I : NVMC Mr. Aravinda Raju - 50% upto NOV sample-II : as Mrs. B. Triveni - 48% upto NOV	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: B. Triveni	Signature of the auditee
Root cause for Non-Conformance - if observed : —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 8/11/2022

CC: Auditor, Auditee

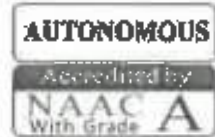
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ACADEMIC AUDIT FINDING REPORT

Date : ..8/11/2022

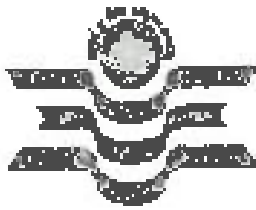
①

Dept of audit AI & IT	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: 1. Verified Internal Examinational file Data and Evaluation scripts	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor:
Name of the auditee: B. Triveni	Signature of the auditee:
Route cause for Non-Conformance – if observed : NIL	
Corrective Action: NIL	
Signature of Auditee:	Date: 8-11-2022
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 8-11-2022

CC: Auditor, Auditee

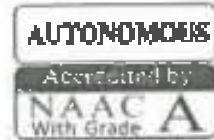
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ACADEMIC AUDIT FINDING REPORT

Date : 8/11/2022

Dept of audit: <u>AI & IT</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Faculty subject allocation & other responsibilities for the A.Y 2022-23, II sem, reported in FOOS</u>	
<u>sample-I: Mrs. R. Vijaya - CC (II, IT) DS (I-AID)</u> <u>BDA (II, IT) Hadoop lab</u>	
<u>sample-II: Mrs. S. Mounika - DS (I-AID)</u> <u>OS (I MCA), CC (II-IT)</u> <u>OS (II-IT), CC (II-IT)</u>	
Name of the auditor: <u>A.V. Ravi Kumar</u>	Signature of the auditor
Name of the auditee: <u>B. Triveni</u>	Signature of the auditee
Root cause for Non-Conformance - If observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>—</u>	Date: <u>—</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>—</u>	Date: <u>8/11/2022</u>

CC: Auditor, Auditee

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ACADEMIC AUDIT FINDING REPORT

Date : 8/11/2022

Dept of audit : <u>AI & IT</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Based on NIC 20 Regulation the Major projects allocation to the faculty for the A-Y :2022-23 reported in AI&IT - FOS2 <u>Sample-1</u> Batch ② - Savya.J Venkata Krishna.S } K. Mahanthi Dhani Sridhar.K Ravi.B Krishna sai.M	
Name of the auditor: <u>A.V. Ravi Kumar</u>	Signature of the auditor:
Name of the auditee: <u>B. Triveni</u>	Signature of the auditee:
Root cause for Non-Conformance - If observed : —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit : —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: —	Date: <u>8/11/2022</u>

CC: Auditor, Auditee

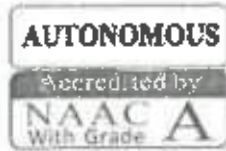
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ACADEMIC AUDIT FINDING REPORT

Date : 08-11-2022

Dept of audit: Exam cell	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: D-Form Report Sample 1:- B.Tech II sem - Transform Tech - 10-08-2022 Sample 2:- B.Tech I sem - Linear Algebra - 23-08-2022 Sample 3:- MCA II sem - operating systems - 9-09-2022	
Name of the auditor: Dr. B. pragathi	Signature of the auditor
Name of the auditee: M. Sunil Kumar COE	Signature of the auditee
Root cause for Non-Conformance - If observed : Nil	
Corrective Action: -	
Signature of Auditee:	Date:
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: 08-11-2022

CC: Auditor, Auditee [Signature]

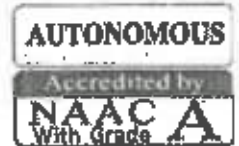
[Signature]
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[Signature]
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ACADEMIC AUDIT FINDING REPORT

Date : 8/11/2022

Dept of audit: Exam cell	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Internal marks register Sample 1 : B.Tech 2 Sem - Aug 22 - ECE - Sample 2 : B.Tech 2 Sem Aug 22 - CSE. Samples : MCA 2 Sem Sep - 22	
Name of the auditor: Dr. B. pragathi	Signature of the auditor:
Name of the auditee: Mr: M. Sunil Kumar	Signature of the auditee:
Root cause for Non-Conformance - if observed : - (NIL)	
Corrective Action: _____	
Signature of Auditee: _____	Date: _____
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 8/11/2022

CC: Auditor, Auditee

HOD/Data

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ACADEMIC AUDIT FINDING REPORT

Date: 8/11/20

Dept of audit: Exam cell	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Exam result analysis	
Sample 1 :- B.Tech I sem result analysis - Aug 22 Sample 2 :- B.Tech 2 sem supple result analysis - Aug 22 Sample 3 :- MCA - I sem res. result analysis - Sep 22	
Name of the auditor: Dr. B. Pragathi	Signature of the auditor: [Signature]
Name of the auditee: Mr. M. Sunil Kumar	Signature of the auditee: [Signature]
Root cause for Non-Conformance - if observed: _____	
Corrective Action: _____	
Signature of Auditee: _____	Date: _____
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit: _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: _____

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 8.11.22

Dept of audit: Exam cell	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Exam Notice file	
Sample 1 :- B.Tech I Sem - Aug -22 - Exam Notifications 13-07-2022 Sample 2: MCA I Sem - Sep -22 - Exam Notifications	
Name of the auditor: Dr. B. Pragathi	Signature of the auditor: [Signature]
Name of the auditee: Mr. Musuni Kumar	Signature of the auditee: [Signature]
Root cause for Non-Conformance - if observed: _____	
Corrective Action: _____	
Signature of Auditee: _____	Date: _____
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit: _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: _____

CC: Auditor, Auditee [Signatures]

HOD/Date [Signature]

Principal/Date [Signature]



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ACADEMIC AUDIT FINDING REPORT

Date : 8/11/22

Dept of audit: Exam cell	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: provision certificates Sample 1: 18H71A0417 - P. Hemanta Reju - BCE Sample 2: 18H71A0529 - Navendra R. - CSE	
Name of the auditor: Dr. B. prasanthi	Signature of the auditor
Name of the auditee: Mr. M. Sunil Kumar	Signature of the auditee
Root cause for Non-Conformance - if observed : - - -	
Corrective Action: - - - - -	
Signature of Auditee: - - - - -	Date: - - - - -
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor	Date:

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 8/11/2022

Dept of audit: TQP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified and checked record of career counseling and skills training - students.	
Name of the auditor: A. Naga Ravan Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route cause for Non-Conformance - if observed :	
Corrective Action:	
Signature of Auditee:	Date: 8/11/2022
Probable date of completion of work: 9/11/2022	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : 10/11/2022	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 8/11/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 8/11/2022

Dept of audit: TQP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified Record of competence of staff in placement and Training.	
Name of the auditor: A. Nagalavan Kumar	Signature of the auditor: [Signature]
Name of the auditee: K. Arasad	Signature of the auditee: [Signature]
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 8/11/2022
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit: —	
Status of audit: Closed <input type="radio"/> Not Closed: <input checked="" type="radio"/>	
Signature of the Auditor: [Signature]	Date: 8/11/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 8/11/2022

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Notified and checked Internal audit finding report / non-conformance report.	
Name of the auditor:	Signature of the auditor
Name of the auditee:	Signature of the auditee
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 8/11/2022
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 8/11/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 8/11/2022

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified Aptitude test conducted - students.	
Name of the auditor: Acharya Parankumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route cause for Non-Conformance - If observed :	
Corrective Action:	
Signature of Auditee:	Date: 8/11/2022
Probable date of completion of work: _____	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: A	Date: 8/11/2022

CC: Auditor, Auditee

HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date: 8/11/2022

Dept of audit: TYP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified and checked performance, placement And Higher studies.	
Name of the auditor:	Signature of the auditor
Name of the auditee:	Signature of the auditee
Route cause for Non-Conformance - If observed:	
Corrective Action:	
Signature of Auditee:	Date: 8/11/2022
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit: ✓	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 8/11/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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ACADEMIC AUDIT FINDING REPORT

Date: 8/11/2022

Dept of audit: T & P	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: checked placement Registration Forms. checked campus placements Registers.	
Name of the auditor: A. Naga Pavan Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route cause for Non-Conformance -- if observed : Need to update placement Register.	
Corrective Action:	
Signature of Auditee:	Date: 8/11/22
Probable date of completion of work: 9/11/2022	
Date of follow-up audit: 10/11/22	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : 10/11/22 completed. the placement Registers.	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 8/11/22

CC: Auditor, Auditee

HOD/Date

Principal/Date



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1-1

ACADEMIC AUDIT FINDING REPORT

Date : 08-05-2023

Dept of audit: <u>Civil Engineering</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Department takes the feedback from the students once in a semester to measure the deviations if any against cut-off satisfaction level reported in file</u> <u>Sample:1 [22-23 - 2sem] - SM, 1st sem : M.Rohini devi (86-31%)</u> <u>Sample:2 [22-23 - 2sem] - BE-II - VII sem : N.V.Subbarao (87-24%)</u>	
Name of the auditor: <u>B.Triveni</u>	Signature of the auditor: <u>B.Triveni</u>
Name of the auditee: <u>K.Prasad</u>	Signature of the auditee: <u>K.Prasad</u>
Root cause for Non-Conformance – If observed : -	
Corrective Action: -	
Signature of Auditee: <u>K.Prasad</u>	Date: <u>08-05-2023</u>
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>B.Triveni</u>	Date: <u>08-05-2023</u>

CC: Auditor, Auditee

HOD/Date 6/5/23

Principal/Date 8/5/23



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3

ACADEMIC AUDIT FINDING REPORT

Date : 08-05-2023

Dept of audit: <u>Civil Engineering</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Based on curriculam the dept established Master timetable for the smooth running of 22-23 sem. <u>Sample 1</u> : 1 st Year - 1 st sem - Thursday - 1 st hour - GE-1 - S.V. Tejas Kumar Raju. <u>Sample 2</u> : 1 st Year 2 nd sem - Tuesday - 6 th hour - TE-1 - N.V. Subbalax. <u>Sample 3</u> : 2 nd Year - 1 st sem - Saturday - 5 th hour - surveying - S. Ashok Kumar.	
Name of the auditor: <u>B. Triveni</u>	Signature of the auditor
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee
Root cause for Non-Conformance - If observed : -	
Corrective Action: -	
Signature of Auditee:	Date: <u>08-05-2023</u>
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>08-05-2023</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

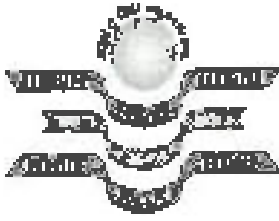
Date : 8-05-2023

Dept of audit: <u>Civil Engineering</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>After identification of slow-learnness during the course department plans & conducts makeup classes and the details were properly reported.</u>	
Name of the auditor: <u>B. Triveni</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>K. Prasad.</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance – if observed : <u> </u>	
Corrective Action: <u> </u>	
Signature of Auditee: <u>[Signature]</u>	Date: <u>08-05-2023</u>
Probable date of completion of work: <u> </u>	
Date of follow-up audit: <u> </u>	
Effectiveness of Corrective action verified (Report references): <u> </u>	
Result of follow-up audit: <u> </u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>08-05-2023</u>

CC: Auditor, Auditee

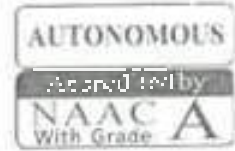
[Signature]
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[Signature]
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Kambhikacheru - 521182, NTR Dist, A.P., India.
Phone: 08671 - 273535 / 94914 57799 / 73126 16824
E mail: office@micat.ac.in, Website: www.micat.ac.in



22-23
②

ACADEMIC AUDIT FINDING REPORT

Date : 08-05-2023

Dept of audit: CE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: checked course files, staff diaries of all the staff Members	
Name of the auditor: B. Triveni	Signature of the auditor:
Name of the auditee: K. Prasad	Signature of the auditee:
Route cause for Non-Conformance – If observed :	
Corrective Action:	
Signature of Auditee:	Date: 08-05-2023
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 08-05-2023

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 8-05-2023

Dept of audit: EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: checked staff attendance registers	
Name of the auditor: Mr. A Naga Pavan Kumar	Signature of the auditor
Name of the auditee: Mr. A V Ravi Kumar	Signature of the auditee
Route cause for Non-Conformance – if observed: Update staff registers	
Corrective Action:	
Signature of Auditee:	Date: 9-5-2023
Probable date of completion of work: 9-5-2023	
Date of follow-up audit: 9-5-2023	
Effectiveness of Corrective action verified (Report reference): Updated Staff Registers	
Result of follow-up audit: Completed	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 9-5-2023

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

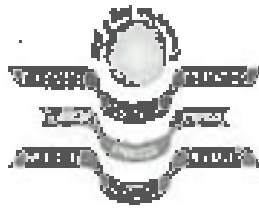
Date : 8-05-2023

Dept of audit EEE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Students Extra-curricular Activities file has been verified and found satisfactory	
Name of the auditor: Mr ANAGA PAVAN Kumar	Signature of the auditor
Name of the auditee: Mr A V RAVI Kumar	Signature of the auditee
Route cause for Non-Conformance – If observed : _____	
Corrective Action: _____	
Signature of Auditee:	Date: 8/5/2023
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 8/5/2023

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 8-05-2021

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Verified External Examinations data and other related documents</u>	
Name of the auditor: <u>Mr A Naga Prasad Kumar</u>	Signature of the auditor:
Name of the auditee: <u>Mr A V Kant Kumar</u>	Signature of the auditee:
Roots cause for Non-Conformance – if observed : <u>Update Examination file</u>	
Corrective Action:	
Signature of Auditee:	Date: <u>9/5/2021</u>
Probable date of completion of work: <u>9/5/2021</u>	
Date of follow-up audit: <u>9/5/2021</u>	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : <u>Completed</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>9/5/2021</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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With Grade A

ACADEMIC AUDIT FINDING REPORT

Date: 8-05-2023

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Checked faculty attended FDP's, Seminars and Workshops.</u>	
Name of the auditor: <u>Mr. A Naye Pothan Kumar</u>	Signature of the auditor:
Name of the auditee: <u>Mr. A V Ravi Kumar</u>	Signature of the auditee:
Route causa for Non-Conformance – if observed : _____	
Corrective Action: _____	
Signature of Auditee:	Date: <u>8/6/2023</u>
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>8/6/2023</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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Email: office@miccoltech.ac.in, Website: www.miccoltech.ac.in



ACADEMIC AUDIT FINDING REPORT

Date : 8-05-2023

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Verified Course files of staff</u>	
Name of the auditor: <u>Mr A Naga Prasad Kumar</u>	Signature of the auditor:
Name of the auditee: <u>Mr A V Kavi Kumar</u>	Signature of the auditee:
Route causes for Non-Conformance - If observed : <u>Update course file</u>	
Corrective Action:	
Signature of Auditee:	Date: <u>8/5/2023</u>
Probable date of completion of work: <u>9/5/2023</u>	
Date of follow-up audit: <u>9/5/2023</u>	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : <u>Completed</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>9/5/2023</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 08/05/23

Dept of audit: Mechanical	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Department Monitors subject wise syllabus Allocated to the faculty for smooth running of II SEM. After that basing on the syllabus coverage corrective actions Planned	
Name of the auditor: Dr. V. Sri Lakshmi	Signature of the auditor V. SLM
Name of the auditee: Mr. A. Naga Panam Kurma	Signature of the auditee A
Root cause for Non-Conformance - If observed :	
Corrective Action:	
Signature of Auditee: A	Date: 08/05/23
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input checked="" type="checkbox"/>	
Signature of the Auditor: V. SLM	Date: 08/05/23

CC: Auditor, Auditee

[Signature]
 HOD/Date

[Signature]
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ACADEMIC AUDIT FINDING REPORT

Date: 08/05/23

Dept of audit: <u>Mechanical</u>	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <u>Basing on Curricular department receives Faculty requisition form from other departments for inter department subjects for smooth running of (22-23) II SEM</u>	
Name of the auditor: <u>Dr. V. Srilakshmi</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>Mr. A. Naga Pavan Kumar</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance - If observed :	
Corrective Action:	
Signature of Auditee: <u>[Signature]</u>	Date: <u>08/05/23</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input checked="" type="checkbox"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>08/05/23</u>

CC: Auditor, Auditee

HOD Date

Principal Date



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ACADEMIC AUDIT FINDING REPORT

Date: 08/05/23

Dept of audit: <u>Mechanical</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Department Evaluates and analyse subject wise marks achieved by the students in MID-I and MID-II of (22-23) II SEM details.</u>	
Name of the auditor: <u>Dr. V. Soilakshmi</u>	Signature of the auditor: <u>V. Soilakshmi</u>
Name of the auditee: <u>Mr. A. Naga Pavan Kumar</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance – If observed :	
Corrective Action:	
Signature of Auditee: <u>[Signature]</u>	Date: <u>08/05/23</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <u>V. Soilakshmi</u>	Date: <u>08/05/23</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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E-mail: office@micotech.ac.in, Website: www.micotech.edu.in



ACADEMIC AUDIT FINDING REPORT

Date: 08/05/23

Dept of audit: <u>Mechanical</u>	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <u>After completion of lab internals dept reports lab wise performance of individual students with all the details.</u>	
Name of the auditor: <u>Dr. V. Sri Lakshmi</u>	Signature of the auditor: <u>V. Sri Lakshmi</u>
Name of the auditee: <u>Mr A. Naga Pavan Kumar</u>	Signature of the auditee: <u>A. Naga Pavan Kumar</u>
Root cause for Non-Conformance - If observed :	
Corrective Action:	
Signature of Auditee: <u>A. Naga Pavan Kumar</u>	Date: <u>08/05/23</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input checked="" type="checkbox"/>	
Signature of the Auditor: <u>V. Sri Lakshmi</u>	Date: <u>08/05/23</u>

CC: Auditor, Auditee

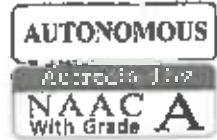
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ACADEMIC AUDIT FINDING REPORT

Date: 08/05/23

Dept of audit: <u>Mechanical</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>checked student Result Analysis Department wise. checked student details Register.</u>	
Name of the auditor: <u>Dr. V. Srilakshmi</u>	Signature of the auditor: <u>V. Sanku</u>
Name of the auditee: <u>Mr. A. Naga Pravan Kumar</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: <u>[Signature]</u>	Date: <u>08/05/23</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <u>V. Sanku</u>	Date: <u>08/05/23</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date

[Signature]
08/05/23



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22-23
II sem

ACADEMIC AUDIT FINDING REPORT

Date: 08/05/2023

Dept of audit: E.C.E.	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Based on the MIC-20 curricular, the department is requesting other departments to allot faculty for inter departmental subjects by sending "faculty requisition form GCE" for smooth running of 22-23 AY. Sample ill COE - G. urmila (DMC) MEFA - G. urmila (DMC) DM - EM. vijay kumar (DMC).	
Name of the auditor: Mr. S. B. C. Prasad	Signature of the auditor:
Name of the auditee: Dr. B. Pragathi.	Signature of the auditee:
Root cause for Non-Conformance - If observed: --	
Corrective Action: --	
Signature of Auditee:	Date: --
Probable date of completion of work: --	
Date of follow-up audit: --	
Effectiveness of Corrective action verified (Report references): --	
Result of follow-up audit: --	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 08/05/2023

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

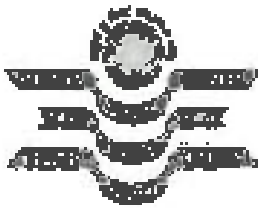
Date : 8/05/2023

Dept of audit: ECE	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: 1. checked the registers of seminars attended by the staff 2. checked the lab equipment and registers.	
Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor:
Name of the auditee: Dr. B. Pragasathi	Signature of the auditee:
Route cause for Non-Conformance - if observed : update lab equipment registers	
Corrective Action:	
Signature of Auditee:	Date: 10/05/2023
Probable date of completion of work: 9/05/23	
Date of follow-up audit: 10/05/2023	
Effectiveness of Corrective action verified (Report references): updated	
Result of follow-up audit: completed	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 8/05/2023

CC: Auditor, Auditee

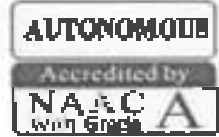
MOD/Date 8/5/23

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ACADEMIC AUDIT FINDING REPORT

Date: 08/05/2023

Dept of audit: E.C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: The workload of the faculty is being maintained in ECE for SEM-I (2022-2023) & II Sem. Sample-1 BRK Singh-30 BRK Singh-30 Sample-2 K. manasalakshmi-24 K. manasalakshmi-30 Sample-3 Dr. Ch. pullareo-24 Dr. B. pragathi-26	
Name of the auditor: Mr. S.B.C Prasad.	Signature of the auditor: [Signature]
Name of the auditee: Dr. B. pragathi.	Signature of the auditee: [Signature]
Root cause for Non-Conformance - if observed: ---	
Corrective Action: ---	
Signature of Auditee: [Signature]	Date: ---
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit: ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: 08/05/2023

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 08/05/2023

Dept of audit: E.C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit Department allots the projects for guiding the students by dividing them into groups, later guides are allotted, & reviewed projects according to the schedule. 19-453 } project guide - Title of the project Dated 19-437 } Dr.ch.pullareu Image enhancement 23/1/23 19-430 } 20H75A0409 }	
Name of the auditor: Mr. S.B.C. Prasad	Signature of the auditor
Name of the auditee: Dr. B. Pragathi.	Signature of the auditee
Root cause for Non-Conformance - If observed : — —	
Corrective Action: — —	
Signature of Auditee:	Date:
Probable date of completion of work:	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit : — —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 08/05/2023

CC: Auditor, Auditee

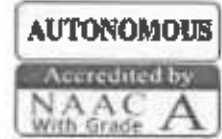
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ACADEMIC AUDIT FINDING REPORT

Date : 08/05/2023

Dept of audit: <u>E.C.E.</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit <u>Department maintain ON/OFF campus placement details of the students.</u> <u>Sample - 19H71A0453 - NalaRobotics - package 7 LPA</u>	
Name of the auditor: <u>Mr. S.B.C Prasad</u>	Signature of the auditor <u>[Signature]</u>
Name of the auditee: <u>Dr. B. Pragathi.</u>	Signature of the auditee <u>[Signature]</u>
Root cause for Non-Conformance - if observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee: <u>[Signature]</u>	Date:
Probable date of completion of work <u>---</u>	
Date of follow-up audit <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit : <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>08/05/2023</u>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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E-mail: office@mictech.ac.in, Website: www.mictech.edu.in



ACADEMIC AUDIT FINDING REPORT

Date : ... 08/05/2023

Dept of audit: <u>E.C.E.</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Departments maintain a record of external co-curricular activities participated by the students</u> <u>Sample-1 : - SK Jobani - Aragma - 23 - 10/3/23</u> <u>Sample-2 : - M. Janardhan - NRI fest - 27/2/23.</u>	
Name of the auditor: <u>Mr. S.B.C. Prasad</u>	Signature of the auditor:
Name of the auditee: <u>Dr. B. Pragathi</u>	Signature of the auditee:
Root cause for Non-Conformance - if observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditor:	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit : <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>08/05/2023</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

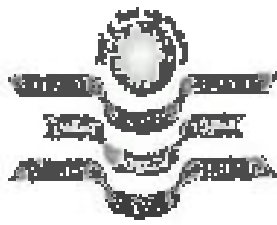
Date: 8-5-2023

Dept of audit: <u>Admin</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>analysis of student admission intake and admission quality is maintained.</u> <u>Monthly salary statements of staff - Faculty is maintained.</u>	
Name of the auditor: <u>V. Sritakshmi</u>	Signature of the auditor: <u>V. Sritakshmi</u>
Name of the auditee: <u>A. Babaji</u>	Signature of the auditee: <u>A. Babaji</u>
Route cause for Non-Conformance - If observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee: <u>---</u>	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit: <u>---</u>	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <u>---</u>	Date: <u>8-5-2023</u>

CC: Auditor, Auditee

A. Babaji
 HOD/Date 8/5/2023

[Signature]
 Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 8/5/2023.

Dept of audit: <u>Library</u>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <u>A record of external providers performance is being maintained by department - Documented lib + PCG</u>	
Name of the auditor: <u>Mr. SBC Prasad</u>	Signature of the auditor:
Name of the auditee: <u>B-Mandhira</u>	Signature of the auditee:
Root cause for Non-Conformance - If observed: <u> </u>	
Corrective Action: <u> </u>	
Signature of Auditee: <u> </u>	Date: <u> </u>
Probable date of completion of work: <u> </u>	
Date of follow-up audit: <u> </u>	
Effectiveness of Corrective action verified (Report references): <u> </u>	
Result of follow-up audit: <u> </u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u> </u>	Date: <u>8/5/2023</u>

CC: Auditor, Auditee

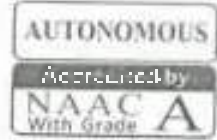
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8/5/23

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ACADEMIC AUDIT FINDING REPORT

Date: 9-5-2023

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Department Library details Parent teacher association meeting	
Name of the auditor: Dr. B. Pragathi	Signature of the auditor:
Name of the auditee: Dr. V. Srilakshmi	Signature of the auditee:
Root cause for Non-Conformance - If observed: -	
Corrective Action: -	
Signature of Auditee:	Date: 9-5-2023
Probable date of completion of work:	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9-5-2023

CC: Auditor, Auditee

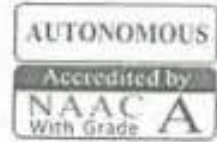
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ACADEMIC AUDIT FINDING REPORT

Date : 9-5-2023

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit Verifying Internal Examination file Identifying slow learners and conducts makeup classes and details were reported	
Name of the auditor: Dr. B. Pragathi	Signature of the auditor: [Signature]
Name of the auditee: Dr. V. Srilakshmi	Signature of the auditee: [Signature]
Root cause for Non-Conformance – If observed : -	
Corrective Action: -	
Signature of Auditee: [Signature]	Date: 9-5-2023
Probable date of completion of work:	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: 9-5-2023

CC: Auditor, Auditee

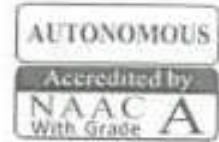
[Signature]
HOD/Date

[Signature]
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ACADEMIC AUDIT FINDING REPORT

Date : ..9..5..2023

Dept of audit: <i>CSE</i>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <i>Feedback of the faculty Faculty details - FDPs Workshops Syllabus coverage</i>	
Name of the auditor: <i>Dr. B. Pragathi</i>	Signature of the auditor <i>[Signature]</i>
Name of the auditee: <i>Dr. V. Srilakshmi</i>	Signature of the auditee <i>[Signature]</i>
Root cause for Non-Conformance – if observed : –	
Corrective Action: –	
Signature of Auditee: <i>[Signature]</i>	Date: <i>9-5-2023</i>
Probable date of completion of work:	
Date of follow-up audit : –	
Effectiveness of Corrective action verified (Report references): –	
Result of follow-up audit : –	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor <i>[Signature]</i>	Date: <i>9-5-2023</i>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9-5-2023

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Details of student projects, workshops, internships Verification of project records	
Name of the auditor: Dr. B. Pragathi	Signature of the auditor
Name of the auditee: Dr. V. Srilakshmi	Signature of the auditee
Root cause for Non-Conformance - if observed : -	
Corrective Action: -	
Signature of Auditee: V. Srilakshmi	Date: 9-5-2023
Probable date of completion of work:	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9-5-2023

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2023

Dept of audit: CSE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Prepared student wise attendance with all details, number of classes conducted, attended & Percentage	
Name of the auditor: Dr. B. Paragathi	Signature of the auditor: [Signature]
Name of the auditee: Dr. V. Santosh Kumar	Signature of the auditee: V. Saim
Route cause for Non-Conformance – If observed : ←	
Corrective Action: —	
Signature of Auditee: V. Saim	Date: 9/5/2023
Probable date of completion of work: —	
Date of follow-up audit: ←	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: [Signature]	Date: 9/5/2023

CC: Auditor, Auditee

[Signature]
HOD/Date 9/5/2023

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT 22-23

Date: ... 9/5/2023

Dept of audit: <u>BED</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Verified the record of workshop / Guest lecture Seminar attendance file - Found good.</u>	
Name of the auditor: <u>R. Prasad</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>SBC Prasad</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance - if observed: <u>Nil</u>	
Corrective Action: <u>Nil</u>	
Signature of Auditee: <u>—</u>	Date: <u>9/5/23</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>9/5/23</u>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT 22-23

Date: 9/5/2023

Dept of audit: <u>BED</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Verified the record of month-wise syllabus monitoring file and found that the department has been actively monitoring syllabus coverage for every 15 days.</u>	
Name of the auditor: <u>K. Prasad</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>SBC Prasad</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance - if observed: _____	
Corrective Action:	
Signature of Auditor:	Date: <u>9/5/23</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>9/5/23</u>

CC: Auditor, Auditee

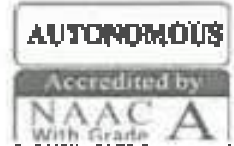
[Signature]
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ACADEMIC AUDIT FINDING REPORT 22-23

Date: 9/5/2023

Dept of audit: <i>BED</i>		Category: Major <input type="radio"/> Minor <input type="radio"/>	
Description of audit: <i>a. Class timetables and individual faculty timetables are verified - no deviations observed.</i> <i>b. Verified the master time table.</i>			
Name of the auditor: <i>K. Prasad</i>		Signature of the auditor	
Name of the auditee: <i>SBC Prasad</i>		Signature of the auditee	
Root cause for Non-Conformance – if observed: _____			
Corrective Action:			
Signature of Auditee:		Date: <i>9/5/23</i>	
Probable date of completion of work:			
Date of follow-up audit:			
Effectiveness of Corrective action verified (Report references):			
Result of follow-up audit :			
Status of audit: Closed <input checked="" type="radio"/>		Not Closed: <input type="radio"/>	
Signature of the Auditor:		Date: <i>9/5/23</i>	

CC: Auditor, Auditee

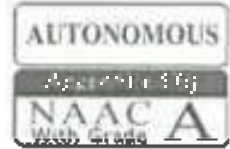
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ACADEMIC AUDIT FINDING REPORT 22-23

Date : 9/5/2023

Dept of audit: BEO		Category: Major <input type="radio"/> Minor <input type="radio"/>	
Description of audit: 1. The internal marks register file has been verified and found to be satisfactory. It is evident that the department is constantly updating the file in Branch-wise, Sem-wise & Subject wise manner. 2. Verified the Sem-end result analysis file (Branchwise & Subjectwise)			
Name of the auditor: F. Prady		Signature of the auditor	
Name of the auditee: Sbc prasad		Signature of the auditee	
Root cause for Non-Conformance – if observed : _____			
Corrective Action:			
Signature of Auditee:		Date: 9/5/23	
Probable date of completion of work:			
Date of follow-up audit:			
Effectiveness of Corrective action verified (Report references):			
Result of follow-up audit :			
Status of audit: Closed <input checked="" type="radio"/>		Not Closed: <input type="radio"/>	
Signature of the Auditor:		Date: 9/5/23	

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 22-23

Date : 9/5/2023

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: 1. Lesson plans for each subject are verified and found to be good with faculty & HOD signatures. Indicating that each class is being delivered in a systematic & well-planned manner. 2. Verified the course file found satisfactory.	
Name of the auditor: K. Prasad	Signature of the auditor
Name of the auditee: Shekhar	Signature of the auditee
Root cause for Non-Conformance – if observed : _____	
Corrective Action:	
Signature of Auditee:	Date: 9/5/23
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/5/23

CC: Auditor, Auditee

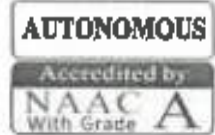
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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2023

Dept of audit: AI&IT	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: 1. Internal Mark Register checked. 2. Verified Staff Appraisal detail Registers.	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor:
Name of the auditee: B. Triveni	Signature of the auditee:
Route cause for Non-Conformance – If observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 9/5/2023
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report reference): —	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/5/2023

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2023

Dept of audit: <u>AI & IT</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Department planned for the A-Y 2022-23 workshops / PDPS for the students reported in F064</u> <u>sample-I Aparna.S-20471A1204 - Building application with python (11/12 to 31/12)</u> <u>sample-II Harshitha.V -20471A1210 - building application with python (11/12 to 31/12)</u>	
Name of the auditor: <u>A.V. Ravi kumar</u>	Signature of the auditor:
Name of the auditee: <u>B. Triveni</u>	Signature of the auditee:
Root cause for Non-Conformance – If observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>—</u>	Date: <u>—</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: <u>—</u>	Date: <u>9/5/2023</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2023

Dept of audit: AI & IT	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: students disciplinary actions for the A.Y 2022-23 / II sem reported in AI&IT FO20	
sample-I T. charan - 21H7HA1205 - one week suspended - Fine -5000/-	
sample-II ch. Ravi Teja - 21H7HA1211 - one week suspended - Fine -5000/-	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor:
Name of the auditee: B. Triveni	Signature of the auditee:
Root cause for Non-Conformance - If observed: —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: —	Date: 9/5/2023

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : ...9/5/2023

Dept of audit: <u>AI & IT</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Based on the MIC 20 Regulation, the final lab internal marks for the AY 2022-23 / I sem filled in FO46</u> <u>Sample - I 21H71A5410 - unix and shell - 14/15 Programming</u> <u>Sample - II 21H71A5419 - oops lab - 14/15</u>	
Name of the auditor: <u>A. V. Ravi Kumar</u>	Signature of the auditor
Name of the auditee: <u>B. Triveni</u>	Signature of the auditee
Root cause for Non-Conformance – if observed : -	
Corrective Action: -	
Signature of Auditee: -	Date:
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>9/5/2023</u>

CC: Auditor, Auditee

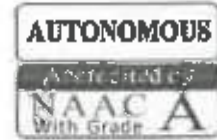
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2023

Dept of audit AI & IT	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: After completion of Mid exams, Final exams result analysis reported in AI & IT - POSS Sample-I : Hadoop & Hadoop - R. Vijaya ≥ 60% - 61 Members class avg - 9.65/15 Sample-II : mobile computing - S. Lavanya ≥ 60% - 53 Members class avg - 7.53/15	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: B. Priveni	Signature of the auditee
Root cause for Non-Conformance - if observed : -	
Corrective Action: -	
Signature of Auditee: -	Date:
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 9/5/2023

CC: Auditor, Auditee

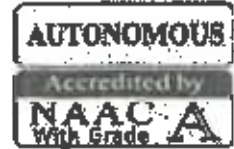
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ACADEMIC AUDIT FINDING REPORT

Date: 09.05.23

Dept of audit: Exam cell	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Consolidated Marks Memo Sample 1: 19H75A0254 - Vijay Kumar - EBB - 29.4.23 Sample 2: 18H71A0342 - Venkateswar Rao - M - 17B - 29.4.23	
Name of the auditor: Dr. B. pragathi	Signature of the auditor: [Signature]
Name of the auditee: Mr. M. sunil Kumar	Signature of the auditee: [Signature]
Root cause for Non-Conformance - If observed: -----	
Corrective Action: -----	
Signature of Auditee: -----	Date: -----
Probable date of completion of work: -----	
Date of follow-up audit: -----	
Effectiveness of Corrective action verified (Report references): -----	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: -----

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 09-05-23

Dept of audit: <u>Exam Cell</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Internal Marks register</u> <u>Sample 1:- B.Tech VIII Sem - Apr-23 - EEE -</u> <u>Sample 2: B.Tech VIII Sem - Apr-23 - CE</u>	
Name of the auditor: <u>Dr. B. Pragathi</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>Mr. M. Sunil Kumar</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance - If observed: -----	
Corrective Action: -----	
Signature of Auditee: -----	Date: -----
Probable date of completion of work: -----	
Date of follow-up audit: -----	
Effectiveness of Corrective action verified (Report references): -----	
Result of follow-up audit: -----	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: -----

CC: Auditor, Auditee

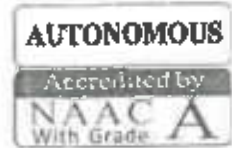
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ACADEMIC AUDIT FINDING REPORT

Date : 09-05-23

Dept of audit: Exam cell	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: D- Form Report	
<p><u>Sample 1:-</u> B.Tech VII Sem Regular Exams - Apr-23 - EBE-17-04-23</p> <p><u>Sample 2:-</u> B.Tech III Sem suppl - Apr-23 - NM-26-4-23</p>	
Name of the auditor: Dr. B. pragathi	Signature of the auditor: [Signature]
Name of the auditee: Mr. M. Sunil Kumar	Signature of the auditee: [Signature]
Root cause for Non-Conformance - If observed: -----	
Corrective Action: -----	
Signature of Auditee: -----	Date: -----
Probable date of completion of work: -----	
Date of follow-up audit: -----	
Effectiveness of Corrective action verified (Report references): -----	
Result of follow-up audit: -----	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: [Signature]	Date: -----

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ACADEMIC AUDIT FINDING REPORT

Date: 9/5/2023

Dept of audit: T&P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: checked student detail Register. checked student Results Analysis Departmentwise.	
Name of the auditor: A. Naga Pavankumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route cause for Non-Conformance – if observed: —	
Corrective Action:	
Signature of Auditee:	Date: 9/5/2023
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : —	
Status of audit Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: 9/5/2023

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 9/5/2023

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Record and verified the Alumnie Registration Form and the Internal Audit plan.	
Name of the auditor: A. Nagaraj Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance -- if observed:	
Corrective Action:	
Signature of Auditee:	Date: 9/5/2023
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/5/2023

CC: Auditor, Auditee

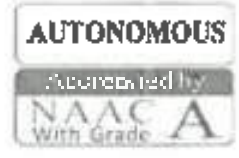
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ACADEMIC AUDIT FINDING REPORT

Date: 9/5/2023

Dept of audit: <u>T & P</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Notified student data, counseling and skills training students.</u>	
Name of the auditor: <u>A. Naga Pavan Kumar</u>	Signature of the auditor
Name of the auditee: <u>R. Prasad</u>	Signature of the auditee
Root cause for Non-Conformance - If observed:	
Corrective Action:	
Signature of Auditee:	Date: <u>9/5/2023</u>
Probable date of completion of work: <u> </u>	
Date of follow-up audit: <u> </u>	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit: <u> </u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>9/5/2023</u>

CC: Auditor, Auditee

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ACADEMIC AUDIT FINDING REPORT

Date: 9/5/2023

Dept of audit: <u>IT & P</u>	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Verified Academic Performance, Placement And Higher Studies.</u>	
Name of the auditor: <u>A. Naga Ravan Kumar</u>	Signature of the auditor
Name of the auditee: <u>R. Prasad</u>	Signature of the auditee
Root cause for Non-Conformance - If observed:	
Corrective Action:	
Signature of Auditee:	Date: <u>9/5/2023</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit: <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>9/5/2023</u>

CC: Auditor, Auditee

HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2023

Dept of audit: TGP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified staff requisition form to recruit placement staff.	
Name of the auditor: A. Nagapavan Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance – If observed :	
Corrective Action:	
Signature of Auditee:	Date: 9/5/2023
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/5/2023

CC: Auditor, Auditee

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ACADEMIC AUDIT FINDING REPORT

Date: 9/5/2023

Dept of audit: TQP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Record of career counseling and skills training - students.	
Name of the auditor: A. Naga Parvath Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance - If observed:	
Corrective Action:	
Signature of Auditee:	Date: 9/5/2023
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit: _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/5/2023

CC: Auditor, Auditee

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ACADEMIC AUDIT FINDING REPORT

Date: 08-11-2021

Dept of audit: EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: 1. Checked the Lab Equipments & Registers 2. Checked Registers of Seminars attended by Staff	
Name of the auditor: MA-A Raja Pavan Kumar	Signature of the auditor:
Name of the auditee: MA-AV Ravi Kumar	Signature of the auditee:
Route cause for Non-Conformance – if observed: Update Lab Equipment Registers	
Corrective Action:	
Signature of Auditee:	Date: 09-11-2021
Probable date of completion of work: 09-11-2021	
Date of follow-up audit: 09-11-2021	
Effectiveness of Corrective action verified (Report references): Updated	
Result of follow-up audit: Completed	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 09-11-2021

CC: Auditor, Auditee

HOD/Date 08/11/21

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 08/11/2024

Dept of audit: EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Unified Student Faculty Association Activities	
Name of the auditor: Mr A NAGA PAVAN Kumar	Signature of the auditor
Name of the auditee: Mr AV RAVI KUMAR	Signature of the auditee
Route cause for Non-Conformance – if observed: _____	
Corrective Action: _____	
Signature of Auditee:	Date: 8/11/2024
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : Completed	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 8/11/2024

CC: Auditor, Auditee

HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date: 08-11-2021

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Checked the Record of Syllabus monitoring. Department has been maintaining the record for every 15 days - found good.</u>	
Name of the auditor: <u>Mr A Naga Prasad Kumar</u>	Signature of the auditor:
Name of the auditee: <u>Mr AV Ravi Kumar</u>	Signature of the auditee:
Route cause for Non-Conformance - If observed: <u> </u>	
Corrective Action: <u> </u>	
Signature of Auditee:	Date: <u>8/11/2021</u>
Probable date of completion of work: <u> </u>	
Date of follow-up audit: <u> </u>	
Effectiveness of Corrective action verified (Report references): <u> </u>	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>8/11/2021</u>

CC: Auditor, Auditee

HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date : 05-11-2021

Dept of audit: EEE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Staff Paper publications / presentations file verified and other related documents	
Name of the auditor: Mr A Naga Prasad Kumar	Signature of the auditor
Name of the auditee: Mr AV Ravi Kumar	Signature of the auditee
Route cause for Non-Conformance – if observed : Update Paper publications file	
Corrective Action: —	
Signature of Auditee:	Date: 5/11/2021
Probable date of completion of work: 9/11/2021	
Date of follow-up audit: 9/11/2021	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit: Completed	
Status of audit Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/11/2021

CC: Auditor, Auditee

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ACADEMIC AUDIT FINDING REPORT

Date : 08-11-2024

Dept of audit: EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Unified Lab manuals, Lab Time-tables and Labwise students attendance system - found satisfactory	
Name of the auditor: Mr A Naga Prasad Kumar	Signature of the auditor:
Name of the auditee: Mr A V Ravi Kumar	Signature of the auditee:
Route cause for Non-Conformance - If observed : _____	
Corrective Action: _____	
Signature of Auditee:	Date: 8/11/2024
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 8/11/2024

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 08/11/21

Dept of audit: <u>Mechanical</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit <u>Department monitors subject wise syllabus Allocated to the faculty for smooth running of I sem. After that basing on the syllabus coverage corrective actions planned.</u>	
Name of the auditor: <u>Dr. V. Srilakshmi</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>Mrs. A. Nagapavan Kumar</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance - If observed :	
Corrective Action:	
Signature of Auditee: <u>[Signature]</u>	Date: <u>08/11/21</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>08/11/21</u>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 08/11/21

Dept of audit	Mechanical	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit Basing on curriculam department receives Faculty requisition form from other departments for interdepartment subjects for smooth running of (21-22) I Sem.		
Name of the auditor:	Dr. V. Srilakshmi	Signature of the auditor: V. Sairam
Name of the auditee:	Mr. A. Naga Pavan Kumar	Signature of the auditee: [Signature]
Root cause for Non-Conformance – if observed :		
Corrective Action:		
Signature of Auditee:	[Signature]	Date: 08/11/21
Probable date of completion of work:		
Date of follow-up audit:		
Effectiveness of Corrective action verified (Report references):		
Result of follow-up audit :		
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>		
Signature of the Auditor:	V. Sairam	Date: 08/11/21

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 08/11/21

Dept of audit: <u>Mechanical</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Department Evaluates and analyse subject wise marks achieved by the students in MID-I and MID-II of (21-22) I SEM details</u>	
Name of the auditor: <u>Dr. V. Srilakshmi</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>Mr. A. Naga Pavan Kumar</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: <u>[Signature]</u>	Date: <u>08/11/21</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <u>[Signature]</u>	Date: <u>08/11/21</u>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 08/11/21

Dept of audit: <u>Mechanical</u>	Category: Major <input checked="" type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <u>After completion of lab internals dept reports labwise performance of individual students with all the details.</u>	
Name of the auditor: <u>Dr. V. Sri Lakshmi</u>	Signature of the auditor: <u>V. Sri Lakshmi</u>
Name of the auditee: <u>Ms. A. Naga Pavan Kumar</u>	Signature of the auditee: <u>A</u>
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: <u>A</u>	Date: <u>08/11/21</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>V. Sri Lakshmi</u>	Date: <u>08/11/21</u>

CC: Auditor, Auditee

HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date: 08/11/24

Dept of audit: Mechanical	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit checked student Result Analysis Department wise. checked student details Registers.	
Name of the auditor: Dr. V. Srilakshmi	Signature of the auditor: V. Srilakshmi
Name of the auditee: Mrs. A. Naga Pavan Kumar	Signature of the auditee: [Signature]
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: [Signature]	Date: 08/11/24
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: V. Srilakshmi	Date: 08/11/24

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 8/11/2021

Dept of audit: <u>ECE</u>		Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>	
Description of audit <u>checked Alumni Registration forms</u> <u>checked staff attendance registers</u>			
Name of the auditor: <u>Mr. S.B.C Prasad</u>		Signature of the auditor	
Name of the auditee: <u>Dr. B. Pragathi</u>		Signature of the auditee	
Route cause for Non-Conformance - if observed: <u>Maintain Alumnidata.</u>			
Corrective Action:			
Signature of Auditee:		Date: <u>10/11/22</u>	
Probable date of completion of work: <u>9/11/22</u>			
Date of follow-up audit: <u>10/11/22</u>			
Effectiveness of Corrective action verified (Report references): <u>updated Alumnidata</u>			
Result of follow-up audit: <u>completed</u>			
Status of audit: Closed <input checked="" type="radio"/>		Not Closed: <input type="radio"/>	
Signature of the Auditor:		Date: <u>8/11/2021</u>	

CC: Auditor, Auditee

HOD/Date 8/11/2021

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

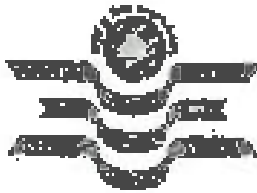
Date: 08/11/2021

Dept of audit: E.C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Alumni survey verified in ECE sample 1: G. Ajay kumar - he is working in IIS system sample 2: J. Kushma Sai - taken feedback on 9/9/2021	
Name of the auditor: Mr. S.B.C. Prasad	Signature of the auditor:
Name of the auditee: Dr. B. Pragathi.	Signature of the auditee:
Root cause for Non-Conformance - if observed: ---	
Corrective Action: ---	
Signature of Auditee:	Date: ---
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit: ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 08/11/2021

CC: Auditor, Auditee

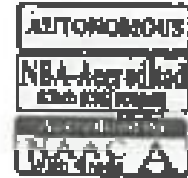
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ACADEMIC AUDIT FINDING REPORT

Date : 08/11/2021

Dept of audit: E.C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Based on academic calendar, subject allocation to faculty department established master time table for smooth running of 2021-22 I sem. All the details were proper in ECE time table file sample 1: Mr. B.R.L. Singh: DE: wed - 5th hour. sample 2: Mr. K. Marasa Lakshmi: MPME: Sat - 1st hour	
Name of the auditor: Mr. S.B.C. Prasad	Signature of the auditor:
Name of the auditee: Dr. B. Pragathi	Signature of the auditee:
Root cause for Non-Conformance - If observed : - -	
Corrective Action: - -	
Signature of Auditor:	Date: - -
Probable date of completion of work: - -	
Date of follow-up audit: - -	
Effectiveness of Corrective action verified (Report references): - -	
Result of follow-up audit : - -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 08/11/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 08/11/2021

Dept of audit: E.C.E	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Based on curriculum department review syllabus deliver once in fortnight with all details in ECE 2021-22 II Sem. Sample 1: S.T. Mrudula - 2 - PTSP - 50% Sample 2: Dr. CH. Pullarao - 23 - 55 1/2	
Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor
Name of the auditee: Dr. B. Pragathi	Signature of the auditee
Root cause for Non-Conformance - if observed : ---	
Corrective Action: ---	
Signature of Auditee:	Date:
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 08/11/2021

CC: Auditor, Auditee

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ACADEMIC AUDIT FINDING REPORT

Date : 08/11/2021

Dept of audit: E.C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: After completion of internal lab session and examinations, the department reports achievement of marks (daily to day evaluation, record, internal lab performance in ECE - exams file sample 1: 20H71A 04 62: SS Lab: 4+5+5=14/15 marks achieved sample 2: 19H71A 04 62: DSP Lab: 15+5+20=40/40 achieved.	
Name of the auditor: Mr. S.B.C Prasad.	Signature of the auditor
Name of the auditee: Dr. B. Pragathi.	Signature of the auditee
Root cause for Non-Conformance - If observed : _ _	
Corrective Action: _ _	
Signature of Auditee:	Date: _____
Probable date of completion of work: _ _	
Date of follow-up audit: _ _	
Effectiveness of Corrective action verified (Report reference): _ _	
Result of follow-up audit : _ _	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 08/11/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 08/11/2021

Dept of audit: E.C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit Based on curriculum lesson plans have been prepared topic wise with no. of hours required. File maintained properly (2021-22 I sem) sample 1: Mr. B.R.L. Singh: DE - II/II - 60 hours sample 2: Mr. T. Vijaya Karth: ADE - III/II - 80 hours.	
Name of the auditor: Mr. S.B.C. Prasad.	Signature of the auditor
Name of the auditee: Dr. B. Pragathi.	Signature of the auditee
Root cause for Non-Conformance – if observed : — —	
Corrective Action: — —	
Signature of Auditee:	Date: — —
Probable date of completion of work: — —	
Date of follow-up audit: — —	
Effectiveness of Corrective action verified (Report references): — —	
Result of follow-up audit : — —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 08/11/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 8-11-2022

Dept of audit: <i>Admin</i>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <i>maintained students Admission analysis year wise.</i> <i>student scholarship records are verified.</i>	
Name of the auditor: <i>v. srilakshmi</i>	Signature of the auditor: <i>V. Sri M.</i>
Name of the auditee: <i>A. Babji</i>	Signature of the auditee: <i>A.B. Babji</i>
Route cause for Non-Conformance – If observed : —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <i>8-11-2022</i>

CC: Auditor, Auditee

A.B. Babji
HOD/Date *8/11/2022*

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Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 8/11/2021.

Dept of audit: <u>Library</u>	Category: Major <input checked="" type="checkbox"/> Minor- <input type="checkbox"/>
Description of audit: Department is maintaining the system backups details registers & updating it regularly. Last date found to be on 08/11/2021, documented in (0066)	
Name of the auditor: <u>Mr. SBC Prasad</u>	Signature of the auditor
Name of the auditee: <u>B-Mandira</u>	Signature of the auditee
Root cause for Non-Conformance - If observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>—</u>	Date: <u>—</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <u>—</u>	Date: 8/11/2021

CC: Auditor, Auditee

HOD/Date
 8/11/21

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 9/11/2021

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Student Attendance percentage verification obtained (not verification)	
Name of the auditor: D. B. Pragasani	Signature of the auditor:
Name of the auditee: V. Sathishkumar	Signature of the auditee: V. Sathishkumar
Root cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditor: V. Sathishkumar	Date: 9/11/2021
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/11/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/11/2024

Dept of audit CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <p style="text-align: center;">student Internship details & Number of workshops attended by the students</p>	
Name of the auditor: Dr. B. Pragathi	Signature of the auditor:
Name of the auditee: V. Sathishkumar	Signature of the auditee:
Root cause for Non-Conformance – If observed : -	
Corrective Action: -	
Signature of Auditor:	Date: 9/11/2024
Probable date of completion of work:	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report reference): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/11/2024

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 9/11/2021

Dept of audit: <u>CSE</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit <u>Verifying class Time tables, Lab time tables & Individual Timetables of the faculty</u>	
Name of the auditor: <u>Dr. B. Pragathi</u>	Signature of the auditor <u>[Signature]</u>
Name of the auditee: <u>V. Sathishkumar</u>	Signature of the auditee <u>V. Sathishkumar</u>
Root cause for Non-Conformance – If observed: <u>-</u>	
Corrective Action: <u>-</u>	
Signature of Auditee: <u>V. Sathishkumar</u>	Date: <u>9/11/2021</u>
Probable date of completion of work: <u>-</u>	
Date of follow-up audit: <u>-</u>	
Effectiveness of Corrective action verified (Report references): <u>-</u>	
Result of follow-up audit: <u>-</u>	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>9/11/2021</u>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/11/2024

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Semester wise subject list and subject allocation to the faculty. Verifying workload of the faculty	
Name of the auditor: Dr. B. Praveetha	Signature of the auditor: [Signature]
Name of the auditee: V. Saralathani	Signature of the auditee: V. Saralathani
Root cause for Non-Conformance - if observed: -	
Corrective Action: -	
Signature of Auditee: V. Saralathani	Date: 9/11/2024
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: 9/11/2024

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 9/11/2021

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Before two weeks of completion of a semester department informs the students condonation and detention list faculty feed back.	
Name of the auditor: Dr. B. Pragathi	Signature of the auditor: [Signature]
Name of the auditee: V. Srilakshmi	Signature of the auditee: V.S.M.
Route cause for Non-Conformance - If observed: -	
Corrective Action: -	
Signature of Auditee: V.S.M.	Date: 9/11/2021
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: 9/11/2021

CC: Auditor, Auditee

[Signature] 9/11/2021
HOD/Date

[Signature]
Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar MIC College of Technology

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ACADEMIC AUDIT FINDING REPORT

Date : 11/5/2021

Dept of audit: CSE	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: Verification of course files Verification of lab records, stock registers, lab equipment details	
Name of the auditor: B. R. K. Singh	Signature of the auditor
Name of the auditee: V. Santakshmi	Signature of the auditee V. Santakshmi
Route cause for Non-Conformance – if observed : Update stock registers	
Corrective Action: -	
Signature of Auditee: V. Santakshmi	Date: 11/5/2021
Probable date of completion of work: 12/5/2021	
Date of follow-up audit: 12/5/2021	
Effectiveness of Corrective action verified (Report references): Updated	
Result of follow-up audit : closed	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 12/5/2021

CC: Auditor, Auditee

HOD/Date 12/5/2021

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 21-22

Date: ... 9/11/2021

Dept of audit: BED		Category: Major <input type="radio"/> Minor <input type="radio"/>	
Description of audit: 1. Staff paper publications were verified. 2. Student papers presentations are verified.			
Name of the auditor: F. Prasad		Signature of the auditor	
Name of the auditee: SBC Prasad		Signature of the auditee	
Root cause for Non-Conformance – if observed :			
Corrective Action:			
Signature of Auditee:		Date: 9/11/21	
Probable date of completion of work:			
Date of follow-up audit:			
Effectiveness of Corrective action verified (Report references):			
Result of follow-up audit :			
Status of audit: Closed <input checked="" type="radio"/>		Not Closed: <input type="radio"/>	
Signature of the Auditor:		Date: 9/11/21	

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 21-22

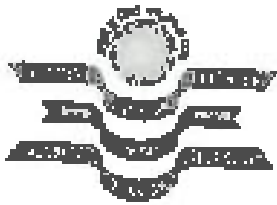
Date: 9/11/2021

Dept of audit: BED		Category: Major <input type="radio"/> Minor <input type="radio"/>	
Description of audit: 1- Books, Journals, Self learning facilities for Both students & faculty are verified. 2. Infrastructure & Instructional aids are verified.			
Name of the auditor: K. Prasad		Signature of the auditor	
Name of the auditee: Sbc-prasad		Signature of the auditee	
Root cause for Non-Conformance – if observed : —			
Corrective Action:			
Signature of Auditee:		Date: 9/11/21	
Probable date of completion of work:			
Date of follow-up audit:			
Effectiveness of Corrective action verified (Report references):			
Result of follow-up audit :			
Status of audit: Closed <input checked="" type="radio"/>		Not Closed: <input type="radio"/>	
Signature of the Auditor:		Date: 9/11/21	

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 21-22

Date : ... 9/11/2021

Dept of audit: BED		Category: Major <input type="radio"/> Minor <input type="radio"/>	
Description of audit: 1. Verified Internal marks register 2. Verified result analysis file.			
Name of the auditor: K. Prasad		Signature of the auditor	
Name of the auditee: SBC Prasad		Signature of the auditee	
Root cause for Non-Conformance - If observed : _____			
Corrective Action:			
Signature of Auditee:		Date: 9/11/21	
Probable date of completion of work:			
Date of follow-up audit:			
Effectiveness of Corrective action verified (Report references):			
Result of follow-up audit :			
Status of audit: Closed <input checked="" type="radio"/>		Not Closed: <input type="radio"/>	
Signature of the Auditor:		Date: 9/11/21	

CC: Auditor, Auditee

HOD/Date

Principal/Date



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 E-mail: office@micotech.ac.in, Website: www.micotech.edu.in



ACADEMIC AUDIT FINDING REPORT 21-22

Date : 9/11/2021

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified the Student Counseling file Verified master time-table & class timetables	
Name of the auditor: K. Prasad	Signature of the auditor:
Name of the auditee: S. S. Prasad	Signature of the auditee:
Root cause for Non-Conformance – if observed : Nil	
Corrective Action: Nil	
Signature of Auditee:	Date: 9/11/21
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/11/21

CC: Auditor, Auditee

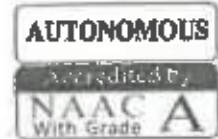
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Principal/Date



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E-mail: office@micotech.ac.in, Website: www.micotech.edu.in



ACADEMIC AUDIT FINDING REPORT

Date : 9/11/2021

Dept of audit: AI & IT	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Before commencement of class work, department proposed Master time table for A.Y 2022-23 / I sem reported in AIR & IT-fo13 Sample - I :- Thu - 5 th hour - NMUK - II IT Sample - II :- Sat - 7 th hour - STM - II IT	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: B. Triveni	Signature of the auditee
Root cause for Non-Conformance – If observed : —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/11/2021

CC: Auditor, Auditee

HOD/Date

09/11/2021

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 9/11/2021

Dept of audit: AT & IT	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Faculty subject allocation & other responsibilities for the AY 2022-23, II sem, reported in - FOAS Sample - I Mrs. R. vijaya - cc (II, IT) DS (I - AIDS) BDA (III - IT) HODOOP Lab DS (I - AIDS) Sample - II Mrs. S. Mounika - OS (I MCA), cc (III, IT) cc (II IT), cc (IV, IT)	
Name of the auditor: A. V. Ravi Kumar	Signature of the auditor
Name of the auditee: B. Triveni	Signature of the auditee
Root cause for Non-Conformance - if observed : —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 9/11/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/11/2021

Dept of audit <u>AI & IT</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Department planned for the A.Y 2021-22 workshops / FDPs for the student reported in f064 <u>sample - I</u> : Aparna .S - 2017HA1204 - Building application with python (16/12 to 21/12) <u>sample - II</u> : Harshitha .V - 2017HA1210 - Building application with python (16/12 to 31/12)	
Name of the auditor: <u>A.V. Ravi Kumar</u>	Signature of the auditor
Name of the auditee: <u>B. Trileni</u>	Signature of the auditee
Root cause for Non-Conformance – if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>—</u>	Date: <u>—</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>9/11/2021</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/11/2021

Dept of audit: AI&IT	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: 1. checked syllabus coverage Monitoring semester wise 2. checked staff Attendance Register	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: B. Triveni	Signature of the auditee
Roots cause for Non-Conformance - If observed : —	
Corrective Action: —	
Signature of Auditee: —	Date: 9-11-2021
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: —	Date: 9-11-2021

CC: Auditor, Auditee

HOD/Date 9/11/21

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 09-11-2021

Dept of audit: Exam cell	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Exam question papers	
1. B.Tech IV sem Reg/sup - Aug-21 - 06-9-2021 DSD HPL, 2. MCA II sem Reg - Sep-21 - 20-10-21 - Comp.net 22-10-21 - oops	
Name of the auditor: Dr. B. pragathi	Signature of the auditor
Name of the auditee: Mr. H. sumi kumar	Signature of the auditee
Root cause for Non-Conformance - if observed : - - - -	
Corrective Action: - - - - -	
Signature of Auditee: - - - - -	Date: - - - - -
Probable date of completion of work: - - - - -	
Date of follow-up audit: - - - - -	
Effectiveness of Corrective action verified (Report references): - - - -	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 09-11-2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 09-11-2021

Dept of audit: Exam Cell	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Exam result analysis	
Sample 1: B.Tech IV sem - Regula - Aug-21 - CSE Sample 2: B.Tech II sem - Reg - Sep-21 - ECE	
Name of the auditor: Dr. B. pragathi	Signature of the auditor
Name of the auditee: Mr. M. sunil kumar	Signature of the auditee
Root cause for Non-Conformance - If observed: _____	
Corrective Action: _____	
Signature of Auditee: _____	Date: _____
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 09-11-2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

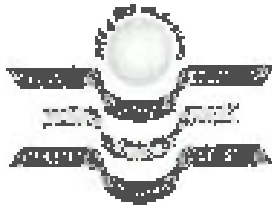
Date : 9/11/2021

Dept of audit: IT & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit Verified system configurations register and backup details and breakdown record	
Name of the auditor: A. NagaParam Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 9/11/2021
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/11/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/11/2021

Dept of audit: T & P.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit checked and Record of mock interview for the Internship company.	
Name of the auditor: A. Nagapavan Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance – If observed :	
Corrective Action:	
Signature of Auditee:	Date: 9/11/2021
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: A	Date: 9/11/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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ACADEMIC AUDIT FINDING REPORT

Date : ... 9 / 11 / 2021

Dept of audit: T&P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: checked Employer feedback details checked list of Recruiters on hand	
Name of the auditor: A. NagaParankumar	Signature of the auditor:
Name of the auditee: R. Prasad	Signature of the auditee:
Route cause for Non-Conformance – if observed : —	
Corrective Action:	
Signature of Auditee:	Date: 9/11/2021
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/11/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/11/2021

Dept of audit: TGP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit Verified and checked students performance through conducting the aptitude tests.	
Name of the auditor: A. Naga Paravankumar	Signature of the auditor
Name of the auditee: R. Prasad	Signature of the auditee
Root cause for Non-Conformance - if observed :	
Corrective Action:	
Signature of Auditee:	Date: 9/11/2021
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/11/2021

CC: Auditor, Auditee

HOD/Data

Principal/Data



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ACADEMIC AUDIT FINDING REPORT

Date: 9/11/2021

Dept of audit: ITGP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit <p>checked record of Job advertisements News letters, magazines.</p>	
Name of the auditor: A. Naga Pavan Kumar	Signature of the auditor:
Name of the auditee: K. Prasad	Signature of the auditee:
Real cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 9/11/2021
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/11/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 9/11/2021

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit Verified Interested parties & their expectations	
Name of the auditor: A. Naga Param Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 9/11/2021
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : ✓	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: 9/11/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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21-22
II-①

ACADEMIC AUDIT FINDING REPORT

Date: 09-05-2022

Dept of audit: <u>Civil Engineering.</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Sem wise Results Analysis is carried out by the Department for corrective action.</u>	
<u>Sample : 1 - II/2 sem - Engineering Geology - 100%</u>	
<u>Sample : 2 - II/2 sem - strength of Materials - 77.19%</u>	
<u>Sample : 3 - II/I sem - WRE - I - 95.59%</u>	
Name of the auditor: <u>B. Triveni</u>	Signature of the auditor <u>B. Triveni</u>
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee <u>K. Prasad</u>
Root cause for Non-Conformance - if observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee: <u>[Signature]</u>	Date: <u>09-05-2022</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: <u>B. Triveni</u>	Date: <u>09-05-2022</u>

CC: Auditor, Auditee

[Signature]
HOD/Data

[Signature]
Principal/Data



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7/22
1/2

ACADEMIC AUDIT FINDING REPORT

Date : 09-05-2022

Dept of audit: <u>Civil Engineering</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Basing on Academic Structure Curriculum before starting of Sem dept receives affordable teaching load from the faculty in subject option Sem</u> <u>Sample:1 S. Ashok Kumar - ACET-WL=7 in IV/II sem</u> <u>Sample:2 S.V. Tejas Kumar Raju - Low cost Housing (WL-7) in II/II sem</u> <u>Sample:3 Ajay Kumar Verma - PSC (WLT) in IV/II sem</u>	
Name of the auditor: <u>B. Triveni</u>	Signature of the auditor: <u>B. Triveni</u>
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee: <u>K. Prasad</u>
Root cause for Non-Conformance - If observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>K. Prasad</u>	Date: <u>09-05-2022</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report reference): <u>—</u>	
Result of follow-up audit: <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>B. Triveni</u>	Date: <u>09-05-2022</u>

CC: Auditor, Auditee

B. Triveni
HOD/Date

K. Prasad
Principal/Date



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21-22
1.3

ACADEMIC AUDIT FINDING REPORT

Date: 09-05-2022

Dept of audit: <u>CE</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Department established Master timetable for smooth running of classes for AY 21-22 <u>Sample 1</u> Ch. Phani Sai - HHM - II/II sem - Monday (9-10am) <u>Sample 2</u> D.L.K. Sowjanya - SE-I - II nd Sem - Thursday (10-11am) <u>Sample 3</u> S. Ashok Kumar - ACET - IV/II sem - Monday (11-12.50)	
Name of the auditor: <u>B. Triveni</u>	Signature of the auditor: <u>B.T.</u>
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee: <u>K.P.</u>
Root cause for Non-Conformance - If observed: -	
Corrective Action: -	
Signature of Auditee: <u>K.P.</u>	Date: <u>09-05-2022</u>
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: <u>B.T.</u>	Date: <u>09-05-2022</u>

CC: Auditor, Auditee

B.T.
HOD/Data

K.P.
Principal/Data



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21-22
④

ACADEMIC AUDIT FINDING REPORT

Date: 09-05-2022

Dept of audit: CE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: As per Curriculum MIC 18 & MIC 20, dept prepared lab wise Operational manual with all details. I/II sem - Surveying Lab I/II sem - CAED Lab I/II sem - TE Lab	
Name of the auditor: B. Triveni	Signature of the auditor:
Name of the auditee: K. Prasad	Signature of the auditee:
Root cause for Non-Conformance - if observed: -	
Corrective Action: -	
Signature of Auditee:	Date: 09-05-2022
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 09-05-2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 09-5-2022

Dept of audit: EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <p>Verified Internal Examinations data and other related documents</p>	
Name of the auditor: Mr A Naga Prasad Kumar	Signature of the auditor
Name of the auditee: Mr A V Kani Kumar	Signature of the auditee
Route cause for Non-Conformance - If observed : _____	
Corrective Action: _____	
Signature of Auditor:	Date: 9/5/2022
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____ _____	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 9/5/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 09-5-2022

Dept of audit: EEE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Checked faculty FDP details, Workshop attended	
Name of the auditor: Mr A Naga Prasad Kumar	Signature of the auditor:
Name of the auditee: Mr AV Sai Kumar	Signature of the auditee:
Route cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 9/5/2022
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/5/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 09-5-2022

Dept of audit EEG	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Verified faculty Course files and other related documents	
Name of the auditor: Mr A Naga Prasad Kumar	Signature of the auditor:
Name of the auditee: Mr AV Hari Kumar	Signature of the auditee:
Root cause for Non-Conformance - if observed: Update course files	
Corrective Action:	
Signature of Auditor:	Date: 7/5/2022
Probable date of completion of work: 10/5/2022	
Date of follow-up audit: 10/5/2022	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit: Completed	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/5/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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 E mail: office@micotech.ac.in, Website: www.micotech.edu.in



ACADEMIC AUDIT FINDING REPORT

Date : 09-15-2022

Dept of audit: EEE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Verified Condemnations and Retention List of the students.	
Name of the auditor: Mr A Naga Pavan Kumar	Signature of the auditor:
Name of the auditee: Mr A V Kavi Kumar	Signature of the auditee:
Route cause for Non-Conformance - If observed : ---	
Corrective Action: ---	
Signature of Auditee:	Date: 9/5/2022
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/5/2022

CC: Auditor, Auditee

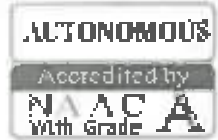
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 7-11-2022

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <p>Lesson plans for each subject were verified and found good, and HOD signatures indicating each class is being delivered in a systematic well planned manner.</p>	
Name of the auditor: <u>Mr A Naga Lakshmi Kumar</u>	Signature of the auditor:
Name of the auditee: <u>Mr A H Fari Kumar</u>	Signature of the auditee:
Route cause for Non-Conformance - If observed: <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee:	Date: <u>7/11/2022</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <hr/>	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>7/11/2022</u>

CC: Auditor, Auditee

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NBA-Accredited
6.76A (CSE/ECE/ME)

NAAC
With Grade A

ACADEMIC AUDIT FINDING REPORT

Date : 09-5-2022

Dept of audit: EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: 1. Checked maintenance of Stock Register 2. Checked Academic Book Statement	
Name of the auditor: Mr. A NAGA RAVI KUMAR	Signature of the auditor:
Name of the auditee: Mr. AV RAVI KUMAR	Signature of the auditee:
Route cause for Non-Conformance – if observed : NIL	
Corrective Action: NIL	
Signature of Auditee:	Date: 09-5-2022
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit: ---	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 09-5-2022

CC: Auditor, Auditee

HOD/Date 9/5/22

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 09/05/22

Dept of audit: <u>Mechanical</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Department Monitors subject wise syllabus allocated to the faculty for smooth running of II SEM. After that basing on the syllabus corrective actions planned.</u>	
Name of the auditor: <u>Dr. V. Sri Lakshmi</u>	Signature of the auditor: <u>V. Sri Lakshmi</u>
Name of the auditee: <u>Mrs. A. Naga Payan Kumari</u>	Signature of the auditee: <u>[Signature]</u>
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: <u>[Signature]</u>	Date: <u>09/05/22</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>V. Sri Lakshmi</u>	Date: <u>09/05/22</u>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 09/05/22

Dept of audit: Mechanical	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Based on Curricular department receives Faculty requisition form from other departments for inter department subjects for smooth running of (21-22) II sem.	
Name of the auditor: Dr. V. Sri Lakshmi	Signature of the auditor: V. Sri Lakshmi
Name of the auditee: Mr. A. Naga Pavani Kumar	Signature of the auditee: A
Route cause for Non-Conformance - if observed :	
Corrective Action:	
Signature of Auditee: A	Date: 09/05/22
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: V. Sri Lakshmi	Date: 09/05/22

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 09/05/22

Dept of audit: Mechanical	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Dept Evaluates and analyse subject-wise marks achieved by the students in MID-I and MID-II of (21-22) II SEM details.	
Name of the auditor: Dr. V. Srilakshmi	Signature of the auditor:
Name of the auditee: Mr. A. Naga Pavan Kumar	Signature of the auditee:
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 09/05/22
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 09/05/22

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 09/05/22

Dept of audit: <u>Mechanical</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <u>After completion of lab internals dept reports lab wise performance of individuals students with all the details.</u>	
Name of the auditor: <u>Dr. V. Srilakshmi</u>	Signature of the auditor: <u>V. Srilakshmi</u>
Name of the auditee: <u>Mr. A. Naga Pavan Kumar</u>	Signature of the auditee: <u>A</u>
Route cause for Non-Conformance - if observed:	
Corrective Action:	
Signature of Auditee: <u>A</u>	Date: <u>09/05/22</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>V. Srilakshmi</u>	Date: <u>09/05/22</u>

CC: Auditor, Auditee

[Signature]
 HOD/Date

[Signature]
 Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 09/05/22

Dept of audit: <u>mechanical</u>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <u>checked student Result Analysis department wise. checked student details Registers.</u>	
Name of the auditor: <u>Dr. V. Srilakshmi</u>	Signature of the auditor: <u>V. Srilakshmi</u>
Name of the auditee: <u>Mr. A. Nagapavan Kumar</u>	Signature of the auditee: <u>A</u>
Route cause for Non-Conformance – If observed :	
Corrective Action:	
Signature of Auditee: <u>A</u>	Date: <u>09/05/22</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <u>V. Srilakshmi</u>	Date: <u>09/05/22</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

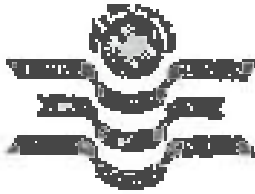
Date: 09/05/22

Dept of audit: <u>Mechanical</u>	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <u>verified faculty R&D register.</u>	
Name of the auditor: <u>Dr. V. Srilakshmi</u>	Signature of the auditor: <u>V. Sai M.</u>
Name of the auditee: <u>Mr. A. Naga Pavan Kumar</u>	Signature of the auditee: <u>[Signature]</u>
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: <u>[Signature]</u>	Date: <u>09/05/22</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <u>V. Sai M.</u>	Date: <u>09/05/22</u>

CC: Auditor, Auditee

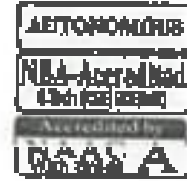
[Signature]
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[Signature]
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ACADEMIC AUDIT FINDING REPORT

Date: 09/05/2022

Dept of audit: E. C. E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: The workload of faculty is being maintained 90 ECE file for sem-II (2021-22) & II sem. sample-1: G. Anantha Lakshmi - 23 workload sample-2: L. Tiru Ganesh - 20 workload.	
Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor
Name of the auditee: Dr. B. Pragathi.	Signature of the auditee
Route cause for Non-Conformance - If observed: - -	
Corrective Action: - -	
Signature of Auditee:	Date:
Probable date of completion of work: - -	
Date of follow-up audit: - -	
Effectiveness of Corrective action verified (Report references): - -	
Result of follow-up audit: - -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 09/05/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 09/05/2022

Dept of audit: E.C.E	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Based on curriculum department review syllabus delivers once in a fortnight with all details in BCE (2021-22 I Sem). Sample 1: Mr. S. Rama kotawararao - BCA - 70% syllabus completed upto 31/4/2022 (I Sem) Sample 2: II Sem: Mr. K. Veeranand - AICA - 40% syllabus completed	
Name of the auditor: Mr. S. B. C. Prasad	Signature of the auditor
Name of the auditee: Dr. B. Pragathi.	Signature of the auditee
Route cause for Non-Conformance - If observed : - - -	
Corrective Action: - - -	
Signature of Auditee:	Date: - - -
Probable date of completion of work: - - -	
Date of follow-up audit: - - -	
Effectiveness of Corrective action verified (Report reference): - - -	
Result of follow-up audit : - - -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 09/05/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 09/05/2022

Dept of audit E.C.E	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit monthly attendance of students is being maintained in the department attendance file regularly. sample 1 : 20H71A0450 - K.Tarun - 64% sample 2 : H71A0487 - B. Praveen Reddy - 77.5%	
Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor
Name of the auditee: Dr. B. Pragathi.	Signature of the auditee
Route cause for Non-Conformance – If observed : <u> </u>	
Corrective Action: <u> </u>	
Signature of Auditee:	Date: <u> </u>
Probable date of completion of work: <u> </u>	
Date of follow-up audit: <u> </u>	
Effectiveness of Corrective action verified (Report references): <u> </u>	
Result of follow-up audit : <u> </u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 09/05/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

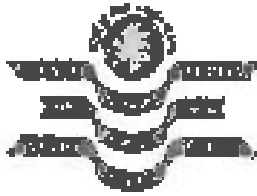
Date: 8/05/2022

Dept of audit: ECE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit checked feed-back forms for Employers checked co/extra curricular activities regularly	
Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor
Name of the auditee: Dr. B. Pragathi	Signature of the auditee
Route cause for Non-Conformance - if observed : —	
Corrective Action: —	
Signature of Auditee: <i>Pr</i>	Date: 8/5/2022
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <i>SP</i>	Date: 8/05/2022

CC: Auditor, Auditee

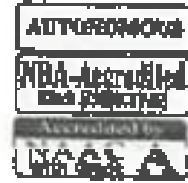
Ch. Prabh
HOD/Date 9/5/22

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Principal/Date



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21-22
11/20/22

ACADEMIC AUDIT FINDING REPORT

Date: 09/05/2022

Dept of audit: IT , <u>G.E.</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Based on the curriculum department-alloted (batch wise) major projects to the students and details were recorded (18-22 batch) Sample 1: G. Anantha Lakshmi - Project batch B11 Sample 2: Mr. Y.V. H.M. SARMA - Project batch B12 Sample 3: Mr. CH. Pulla Rao - Project batch - C13	
Name of the auditor: <u>Mr. S.B.C Prasad.</u>	Signature of the auditor:
Name of the auditee: <u>Dr. B. Pragathi</u>	Signature of the auditee:
Route cause for Non-Conformance - If observed: - -	
Corrective Action: - -	
Signature of Auditee:	Date: - -
Probable date of completion of work: - -	
Date of follow-up audit: - -	
Effectiveness of Corrective action verified (Report references): - -	
Result of follow-up audit: - -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 09/05/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 09/05/2022

Dept of audit: <u>E.C.E.</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Placement analysis for the Academic year 2021-22 till date has been recorded.</u> <u>Sample 1 : 2021-22- Registered - 163, placed-120</u>	
Name of the auditor: <u>Mr. S.B.C Prasad</u>	Signature of the auditor <u>[Signature]</u>
Name of the auditee: <u>Dr. B. Pragathi</u>	Signature of the auditee <u>[Signature]</u>
Route cause for Non-Conformance - If observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee: <u>[Signature]</u>	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit : <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>09/05/2022</u>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 9-5-2022

Dept of audit: Admin	Category: Major <input checked="" type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: TDS Records for staff or faculty (Form -16, IT Returns) is maintained.	
Name of the auditor: V. Divyakshini	Signature of the auditor: V. Divyakshini
Name of the auditee: A. Balaji	Signature of the auditee: A. Balaji
Route cause for Non-Conformance - If observed: -	
Corrective Action: -	
Signature of Auditee: -	Date: -
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9-5-2022

CC: Auditor, Auditee

A. R. Ravi
HOD/Date 9/5/2022

KJ
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

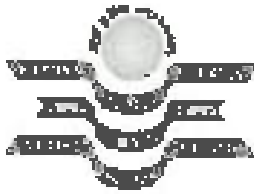
Date : 09/05/2022

Dept of audit: <u>Library</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Department receives details of faculty, students who wish to avail the library in a registration form, to proceed further</u> <u>Mr. T. Narendra Kumar - 1936 (EMP ID)</u>	
Name of the auditor: <u>Mr. S. B. C Prasad</u>	Signature of the auditor - <u>[Signature]</u>
Name of the auditee: <u>Mrs B. Mandira.</u>	Signature of the auditee <u>[Signature]</u>
Root cause for Non-Conformance - If observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee: <u>---</u>	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit : <u>---</u>	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>09/05/2022</u>

CC: Auditor, Auditee

[Signature]
 09/05/22

[Signature]
 Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 10/5/2022

Dept of audit: <u>CSE</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Details of students selected in on and off campus recruitment along with offer letters</u>	
Name of the auditor: <u>Dr B. Pragasathi</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>V. Saithejwani</u>	Signature of the auditee: <u>V. Saithejwani</u>
Route cause for Non-Conformance – if observed: <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>V. Saithejwani</u>	Date: <u>10/5/2022</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit: <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>10/5/2022</u>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/5/2022

Dept of audit: <u>coe</u>		Category: Major <input type="radio"/> Minor <input type="radio"/>	
Description of audit: <u>Student project details</u> <u>Verifying project books</u>			
Name of the auditor: <u>Dr. B. Pragathi</u>		Signature of the auditor	
Name of the auditee: <u>V. Smita Lakshmi</u>		Signature of the auditee <u>V. Smita</u>	
Route cause for Non-Conformance - If observed : <u>-</u>			
Corrective Action: <u>-</u>			
Signature of Auditee: <u>V. Smita</u>		Date: <u>10/5/2022</u>	
Probable date of completion of work:			
Date of follow-up audit: <u>-</u>			
Effectiveness of Corrective action verified (Report references): <u>-</u>			
Result of follow-up audit : <u>-</u>			
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>			
Signature of the Auditor:		Date: <u>10/5/2022</u>	

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 10/5/2022

Dept of audit: <u>cse</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>verifying syllabus coverage, lesson plans and participation of faculty participation in different activities</u>	
Name of the auditor: <u>Dr. B. Pragathi</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>V. Srilakshmi</u>	Signature of the auditee: <u>V. Srim</u>
Route cause for Non-Conformance – if observed: <u>-</u>	
Corrective Action: <u>-</u>	
Signature of Auditee: <u>V. Srim</u>	Date: <u>10/5/2022</u>
Probable date of completion of work: <u>-</u>	
Date of follow-up audit: <u>-</u>	
Effectiveness of Corrective action verified (Report references): <u>-</u>	
Result of follow-up audit: <u>-</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>10/5/2022</u>

CC: Auditor, Auditee

[Signature]
 HOD/Date

[Signature]
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ACADEMIC AUDIT FINDING REPORT

Date: 10/5/2022

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verifying mentoring books - Details of the students - fee details, backlog, Attendance Percentage	
Name of the auditor: Dr. B. Pragathi	Signature of the auditor: [Signature]
Name of the auditee: V. Srilakshmi	Signature of the auditee: [Signature]
Route cause for Non-Conformance - if observed: -	
Corrective Action: -	
Signature of Auditee: [Signature]	Date: 10/5/2022
Probable date of completion of work:	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report reference): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: 10/5/2022

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 10/5/2022

Dept of audit: CSE	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: verified FOPs attended by the faculty checked number of papers published by the faculty Number of workshops attended by the faculty	
Name of the auditor: D.B. Pragathi	Signature of the auditor:
Name of the auditee: v. Srilakshmi	Signature of the auditee:
Route causes for Non-Conformance - if observed: Nil	
Corrective Action: —	
Signature of Auditee:	Date: 10/5/2022
Probable date of completion of work: —	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 10/5/2022

CC: Auditor, Auditee

HOD/Data 10/5/2022

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ACADEMIC AUDIT FINDING REPORT 21-22

Date : 10/5/2022

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit Verified Sem End Exam result adjust. (dept wise) Verified Internal marks register	
Name of the auditor: E. Prasad	Signature of the auditor
Name of the auditee: SBC Prasad	Signature of the auditee
Root cause for Non-Conformance – If observed : <u> </u>	
Corrective Action:	
Signature of Auditee:	Date: 10/5/22
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/5/22

CC: Auditor, Auditee

HOD/Data

Principal/Data



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ACADEMIC AUDIT FINDING REPORT 21-22

Date: 10/5/2022

Dept of audit: <u>BED</u>		Category: Major <input type="radio"/> Minor <input type="radio"/>	
Description of audit: <u>✓ Verified laboratory timetables</u> <u>× verified lab manuals</u> <u>× verified labwise students attendance register.</u>			
Name of the auditor: <u>K. Prasad</u>		Signature of the auditor	
Name of the auditee: <u>SBC Prasad</u>		Signature of the auditee	
Root cause for Non-Conformance – If observed : _____			
Corrective Action:			
Signature of Auditee:		Date: <u>10/5/22</u>	
Probable date of completion of work:			
Date of follow-up audit:			
Effectiveness of Corrective action verified (Report references):			
Result of follow-up audit :			
Status of audit: Closed <input checked="" type="radio"/>		Not Closed: <input type="radio"/>	
Signature of the Auditor:		Date: <u>10/5/22</u>	

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 21-22

Date : 10/5/2022

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: * Verified the lesson plans for each subject * verified lesson notes - methodology. * Verified Assignment award record for each faculty.	
Name of the auditor: K. Prasad	Signature of the auditor
Name of the auditee: SBC Prasad	Signature of the auditee
Root cause for Non-Conformance – if observed : —	
Corrective Action:	
Signature of Auditee:	Date: 10/5/22
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/5/22

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 21-22

Date: 10/5/2022

Dept of audit: SED		Category: Major <input type="radio"/> Minor <input type="radio"/>	
Description of audit: 1. Verified the course file which shall have to maintain by each teaching faculty / lecturer 2. Verified course objectives, out comes for each subject			
Name of the auditor: F. Prasad		Signature of the auditor	
Name of the auditee: S. S. Prasad		Signature of the auditee	
Root cause for Non-Conformance – if observed : _____			
Corrective Action:			
Signature of Auditee:		Date: 10/5/22	
Probable date of completion of work:			
Date of follow-up audit:			
Effectiveness of Corrective action verified (Report references):			
Result of follow-up audit:			
Status of audit: Closed <input checked="" type="radio"/>		Not Closed: <input type="radio"/>	
Signature of the Auditor: F. Prasad		Date: 10/5/22	

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 21-22

Date: 10/5/2022

Dept of audit: <u>BED</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: 1. Verified the Feedback on faculty file. (Both lab & class) 2. Material incident (Lab, General items) file verified.	
Name of the auditor: <u>K. Prasad</u>	Signature of the auditor:
Name of the auditee:	Signature of the auditee:
Root cause for Non-Conformance – If observed: <u>Nil</u>	
Corrective Action: <u>Nil</u>	
Signature of Auditee: _____	Date: <u>10/5/22</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>10/5/22</u>

CC: Auditor, Auditee

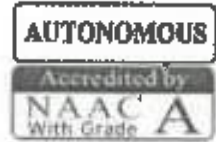
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

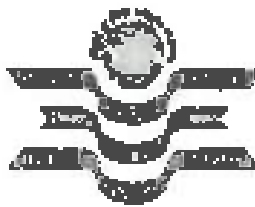
Date : 10.15.2022

Dept of audit: AI & IT	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: After completion of Mid exams, Final exam result analysis reported in AI&IT - FOSS <u>sample-I</u> Hadoop & Hadoop - R. Vijaya. $\geq 60\%$ - 61 Members class Avg 9.65/15 <u>sample-II</u> Mobile computing - S. Lavanya $\geq 60\%$ 53 Members class Avg - 7.53/15	
Name of the auditor: A.V Ravi Kumar	Signature of the auditor:
Name of the auditee: B. Triveni	Signature of the auditee:
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: —	Date: 10/15/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/5/2022

Dept of audit: <u>AI&IT</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Based on the MIC 20 regulation, the final lab internal marks for the A.Y 2022-23 / I sem filled in four <u>sample-I</u> 21H71A5410 - unix and shell - 11/15 Programming <u>sample - II</u> 21H71A5419 - ops Lab - 14/15	
Name of the auditor: <u>A.V-Ravi Kumar</u>	Signature of the auditor
Name of the auditee: <u>B.Triveni</u>	Signature of the auditee
Root cause for Non-Conformance - if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>—</u>	Date: <u>—</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>10/5/2022</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 10/5/2022

Dept of audit: AI&IT	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit Students disciplinary actions for the A-Y 2022-23/IIsem reported in AI & IT Poab Sample-I T. charan - 21H74A1205 - one week suspended - fine 5000/- Sample-II Ch. Ravi Teja - 21H74A1201 - one week suspended 5000/- fine	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: B. Triveni	Signature of the auditee
Root cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee:	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/5/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/5/2022

Dept of audit: <u>AI & IT</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Department planned for the A-Y 2022-23 workshops / FDPs for the students reported in Fobz</u>	
<u>Sample - I Aparna.S - 20H71A6204 - building application with Python (10/1/22 to 5/10/22)</u>	
<u>Sample - II Harshitha.V - 20H71A6202 - building application with Python (10/1/22 to 5/10/22)</u>	
Name of the auditor: <u>A.V. Ravi Kumar</u>	Signature of the auditor
Name of the auditee: <u>A. Triveni</u>	Signature of the auditee
Root cause for Non-Conformance – if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>—</u>	Date: <u>—</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>—</u>	Date: <u>10/5/2022</u>

CC: Auditor, Auditee

HOD/DIA

Principal



Devineeni Venkata Ramana & Dr.Hima Sekhar
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ACADEMIC AUDIT FINDING REPORT

Date : 10/5/2022

Dept of audit: AI&IT	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: 1. Checked course files, staff duties of all the staff members	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor:
Name of the auditee: B. Triveni	Signature of the auditee:
Route cause for Non-Conformance – if observed : update course files	
Corrective Action: —	
Signature of Auditee:	Date: 10-05-2022
Probable date of completion of work: 11-05-2022	
Date of follow-up audit: 12-05-2022	
Effectiveness of Corrective action verified (Report references): updated	
Result of follow-up audit: completed	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 12-05-2022

CC: Auditor, Auditee

HOD/Date **12/5/22**

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : ...10-05-2022

Dept of audit: <u>Exam cell</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Exam Notes & file,</u> <u>sample no</u> <u>1. B-Tech III Sem Advanced Supple - Apr-2022 - 08-4-2022</u> <u>2. B-Tech I Sem Reg /supple - May-2022 - 25-3-2022</u>	
Name of the auditor: <u>Dr. B. Pragathi</u>	Signature of the auditor <u>[Signature]</u>
Name of the auditee: <u>Mr. M. Suresh Kumar</u>	Signature of the auditee <u>[Signature]</u>
Root cause for Non-Conformance - If observed : _____	
Corrective Action: _____	
Signature of Auditee: _____	Date: _____
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: _____

CC: Auditor, Auditee

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ACADEMIC AUDIT FINDING REPORT

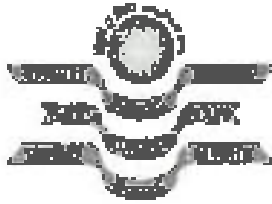
Date : ..10.05.22

Dept of audit: Exam cell	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: 'Consolidated Marks Memo 1. 17 H# 1A05A4 - K. Sai Sandeep - JNTUK, 2. 18 H# 5A0350 - Tejanand G - JNTUK.	
Name of the auditor: Dr. B. Pragnathi	Signature of the auditor [Signature]
Name of the auditee: Mr. M. Sunilkumar	Signature of the auditee [Signature]
Root cause for Non-Conformance - if observed : -----	
Corrective Action: -----	
Signature of Auditee: -----	Date: -----
Probable date of completion of work: -----	
Date of follow-up audit: -----	
Effectiveness of Corrective action verified (Report references): -----	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: -----

CC: Auditor, Auditee

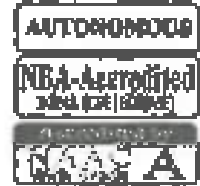
HOD/Date

Principal/Date



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 East Godavari - 521185, Krishna Dist, A.P, India.
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ACADEMIC AUDIT FINDING REPORT

Date : 12-05-22

Dept of audit: Exam cell	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: D-form report	
Sample 1: B. Tech VII sem - Supple - 09-05-2022 - WSN - ECB	
Sample 2: B. Tech I Sem - Reg - 13-04-2022 - BMG - EEG	
Name of the auditor: Dr. B. pragathi	Signature of the auditor: [Signature]
Name of the auditee: Mr. M. Sunil Kumar	Signature of the auditee: [Signature]
Root cause for Non-Conformance - if observed : -----	
Corrective Action: -----	
Signature of Auditee: -----	Date: -----
Probable date of completion of work: -----	
Date of follow-up audit: -----	
Effectiveness of Corrective action verified (Report references): -----	
Result of follow-up audit : -----	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: -----

CC: Auditor, Auditee

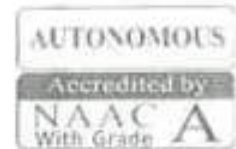
HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date: 10/5/2022

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Notified Record of Job concerns and recorded lab marks and Internal and external marks.	
Name of the auditor: A. Naga Pavani Kumar	Signature of the auditor:
Name of the auditee: K. Prasad	Signature of the auditee:
Root cause for Non-Conformance - If observed:	
Corrective Action:	
Signature of Auditee:	Date: 10/5/2022
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit: ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/5/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/5/2022

Dept of audit: TQP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Notified internal and External issues, action plan about the students.	
Name of the auditor: A. NagaPavanKumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance –if observed :	
Corrective Action:	
Signature of Auditee:	Date: 10/5/2022
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/5/2022

CC: Auditor, Auditee

HOD Date

Principal Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/5/22

Dept of audit: TQP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified and Record Alumni Registration Form and performance of one students in interviews.	
Name of the auditor: A. Nagapavan Kumar	Signature of the auditor
Name of the auditee: R. Prasad	Signature of the auditee
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 10/5/22
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/5/2022

CC: Auditor, Auditee

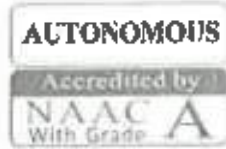
HOD/Date

Principal/Date



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E-mail: office@mictech.ac.in, Website: www.mitech.edu.in



ACADEMIC AUDIT FINDING REPORT

Date : 10/5/22

Dept of audit: TQP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified and checked the student performance participating in the CRT classes.	
Name of the auditor: A. Naga Parvankumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance - if observed :	
Corrective Action:	
Signature of Auditee:	Date: 10/5/2022
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/5/2022

CC: Auditor, Auditee

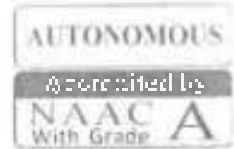
HOD/Date

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ACADEMIC AUDIT FINDING REPORT

Date: 10/5/2022

Dept of audit: TGP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Record the Faculty development Certificates and Internship certificates of the students.	
Name of the auditor: A. Naga Pavan Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance - If observed:	
Corrective Action:	
Signature of Auditee:	Date: 10/5/2022
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/5/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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2

ACADEMIC AUDIT FINDING REPORT

Date : 10/5/2022

Dept of audit: T&P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Academic Performance Placement and Higher studies data of student is Verified.	
Name of the auditor: A. Naga Pavan Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route cause for Non-Conformance – if observed : —	
Corrective Action:	
Signature of Auditee:	Date: 10/5/2022
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/5/2022

CC: Auditor, Auditee

HOD/Date

Principal/Date

2020-2021



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 e mail: drhirna@micotech.ac.in, Website: www.micotech.ac.in



20-21
 I-①

ACADEMIC AUDIT FINDING REPORT

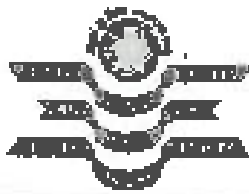
Date : 09-11-2020

Dept of audit: <u>CE</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>After establishment of Master time table department allots workloads to the following faculty for smooth running of 20-21 (2 sem)</u> <u>1. G. Sukanya - (RGAIS)</u> <u>2. A.V.V. Sarvam - (CT)</u>	
Name of the auditor: <u>P. Natarajamma Rao</u>	Signature of the auditor:
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee:
Root cause for Non-Conformance - if observed : <u>-</u>	
Corrective Action: <u>-</u>	
Signature of Auditee:	Date: <u>09-11-2020</u>
Probable date of completion of work: <u>-</u>	
Date of follow-up audit: <u>-</u>	
Effectiveness of Corrective action verified (Report references): <u>-</u>	
Result of follow-up audit: <u>-</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>09-11-2020</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



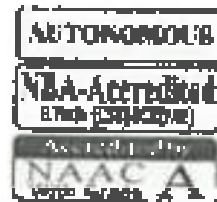
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email: dr.himala@miccoltech.in, Website: www.miccoltech.edu



2-0

ACADEMIC AUDIT FINDING REPORT

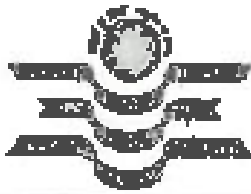
Date: 09-11-2020

Dept of audit: <u>CE</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <p>After completion of sem-wise Syllabus department receives subject wise feedback from the students, analysis was carried out for taking corrective actions.</p>	
Name of the auditor: <u>P.Narasimha Rao</u>	Signature of the auditor:
Name of the auditee: <u>K.Prasad</u>	Signature of the auditee:
Root cause for Non-Conformance – if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee:	Date: <u>09-11-2020</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>09-11-2020</u>

CC: Auditor, Auditee

HOD/Data

Principal/Data



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2-3

ACADEMIC AUDIT FINDING REPORT

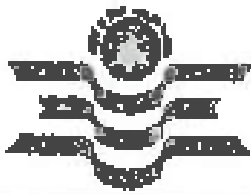
Date: 09-11-2020

Dept of audit: CE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Details of students felt under condonation were evident. The same was upload in files of respective Department	
Name of the auditor: P. Narasimha Rao	Signature of the auditor:
Name of the auditee: K. Prasad	Signature of the auditee:
Root cause for Non-Conformance - If observed: ---	
Corrective Action: ---	
Signature of Auditor:	Date: 09-11-2020
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit: ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 09-11-2020

CC: Auditor, Auditee

HOD/Data

Principal/Data



ACADEMIC AUDIT FINDING REPORT

Date : 09-11-2020

Dept of audit: CE		Category: Major <input type="radio"/> Minor <input type="radio"/>	
Description of audit: All the details of existing faculty profiles are evident for regular review. 1. A.V.V SaiRao - Asst-Prof 2. P.L.K. Soujanya - Asst-Prof			
Name of the auditor: P.Narasimha Rao		Signature of the auditor:	
Name of the auditee: K.Prasad		Signature of the auditee:	
Root cause for Non-Conformance – If observed : —			
Corrective Action: —			
Signature of Auditee:		Date: 09-11-2020	
Probable date of completion of work: —			
Date of follow-up audit: —			
Effectiveness of Corrective action verified (Report references): —			
Result of follow-up audit : —			
Status of audit: Closed <input checked="" type="radio"/>		Not Closed: <input type="radio"/>	
Signature of the Auditor:		Date: 09-11-2020	

CC: Auditor, Auditee

HOD/Date

Principal/Date



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B.Tech (CSE|ECE|ME)

Accredited by
NAAC
With Grade A

20-21
①

ACADEMIC AUDIT FINDING REPORT

Date : ..9-11-2020

Dept of audit: CE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Verified Student Performance Report. Verified Lab Sectional Record. Checked stock Registers.	
Name of the auditor: P.Narasimha Rao	Signature of the auditor:
Name of the auditee: K. Prasad	Signature of the auditee:
Route cause for Non-Conformance – If observed : Maintain Stock Register	
Corrective Action:	
Signature of Auditee:	Date: 9-11-2020
Probable date of completion of work:	
Date of follow-up audit: 10-11-2020.	
Effectiveness of Corrective action verified (Report reference): Completed	
Result of follow-up audit : closed	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10-11-2020.

CC: Auditor, Auditee

HOD/Date

Principal/Date



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21-22
1-11

ACADEMIC AUDIT FINDING REPORT

Date: 08-11-2021

Dept of audit: <u>Civil Engineering</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Department takes Feedback from the students once in a semester to measure the deviations, if any against a cutoff Satisfaction level with other details in File.</u>	
Name of the auditor: <u>B-Triveni</u>	Signature of the auditor: <u>B.Tr.</u>
Name of the auditee: <u>K Prasad</u>	Signature of the auditee: <u>B</u>
Route cause for Non-Conformance – if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>B</u>	Date: <u>08-11-2021</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : .	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>B.Tr.</u>	Date: <u>08-11-2021</u>

CC: Auditor, Auditee

B/8/11
HOD/Date

K
Principal/Date



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21-22
J-2

ACADEMIC AUDIT FINDING REPORT

Date: 08-11-2021

Dept of audit: <u>Civil Engineering</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Department analyses sem-wise results in CE-F083. Sample-1 : 2021-2022 16 students cleared all 6 subjects in 2R. Sample-2 : 2020-2021 only 30 students passed 3 out of 5 subjects in 2R. Sample-3 : 2021-2022 20 students cleared 6 subjects in 2R.</u>	
Name of the auditor: <u>B. Triveni</u>	Signature of the auditor <u>B. Triveni</u>
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee <u>K. Prasad</u>
Route cause for Non-Conformance – if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>[Signature]</u>	Date: <u>08-11-2021</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>B. Triveni</u>	Date: <u>08-11-2021</u>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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21-22
1 (3)

ACADEMIC AUDIT FINDING REPORT

Date: 08-11-2021

Dept of audit: <u>Civil Engineering</u>		Category: Major <input type="radio"/> Minor <input type="radio"/>	
Description of audit: <u>Department evaluates and analyse subject wise marks achieved by the students in MID-2 & MID-3 (21-22, 1sem) details & reported in file.</u>			
Name of the auditor: <u>B. Triveni</u>		Signature of the auditor: <u>B. Triveni</u>	
Name of the auditee: <u>K. Prasad.</u>		Signature of the auditee: <u>[Signature]</u>	
Route cause for Non-Conformance – if observed: <u>-</u>			
Corrective Action: <u>-</u>			
Signature of Auditee: <u>[Signature]</u>		Date: <u>08-11-2021</u>	
Probable date of completion of work: <u>-</u>			
Date of follow-up audit: <u>-</u>			
Effectiveness of Corrective action verified (Report references): <u>-</u>			
Result of follow-up audit: <u>-</u>			
Status of audit Closed <input checked="" type="radio"/>		Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>B. Triveni</u>		Date: <u>08-11-2021</u>	

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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21/22
9

ACADEMIC AUDIT FINDING REPORT

Date : 08-11-2024

Dept of audit: <u>Civil</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>After completion of Lab Internals department reports lab wise performance of individual students with all the details.</u>	
Name of the auditor: <u>B. Triveni</u>	Signature of the auditor: <u>B. Triveni</u>
Name of the auditee: <u>K. Prasad.</u>	Signature of the auditee: <u>[Signature]</u>
Route cause for Non-Conformance – if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>[Signature]</u>	Date: <u>08-11-2024</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit: <u>—</u>	
Status of audit Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>B. Triveni</u>	Date: <u>08-11-2024</u>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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21-22
2

ACADEMIC AUDIT FINDING REPORT

Date : 08-11-2021

Dept of audit: CE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Checked Alumni Registration Forms checked staff Attendance Registers	
Name of the auditor: B. Triveni	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 08-11-2021
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 08-11-2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 09-11-2020

Dept of audit: EEE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: 1. Checked faculty feedback 2. Checked Syllabus Coverage Monitoring	
Name of the auditor: Mr. A Naga Pavan Kumar	Signature of the auditor:
Name of the auditee: Mr. AV Hari Kumar	Signature of the auditee:
Route cause for Non-Conformance – If observed : Update Faculty Feedback	
Corrective Action:	
Signature of Auditee:	Date: 10-11-2020
Probable date of completion of work: 10-11-2020	
Date of follow-up audit: 10-11-2020	
Effectiveness of Corrective action verified (Report references): Updated Faculty feedback	
Result of follow-up audit : Completed	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10-11-2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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NAAC A
With Grade

ACADEMIC AUDIT FINDING REPORT

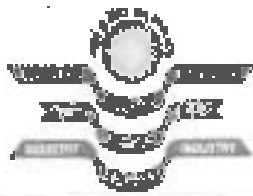
Date : 09-11-2020

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Verified Students Attendance Reports Department has been actively maintaining the reports for every 15 days and monthwise - found good</u>	
Name of the auditor: <u>Mr. A Naga Prasad Kumar</u>	Signature of the auditor:
Name of the auditee: <u>Mr. AV Sai Kumar</u>	Signature of the auditee:
Route cause for Non-Conformance - If observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee:	Date: <u>9/11/2020</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit : <u>---</u>	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>9/11/2020</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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ACADEMIC AUDIT FINDING REPORT

Date : 09-11-2020

Dept of audit: EEE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Verified the student feedback on faculty	
Name of the auditor: Mr A Nageshwaran Swarna	Signature of the auditor:
Name of the auditee: Mr AV Kavi Swarna	Signature of the auditee:
Route cause for Non-Conformance – if observed : ---	
Corrective Action: ---	
Signature of Auditee:	Date: 9/11/2020
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit :	
Status of audit Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/11/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 09-11-2020

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Unified Lab Manuals of the Students</u> <u>Unified Lab manuals</u>	
Name of the auditor: <u>Mr. ANAGA SWAN KUMAR</u>	Signature of the auditor:
Name of the auditee: <u>Mr. AV RAN KUMAR</u>	Signature of the auditee:
Route cause for Non-Conformance - If observed: <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee:	Date: <u>9/11/2020</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit: <u>---</u>	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>9/11/2020</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 09-11-2020

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Visited Student / Faculty Associations Activities</u>	
Name of the auditor: <u>Mr A Naga Prasad Kumar</u>	Signature of the auditor:
Name of the auditee: <u>Mr AV Sairi Kumar</u>	Signature of the auditee:
Route cause for Non-Conformance – if observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee:	Date: <u>9/11/2020</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit: <u>---</u>	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>9/11/2020</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 09/11/20

Dept of audit: Mechanical	Category: Major <input checked="" type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Department monitors subject wise syllabus allocated to the faculty for smooth running of I SEM. After that basing on the syllabus coverage corrective actions planned.	
Name of the auditor: Dr. V. Srilakshmi	Signature of the auditor: V. Srilakshmi
Name of the auditee: Mr. A. Naga Pavan Kumar	Signature of the auditee: [Signature]
Root cause for Non-Conformance - If observed :	
Corrective Action:	
Signature of Auditee: [Signature]	Date: 09/11/20
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input checked="" type="radio"/>	
Signature of the Auditor: V. Srilakshmi	Date: 09/11/20

CC: Auditor, Auditee

[Signature]
 HOD/Date

[Signature]
 Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 09/11/20

Dept of audit: <u>Mechanical</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Basing on curriculam department receives faculty requisition form from other departments for inter department subjects for smooth running of (20-21) I SEM.</u>	
Name of the auditor: <u>Dr. V. Srilakshmi</u>	Signature of the auditor: <u>V. Srilakshmi</u>
Name of the auditee: <u>Ms. A. Naga Pavan Kumar</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance – If observed:	
Corrective Action:	
Signature of Auditee: <u>[Signature]</u>	Date: <u>09/11/20</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>V. Srilakshmi</u>	Date: <u>09/11/20</u>

CC: Auditor, Auditee

[Signature]
HOD/Data

[Signature]
Principal/Data



ACADEMIC AUDIT FINDING REPORT

Date : 09/11/20

Dept of audit: <i>Mechanical</i>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <i>Dept Evaluates and analyze subject wise marks achieved by the students in MID-I and MID-II of (20-21) I SEM details.</i>	
Name of the auditor: <i>Dr. V. Sri Lakshmi</i>	Signature of the auditor: <i>[Signature]</i>
Name of the auditee: <i>Mr. A. Naga Parvath Kumar</i>	Signature of the auditee: <i>[Signature]</i>
Root cause for Non-Conformance - if observed:	
Corrective Action:	
Signature of Auditee: <i>[Signature]</i>	Date: <i>09/11/20</i>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <i>V. Sai Kumar</i>	Date: <i>09/11/20</i>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 09/11/20

Dept of audit: <u>Mechanical</u>	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <u>After completion of lab internals dept reports lab wise performance of individual students with all the details.</u>	
Name of the auditor: <u>Dr. V. Srilakshmi</u>	Signature of the auditor: <u>V. Srilakshmi</u>
Name of the auditee: <u>Mr. A. Naga Pavan Kumar</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance - If observed :	
Corrective Action:	
Signature of Auditee: <u>[Signature]</u>	Date: <u>09/11/20</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input checked="" type="radio"/>	
Signature of the Auditor: <u>V. Srilakshmi</u>	Date: <u>09/11/20</u>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 09/11/20

Dept of audit: <u>Mechanical</u>	Category: Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <u>checked student result analysis Department wise. checked student details registers.</u>	
Name of the auditor: <u>Dr. V. Srilakshmi</u>	Signature of the auditor: <u>V. Srilakshmi</u>
Name of the auditee: <u>Mr. A. Naga Pavan Kumar</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: <u>[Signature]</u>	Date: <u>09/11/20</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <u>V. Srilakshmi</u>	Date: <u>09/11/20</u>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 09/11/20

Dept of audit	Mechanical	Category: Major	<input checked="" type="checkbox"/>	Minor	<input checked="" type="checkbox"/>
Description of audit: Verified faculty R & D Register.					
Name of the auditor:	Dr.V. Sri Lakshmi	Signature of the auditor	V. Sanku		
Name of the auditee:	Mr. A. Naga Pavan Kumar	Signature of the auditee	[Signature]		
Root cause for Non-Conformance – if observed :					
Corrective Action:					
Signature of Auditee:	[Signature]	Date:	09/11/20		
Probable date of completion of work:					
Date of follow-up audit:					
Effectiveness of Corrective action verified (Report references):					
Result of follow-up audit :					
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input checked="" type="checkbox"/>					
Signature of the Auditor:	V. Sanku	Date:	09/11/20		

CC: Auditor, Auditee

[Signature]
 HOD/Date

[Signature]
 Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/11/2020

Dept of audit: <u>ECE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>checked syllabus coverage monitoring semester wise</u> <u>checked staff attendance registers</u>	
Name of the auditor: <u>Mr.S. B.C. Prasad</u>	Signature of the auditor
Name of the auditee: <u>Mr. B.R.L. Singh</u>	Signature of the auditee
Route cause for Non-Conformance - if observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee:	Date: <u>9/11/2020</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit: <u>---</u>	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>9/11/2020</u>

CC: Auditor, Auditee

HOD/Date 9/11/20

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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 e mail: dvrsmic@micotech.ap.in, Website: www.micotech.ap.in



20-21
 1sem

ACADEMIC AUDIT FINDING REPORT

Date : 09/11/2020

Dept of audit E.C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit All the detail in the existing faculty profiles were proper in ECE. Sample 1 : Mr. CH.pulavarao Sample 2 : Mr. D. Rahul Sample 3 : Mrs. T. Sri Devi Based on the Academic Calendar, department established class in 19-20 Time-table	
Name of the auditor: Mr. S.B.C. prasad.	Signature of the auditor
Name of the auditee: Mr. B.R.K. Singh.	Signature of the auditee
Root cause for Non-Conformance - If observed : <u> </u>	
Corrective Action: <u> </u>	
Signature of Auditee:	Date:
Probable date of completion of work	
Date of follow-up audit: <u> </u>	
Effectiveness of Corrective action verified (Report references): <u> </u>	
Result of follow-up audit : <u> </u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 09/11/2020.

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 09/11/2020

Dept of audit: E.C.E	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Based on the academic calendar, department established class time table 19-20 with all details properly. In ECE to proceed further. Sample 1: II I - Thur - NT - 1 st hr - Mr. Raj Kumar Jaiswal Sample 2: III I - wed - MPMC - 3 rd hr - T. Sridevi	
Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor
Name of the auditee: Mr. B.R.K. Singh	Signature of the auditee
Root cause for Non-Conformance - If observed : <u> </u>	
Corrective Action: <u> </u>	
Signature of Auditee:	Date: <u> </u>
Probable date of completion of work: <u> </u>	
Date of follow-up audit: <u> </u>	
Effectiveness of Corrective action verified (Report references): <u> </u>	
Result of follow-up audit : <u> </u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 09/11/2020.

CC: Auditor, Auditee

HOD/Data

Principal/Data



ACADEMIC AUDIT FINDING REPORT

Date : 09/11/2020

Dept of audit: E.C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit Based on the Academic year calendar department faculty plans, lessons Subject wise in ECE Sample 1 : Mr. CH. Laxmana - AICA (A) - II/II sem Sample 2 : Dr. B. Pragathi Rao - VLSI Design (A) - III/IV sem	
Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor
Name of the auditee: Mr. B.R.K Singh.	Signature of the auditee
Root cause for Non-Conformance - If observed : ---	
Corrective Action: ---	
Signature of Auditee:	Date: ---
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit : ---	
Status of audit Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 09/11/2020.

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
MIC College of Technology

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NAAC
With Grade A

ACADEMIC AUDIT FINDING REPORT

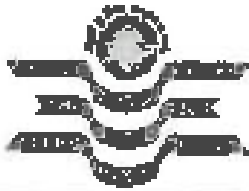
Date : 09/11/2020

Dept of audit: <u>E.C.E.</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Program wise student lab performance details were properly recorded in ECE.</u> <u>Sample 1 : 18HHAD430 - III/I - MPMC Lab - 40/40 Achieved</u> <u>Sample 2 : 19H71A04B4 (V. Viosha sir) - II/I - SS Lab - 39/40 Achieved.</u>	
Name of the auditor: <u>Mr.S.B.C Prasad</u>	Signature of the auditor:
Name of the auditee: <u>Mr. B.R.K. Singh.</u>	Signature of the auditee:
Root cause for Non-Conformance - If observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee:	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit : <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>09/11/2020.</u>

CC: Auditor, Auditee

HOD/Dats

Principal/Dats



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ACADEMIC AUDIT FINDING REPORT

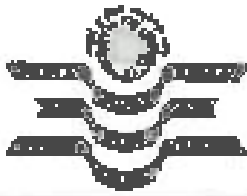
Date : 09/11/2020

Dept of audit: E.C.E	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit Based on the workload allotted the existing faculty, department monitors & measures percentage of syllabus completed/planned. The details are reported properly, to take corrections if any Sample 1: Mrs. ST. Mrudhula - PTSP - 62/63 Sample 2: Mr. K. Veemanadh - DSP - 67/67	
Name of the auditor: Mr. S.B.C Prasad.	Signature of the auditor
Name of the auditee: Mr. B.R.K Singh.	Signature of the auditee
Root cause for Non-Conformance - if observed : ---	
Corrective Action: ---	
Signature of Auditee:	Date: ---
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit : ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 09/11/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Selchar
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 (Tech (E&E) (M))

Accredited by
 NAAC
 With Grade A

ACADEMIC AUDIT FINDING REPORT

Date: 9/11/2020

Dept of audit: <u>Admin</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <u>Maintained Staff Joining Reports, Reliving orders Incentives or Rewards of staff or faculty.</u>	
Name of the auditor: <u>V. Sri Lakshmi</u>	Signature of the auditor: <u>V. Sai M</u>
Name of the auditee: <u>A. Balaji</u>	Signature of the auditee: <u>A. R. Kumar</u>
Route cause for Non-Conformance - if observed: <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>—</u>	Date: <u>—</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit: <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>—</u>	Date: <u>9/11/2020</u>

CC: Auditor, Auditee

A. R. Kumar
 HOA/Date 9/11/2020

KJ
 Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
MIC College of Technology

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 e-mail: divramia@micotech.ac.in, Website: www.micotech.ac.in



ACADEMIC AUDIT FINDING REPORT

Date : 9/11/2020

Dept of audit: <u>Library</u>	Category: Major <input checked="" type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Department maintains attendance of students faculty in library utilization register monthwise to corrective action in future - library gate register (data being on Biometric)	
Name of the auditor: <u>MR.SBC PRASAD</u>	Signature of the auditor
Name of the auditee: <u>B.MANDHIRA</u>	Signature of the auditee
Route cause for Non-Conformance – if observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee: <u>---</u>	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit : <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input checked="" type="radio"/>	
Signature of the Auditor: <u>---</u>	Date: 9/11/2020

CC: Auditor, Auditee

HOD/Date 9/11/20

Principal/Date



Devineni Venkata Ramana & De Hirani SAIIB
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ACADEMIC AUDIT FINDING REPORT

Date: 10/11/2020

Dept of audit: CSE	Category: Major <input checked="" type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Verified student performance report Record of students mini project	
Name of the auditor: B. R. S. Singh	Signature of the auditor
Name of the auditee: V. Srilakshmi	Signature of the auditee
Route cause for Non-Conformance – if observed : Student mini projects to be maintained	
Corrective Action: —	
Signature of Auditee:	Date: 10/11/2020
Probable date of completion of work: 11/11/2020	
Date of follow-up audit: 11/11/2020	
Effectiveness of Corrective action verified (Report references): completed	
Result of follow-up audit: closed	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 11/11/2020

CC: Auditor, Auditee

HOD/Date 11/11/2020

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verification of laboratory details, stock verification, log booky	
Name of the auditor: B. R. K. Singh	Signature of the auditor
Name of the auditee: V. Sribalashmi	Signature of the auditee
Root cause for Non-Conformance – if observed : log booky has to be maintained	
Corrective Action: —	
Signature of Auditee:	Date: 10/11/2020
Probable date of completion of work: 12/11/2020	
Date of follow-up audit: 12/11/2020	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit: Maintained	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 12/11/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

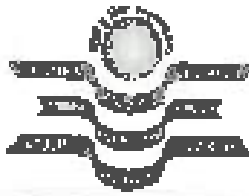
Date: 10/11/2020

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Details of Seminars & workshops attended by the students	
Name of the auditor: B.R.K Singh	Signature of the auditor:
Name of the auditee: V. Sri Lakshmi	Signature of the auditee:
Route cause for Non-Conformance – if observed: ---	
Corrective Action: ---	
Signature of Auditee:	Date: 10/11/2020
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit: ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/11/2020

CC: Auditor, Auditee

HOD/Date

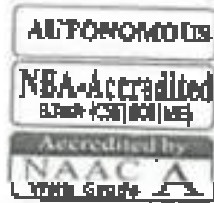
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 10/11/2020

Dept of audit: CSG	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verification of stock Registry & Lab Manuals	
Name of the auditor: B.R. to Singh	Signature of the auditor:
Name of the auditee: V. Sri Lakshmi	Signature of the auditee:
Root cause for Non-Conformance - if observed : ---	
Corrective Action: ---	
Signature of Auditee:	Date: 10/11/2020
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit: ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/11/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

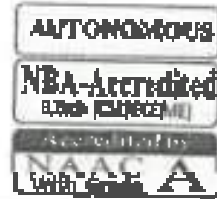
Date: 10/11/2020

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Maintainence of department - Library & Publications of faculty.	
Name of the auditor: B.R.k Singh	Signature of the auditor:
Name of the auditee: V. Sri Lakshmi	Signature of the auditee: V. S. Lakshmi
Root cause for Non-Conformance - if observed: -	
Corrective Action: -	
Signature of Auditee:	Date: 10/11/2020
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/11/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT 20-21

Date : 10/11/2020

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified the students nominal roll list.	
Name of the auditor: K. Prasad	Signature of the auditor:
Name of the auditee: SBC Prasad	Signature of the auditee:
Root cause for Non-Conformance - if observed: Nil	
Corrective Action: Nil	
Signature of Auditee:	Date: 10/11/20
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/11/20

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

20-21

Date : 10/11/2020

Dept of audit: BED		Category: Major <input type="radio"/> Minor <input type="radio"/>	
Description of audit: <p>Verified the Faculty Qualification & distribution of work load. - Found Satisfactory.</p>			
Name of the auditor: K. Prasad		Signature of the auditor	
Name of the auditee: SBC Prasad		Signature of the auditee	
Root cause for Non-Conformance - if observed : —			
Corrective Action:			
Signature of Auditor:		Date: 10/11/20	
Probable date of completion of work:			
Date of follow-up audit:			
Effectiveness of Corrective action verified (Report references):			
Result of follow-up audit :			
Status of audit: Closed <input checked="" type="radio"/>		Not Closed: <input type="radio"/>	
Signature of the Auditor:		Date: 10/11/20	

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 20-21

Date : 10/11/2020

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified Student feed back analysis (classwise) - Found good.	
Name of the auditor: E. Prasad	Signature of the auditor:
Name of the auditee: SBC Prasad	Signature of the auditee:
Root cause for Non-Conformance - if observed: —	
Corrective Action:	
Signature of Auditee:	Date: 10/11/2020
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/11/20.

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 20-21

Date : ...10/11/2020

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <i>Cours-files for Each faculty are Verified. find. Satisfactory.</i>	
Name of the auditor: <i>K. Prasad</i>	Signature of the auditor <i>[Signature]</i>
Name of the auditee: <i>SBC Prasad</i>	Signature of the auditee <i>[Signature]</i>
Root cause for Non-Conformance – if observed : <u> </u>	
Corrective Action:	
Signature of Auditee:	Date: <i>10/11/20</i>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report reference): <hr/>	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <i>[Signature]</i>	Date: <i>10/11/20</i>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

20-21

Date: ...10/11/2020

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <i>Student Extra Curricular activities file has been Verified and found to be Satisfactory.</i>	
Name of the auditor: <i>F. Prasad</i>	Signature of the auditor <i>[Signature]</i>
Name of the auditee: <i>SBC Prasad</i>	Signature of the auditee <i>[Signature]</i>
Root cause for Non-Conformance – If observed : —	
Corrective Action:	
Signature of Auditee:	Date: <i>10/11/20</i>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <i>[Signature]</i>	Date: <i>10/11/20</i>

CC: Auditor, Auditee

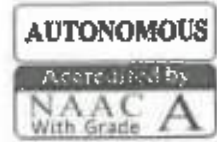
[Signature]
HOD/Data

[Signature]
Principal/Data



DVR & Dr. HS
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ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit: <u>IT</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: After completion of Mid exams, final exam result analysis reported in AS&IT - foss <u>sample - I</u> : Hadoop & Hadoop - R. Vidhya $\geq 60\%$ - 61 Members class avg : 9.55/15 <u>sample - II</u> : Mobile computing - S. Lavanya - $\geq 60\%$ 53 Members class avg - 7.53/15	
Name of the auditor: <u>A. V. Ravikumar</u>	Signature of the auditor
Name of the auditee: <u>B. Triveni</u>	Signature of the auditee
Root cause for Non-Conformance - if observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee: <u>---</u>	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit: <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: <u>---</u>	Date: 10/11/2020

CC: Auditor, Auditee

 HOD/Data

Principal/Data



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ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit: <u>IT</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Based on the MIC 20 Regulation, the final lab internal marks for the A.Y 2022-23 / I sem filed in F046</u> <u>Sample - I: 21H7ASU10 - unix and shell - 4/15 programming</u> <u>Sample - II: 21H7AS419 - oops Lab - 4/15</u>	
Name of the auditor: <u>A. V. Ravi Kumar</u>	Signature of the auditor:
Name of the auditee: <u>B. Triveni</u>	Signature of the auditee:
Root cause for Non-Conformance - if observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee: <u>---</u>	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit: <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>---</u>	Date: <u>10/11/2020</u>

CC: Auditor, Auditee

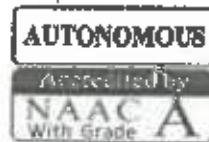
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit: <u>IT</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Student disciplinary actions for the A.Y 2022-23/IIsem reported in IT FO20</u> <u>Sample-I: T. charan - 21H71A1205 - one week suspended - fine -5000/-</u> <u>Sample-II: ch. Ravi Teja-21H71A1341 - one week suspended - fine -5000/-</u>	
Name of the auditor: <u>A.V Ravi kumar</u>	Signature of the auditor
Name of the auditee: <u>B.Triveni</u>	Signature of the auditee
Root cause for Non-Conformance – If observed: <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee: <u>---</u>	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit: <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>---</u>	Date: <u>10/11/2020</u>

CC: Auditor, Auditee

HO/D/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit: <u>IT</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit <p>As per the department planning for every font-right syllabus coverage (class delivery - review) repeated in IT-foot</p> <p>Sample - I: NMVC Mr. Aravinda Raju - 50% upto NOV</p> <p>Sample - II: OS Mrs. B. Triveni - 48% upto NOV</p>	
Name of the auditor: <u>A.U Ravi Kumar</u>	Signature of the auditor
Name of the auditee: <u>B. Triveni</u>	Signature of the auditee
Root cause for Non-Conformance - if observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee: <u>---</u>	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit : <u>---</u>	
Status of audit Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: <u>---</u>	Date: <u>10/11/20</u>

CC: Auditor, Auditee

HOD/Data

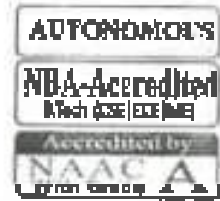
Principal/Data



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ACADEMIC AUDIT FINDING REPORT

Date : 10.11.2020

Dept of audit IT	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit 1. checked the registers of seminars attended by the staff 2. checked the lab equipment and registers.	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: P. Narasimha Rao	Signature of the auditee
Route cause for Non-Conformance – If observed : update lab equipment registers.	
Corrective Action: —	
Signature of Auditor:	Date: 12/11/2020
Probable date of completion of work: 18/11/2020	
Date of follow-up audit: 12/11/2020	
Effectiveness of Corrective action verified (Report references): updated	
Result of follow-up audit : completed	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 12/11/2020

CC: Auditor, Auditee

HOD/Date

Principal Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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ACADEMIC AUDIT FINDING REPORT

Date : 10-11-2020

Dept of audit: <u>Examcell</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Internal marks register</u> <u>Sample 1: II B.Tech II sem reg - Sep 2020 - ECE</u> <u>Sample 2: III B.Tech II sem reg - Sep 2020 - CSE</u>	
Name of the auditor: <u>Mr. BRK Singh</u>	Signature of the auditor <u>[Signature]</u>
Name of the auditee: <u>Mr. M. Sunil Kumar</u>	Signature of the auditee <u>[Signature]</u>
Root cause for Non-Conformance - If observed : <u>- Nil -</u>	
Corrective Action: <u>-</u>	
Signature of Auditee: <u>-</u>	Date: <u>-</u>
Probable date of completion of work: <u>-</u>	
Date of follow-up audit: <u>-</u>	
Effectiveness of Corrective action verified (Report references): <u>-</u>	
Result of follow-up audit : <u>-</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>10-11-2020</u>

CC: Auditor, Auditee

HOD/Date [Signature]

Principal/Date [Signature]



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 With Grade

ACADEMIC AUDIT FINDING REPORT

Date : 10-11-2020

Dept of audit: Exam cell		Category: Major <input type="radio"/> Minor <input type="radio"/>	
Description of audit: Provisional certificates			
Sample 1 : 16H71A0225 - Poodeep R - EEE			
Sample 2 : 16H71A0374 - Narsimha Rao D - VITECH			
Name of the auditor: Mr. BRK Singh		Signature of the auditor	
Name of the auditee: Mr. M. Sunil Kumar		Signature of the auditee	
Root cause for Non-Conformance - If observed : - Nil -			
Corrective Action: -			
Signature of Auditee: -		Date: -	
Probable date of completion of work: -			
Date of follow-up audit: -			
Effectiveness of Corrective action verified (Report references): -			
Result of follow-up audit : -			
Status of audit: Closed <input checked="" type="radio"/>		Not Closed: <input type="radio"/>	
Signature of the Auditor:		Date: 10-11-2020	

CC: Auditor, Auditee

Signature
 11/11/20

HOD/Date

Signature
 11/11/20

Principal/Date

Signature



Devineni Venkata Ramana & Dr.Hima Sekhar
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ACADEMIC AUDIT FINDING REPORT

Date : 10-11-2020

Dept of audit: Exam cell	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Exam notice file sample 1: @ B.Tech II sem Regular - Sep-2020 - Exam notification Dt. 01-09-2020 sample 2: III B.Tech IV sem Regular - SEP 2020 Exam notification Dt. 01-09-2020	
Name of the auditor: Mr. BRK Singh	Signature of the auditor
Name of the auditee: Mrs. M. Sunil Kumar	Signature of the auditee
Root cause for Non-Conformance - if observed : - Nil -	
Corrective Action: -	
Signature of Auditee: -	Date: -
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10-11-2020

CC: Auditor, Auditee

(Handwritten signature)

(Handwritten signature)
 HOD/Date

(Handwritten signature)
 Principal/Date



Ab-21
 ①

ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: . checked Record of job advertisements, News letters, magazines .	
Name of the auditor: A. Naga Pavan Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route cause for Non-Conformance – If observed : _____	
Corrective Action:	
Signature of Auditee:	Date: 10/11/2020
Probable date of completion of work:	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/11/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit: TGP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified and checked material. Indent (Lab, General Items)	
Name of the auditor: A. Naga Pavan Kumar	Signature of the auditor
Name of the auditee: K. Prasad.	Signature of the auditee
Route cause for Non-Conformance – If observed :	
Corrective Action:	
Signature of Auditee:	Date: 10/11/2020
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/11/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit: TGP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified and Record of career counseling and skills training - students.	
Name of the auditor: A. Naga Pavan Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route causes for Non-Conformance - If observed :	
Corrective Action:	
Signature of Auditee:	Date: 10/11/2020
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/11/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/11/2020

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: checked Academic Performance, placement And Higher studies.	
Name of the auditor: A. Naga Pavan Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route cause for Non-Conformance - If observed : _____	
Corrective Action:	
Signature of Auditee:	Date: 10/11/2020
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/11/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 10/11/2020

Dept of audit: TGP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified Alumni Registration Form	
Name of the auditor: A. Naga Pavam Kumar	Signature of the auditor: [Signature]
Name of the auditee: R. Prasad	Signature of the auditee: [Signature]
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 10/11/2020
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: 10/11/2020

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

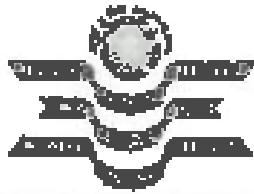
Date : 10/11/2020

Dept of audit: TGP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: checked system breakdown details and system backup details.	
Name of the auditor: A. NagapavanKumar	Signature of the auditor
Name of the auditee: R. Prasad	Signature of the auditee
Route cause for Non-Conformance – if observed : _____	
Corrective Action:	
Signature of Auditee:	Date: 10/11/2020
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/11/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 10-05-2021

Dept of audit CE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit Department of Civil Engineering conducts Seminars / Conferences and those details were properly reported in respective files.	
Name of the auditor: P. Nageswara Rao	Signature of the auditor:
Name of the auditee: K. Prasad	Signature of the auditee:
Route cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee:	Date: 10-05-2021
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10-05-2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

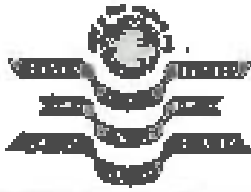
Date : 10-05-2021

Dept of audit: CE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Department monitors and measures performance of final year and second year students in the following labs and details were properly noted. <u>Sample 1: FME/HIM Lab</u> <u>Sample 2: ETABS Lab.</u>	
Name of the auditor: P.Narasimha Rao	Signature of the auditor:
Name of the auditee: K. Prasad.	Signature of the auditee:
Route cause for Non-Conformance – If observed : <input checked="" type="checkbox"/>	
Corrective Action: <input checked="" type="checkbox"/>	
Signature of Auditee:	Date: 10-05-2021
Probable date of completion of work: <input checked="" type="checkbox"/>	
Date of follow-up audit: <input checked="" type="checkbox"/>	
Effectiveness of Corrective action verified (Report references): <input checked="" type="checkbox"/>	
Result of follow-up audit: <input checked="" type="checkbox"/>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10-05-2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10-05-2021

Dept of audit CE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit Approved external providers details were evident in file to proceed for purchasing activity. 1. Sri Kiran scientific Traders - Vijayawada. 2. Roorkee Survey House - Roorkee	
Name of the auditor: P. Narasimha Rao	Signature of the auditor:
Name of the auditee: K. Prasad	Signature of the auditee:
Route cause for Non-Conformance - If observed : -	
Corrective Action: -	
Signature of Auditee:	Date: 10-05-2021
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10-05-2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 10-05-2021 ²⁰⁻²¹

Dept of audit: CE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Checked Feedback Form For Employees Checked course files, Student Mentoring Books.	
Name of the auditor: P. Narasimha Rao	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route cause for Non-Conformance – if observed : Update student Mentoring Books.	
Corrective Action:	
Signature of Auditee:	Date: 10-05-2021
Probable date of completion of work:	
Date of follow-up audit: 11-05-2021	
Effectiveness of Corrective action verified (Report references): completed	
Result of follow-up audit : closed	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11-05-2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10-5-2021

Dept of audit: EEE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Unified Subject-wise feedback forms from the students	
Name of the auditor: Mr A Naga Prasad	Signature of the auditor
Name of the auditee: Mr A V Kavi Kumar	Signature of the auditee
Route cause for Non-Conformance – if observed : ---	
Corrective Action: ---	
Signature of Auditee:	Date: 10/5/2021
Probable date of completion of work:	
Date of follow-up audit: ✓	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit: ✓	
Status of audit Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/5/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

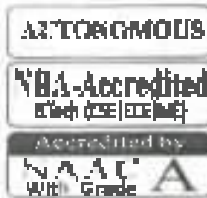
Date : ...10/5/2021

Dept of audit: EEE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Uniford students Result Analysis and other related documents	
Name of the auditor: Mr A Naga Prasad Kumar	Signature of the auditor:
Name of the auditee: Mr A V Ravi Kumar	Signature of the auditee:
Route cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 10/5/2021
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 10/5/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

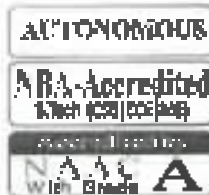
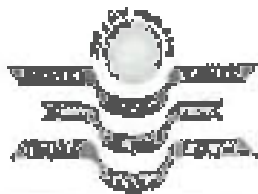
Date: 10-5-2021

Dept of audit: EE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: unified Existing Faculty profiles and other related documents.	
Name of the auditor: Mr A Naga Prasad Kumar	Signature of the auditor:
Name of the auditee: Mr AV Ravi Kumar	Signature of the auditee:
Route cause for Non-Conformance – If observed: ---	
Corrective Action: ---	
Signature of Auditee:	Date: 10/5/2021
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit: ---	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 10/5/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 10-5-2021

Dept of audit: EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Unified Alumni Details and other related documents	
Name of the auditor: Mr A Naga Prasad Kumar	Signature of the auditor:
Name of the auditee: Mr AV Ravi Kumar	Signature of the auditee:
Route cause for Non-Conformance – if observed : ---	
Corrective Action: ---	
Signature of Auditee:	Date: 10/5/2021
Probable date of completion of work:	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit : ---	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 10/5/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10-5-2021

Dept of audit: EEE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: 1. Checked FDP's attended by Faculty 2. Check Workshops attended by Faculty	
Name of the auditor: Mr. A Naga Pavan Kumar	Signature of the auditor
Name of the auditee: Mr. A V Sankar Kumar	Signature of the auditee
Route cause for Non-Conformance – if observed : NIL	
Corrective Action: —	
Signature of Auditee:	Date: 10-5-2021
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10-5-2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 10/5/21

Dept of audit: <u>mechanical</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Department monitors subject wise syllabus Allocated to the faculty for smooth running of II SEM. After that basing on the syllabus coverage corrective actions Planned.</u>	
Name of the auditor: <u>Dr. V. Sri Lakshmi</u>	Signature of the auditor: <u>V. Sairam</u>
Name of the auditee: <u>Mr. A. Nagapavan Kumar</u>	Signature of the auditee: <u>[Signature]</u>
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: <u>[Signature]</u>	Date: <u>10/5/21</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>V. Sairam</u>	Date: <u>10/5/21</u>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : ...10/5/21

Dept of audit: <u>Mechanical</u>	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <u>Basing on Curricular department receives faculty requisition form from other departments for inter department subjects for smooth running of 20-21 (II sem)</u>	
Name of the auditor: <u>Dr. V. Srilakshmi</u>	Signature of the auditor: <u>V. Srilakshmi</u>
Name of the auditee: <u>Ms. A. Naga Patruni Kumari</u>	Signature of the auditee: <u>[Signature]</u>
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: <u>[Signature]</u>	Date: <u>10/5/21</u>
Probable date of completion of work	
Date of follow-up audit	
Effectiveness of Corrective action verified (Report reference):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input checked="" type="checkbox"/>
Signature of the Auditor: <u>V. Srilakshmi</u>	Date: <u>10/5/21</u>

CC: Auditor, Auditee

HOD/Date [Signature]

Principal/Date [Signature]



ACADEMIC AUDIT FINDING REPORT

Date : 10/5/21

Dept of audit: Mechanical	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Department Evaluates and analyse subject wise marks achieved by the students in MID-I and MID-II of (20-21) II SEM details	
Name of the auditor: Dr. V. Sri Lakshmi	Signature of the auditor:
Name of the auditee: Mr. A. Naga Pavan Kumar	Signature of the auditee:
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 10/5/21
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/5/21

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 10/5/21

Dept of audit: <i>mechanical</i>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <i>After completion of lab internals dept reports lab wise performance of individual students with all the details.</i>	
Name of the auditor: <i>Dr. V. Srilakshmi</i>	Signature of the auditor: <i>V. Srilakshmi</i>
Name of the auditee: <i>Ms. A. Naga Pavani Kumari</i>	Signature of the auditee: <i>A. Naga Pavani</i>
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: <i>A. Naga Pavani</i>	Date: <i>10/5/21</i>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <i>V. Srilakshmi</i>	Date: <i>10/5/21</i>

CC: Auditor, Auditee

HOD/Date *[Signature]*

Principal/Date *[Signature]*



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ACADEMIC AUDIT FINDING REPORT

Date : 10/5/21

Dept of audit: <u>Mechanical</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>checked student Result Analysis Department wise. checked student details Registers.</u>	
Name of the auditor: <u>Dr. V. Srilakshmi</u>	Signature of the auditor <u>V. Srilakshmi</u>
Name of the auditee: <u>Mr. A. Naga Pavan Kumar</u>	Signature of the auditee <u>A. Naga Pavan</u>
Route cause for Non-Conformance - If observed :	
Corrective Action:	
Signature of Auditor: <u>[Signature]</u>	Date: <u>10/5/21</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>V. Srilakshmi</u>	Date: <u>10/5/21</u>

CC: Auditor, Auditee

HOD/Date [Signature]

Principal/Date [Signature]



ACADEMIC AUDIT FINDING REPORT

Date: 10/5/21

Dept of audit: Mechanical	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: verified faculty R&D registers.	
Name of the auditor: Dr.V. Srilakshmi	Signature of the auditor: V. Srilakshmi
Name of the auditee: Mr. A. Naga Pavan Kumar	Signature of the auditee: A. Naga Pavan Kumar
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: A	Date: 10/5/21
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: V. Srilakshmi	Date: 10/5/21

CC: Auditor, Auditee

A
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/5/2021

Dept of audit: <i>ECE</i>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit <i>1. checked students condonation and detention list</i> <i>2. checked faculty feedback</i>	
Name of the auditor: <i>Mr. S.B.C Prasad</i>	Signature of the auditor <i>[Signature]</i>
Name of the auditee: <i>Mr. B.R.K. Singh</i>	Signature of the auditee <i>[Signature]</i>
Route cause for Non-Conformance - If observed : <i>---</i>	
Corrective Action: <i>---</i>	
Signature of Auditee: <i>[Signature]</i>	Date: <i>10/5/2021</i>
Probable date of completion of work: <i>---</i>	
Date of follow-up audit: <i>---</i>	
Effectiveness of Corrective action verified (Report references): <i>---</i>	
Result of follow-up audit: <i>---</i>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <i>[Signature]</i>	Date: <i>10/05/2021</i>

CC: Auditor, Auditee

[Signature]
HOD/Date
10/5/21

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

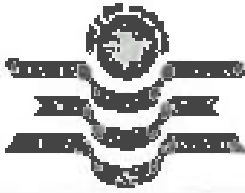
Date : 10/05/2021

Dept of audit E.C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit Department prepares student wise performance (atten dante, Internal external marks) with all details to enable counselling further. Sample 1 : (17H71A0465) - 80% attendance in (Isem) Sample 2 : (17H71A0460) - 0 backlogs.	
Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor
Name of the auditee: Mr. B.R.K. Singh.	Signature of the auditee
Route cause for Non-Conformance - If observed : - -	
Corrective Action: - -	
Signature of Auditee:	Date: - -
Probable date of completion of work: - -	
Date of follow-up audit: - -	
Effectiveness of Corrective action verified (Report references): - -	
Result of follow-up audit : - -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/05/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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 e-mail: devineni@mictech.ac.in Website: www.mictech.ac.in



ACADEMIC AUDIT FINDING REPORT

Date : 10/05/2021

Dept of audit: E.C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Based on JNTUK curriculum department faculty members establishes course files with all details for smooth running of session. Sample: - 1 : - Mr. K. Sathesh - OC sub - I/II Sample: 2 : - Mr. Rajjaiswal - NT - II/1 Sample: 3 : - Ms. T. Sridevi - MPMC - III/1	
Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor:
Name of the auditee: Mr. B.R.K. Singh.	Signature of the auditee:
Route cause for Non-Conformance - if observed : ---	
Corrective Action: ---	
Signature of Auditee:	Date:
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/05/2021.

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/05/2021

Dept of audit: E.C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Based on the curriculum lesson plans have been prepared topicwise with no. of hours required. (2020-21 II Semester) Sample 1 :- Digital signal processing - 63 hrs Sample 2 :- VLSI - 79 hrs - III/2 Sample 3 :- CMC - 66 hrs - III/2	
Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor
Name of the auditee: Mr. B.R.K Singh.	Signature of the auditee
Route cause for Non-Conformance - if observed : ---	
Corrective Action: ---	
Signature of Auditee:	Date: ---
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit : ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/05/2021.

CC: Auditor, Auditee

HOD/Auto

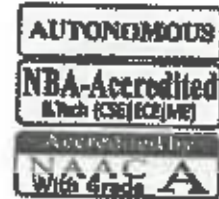
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 10/05/2021

Dept of audit E.C.E	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Dept. library, Record of issuing & Returning a text book maintained properly. Sample 1 : - Sh. Nageswara Rao (ECA Text Book - Acc.No: 510213) Issue on 5/04/2021 & Returned on 12/4/21 Sample 2 : - B. Rajyalakshmi (A.C Text Book - Acc.No: 901560) Issue on 8/04/2021 & Returned on 16/04/2021.	
Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor
Name of the auditee: Mr. B.R.K. Singh.	Signature of the auditee
Route cause for Non-Conformance – if observed : ---	
Corrective Action: ---	
Signature of Auditee:	Date: ---
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit : ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/05/2021.

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

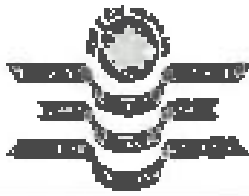
Date : 10/05/2021

Dept of audit: E.C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: updated stocks of inspected I/L's, components Required for labs were evident in stock register after every purchase.	
Name of the auditor: Mr. S.B.C Prasad.	Signature of the auditor
Name of the auditee: Mr. B.R.K Singh.	Signature of the auditee
Route cause for Non-Conformance -- if observed : ---	
Corrective Action: ---	
Signature of Auditee:	Date: ---
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit : ---	
Status of audit Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 10/05/2021.

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 10/5/2021

Dept of audit: <u>admin</u>	Category: Major <input checked="" type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <u>Alumni Registration forms feedback from Alumni, Employers, Financers is maintained.</u>	
Name of the auditor: <u>v.srilakshmi</u>	Signature of the auditor <u>V. Srilakshmi</u>
Name of the auditee: <u>A. Balaji</u>	Signature of the auditee <u>A. Balaji</u>
Route cause for Non-Conformance – if observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee: <u>---</u>	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit : <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>10/5/2021</u>

CC: Auditor, Auditee

A. Balaji
 HOD/Date 10/5/2021

KJ
 Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 10/05/2021

Dept of audit: <u>Library</u>	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: Department maintain its resources as soft copy available through internet, the resources are documented in lib-foul. * e-resources total - 7 types (e books/videos etc) * Providing through - delnet /N-list KADZ	
Name of the auditor: <u>Mr S.B.C Prasad</u>	Signature of the auditor
Name of the auditee: <u>mrs B. mandira</u>	Signature of the auditee
Root cause for Non-Conformance - if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>—</u>	Date: <u>—</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>10/05/2021</u>

CC: Auditor, Auditee

HOOD/Date
 10/05/21

Principal/Date



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With Grade A

ACADEMIC AUDIT FINDING REPORT

Date : 11/5/2021

Dept of audit: <u>CSE</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Verification of course files - syllabus coverage, lesson plans</u>	
Name of the auditor: <u>B.R.V. Singh</u>	Signature of the auditor:
Name of the auditee: <u>V. Srilakshmi</u>	Signature of the auditee:
Route cause for Non-Conformance - if observed: <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditor:	Date: <u>11/5/2021</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report reference): <u>—</u>	
Result of follow-up audit: <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>11/5/2021</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

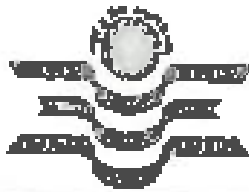
Date: 11/5/2021

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verification of Internal Examinations file	
Name of the auditor: B. R. E. Singh	Signature of the auditor:
Name of the auditee: V. Sarlakshmi	Signature of the auditee: V. Sarlakshmi
Root cause for Non-Conformance - if observed: ---	
Corrective Action: ---	
Signature of Auditee:	Date: 11/5/2021
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit: ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11/5/2021

CC: Auditor, Auditee!

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 11/5/2021

Dept of audit: CCE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit Details of parent teacher Association meeting	
Name of the auditor: B.R.K. Singh	Signature of the auditor
Name of the auditee: V. Srilakshmi	Signature of the auditee
Route cause for Non-Conformance – if observed: —	
Corrective Action: —	
Signature of Auditee:	Date: 11/5/2021
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11/5/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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ACADEMIC AUDIT FINDING REPORT

Date: 11/5/2021

Dept of audit: <u>CS/E</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <u>Details of faculty participation in different activities</u>	
Name of the auditor: <u>B. R. E. Singh</u>	Signature of the auditor
Name of the auditee: <u>V. Smita Nehmi</u>	Signature of the auditee <u>V. Smita</u>
Route cause for Non-Conformance -- If observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee: <u>[Signature]</u>	Date: <u>11/5/2021</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit : <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>11/5/2021</u>

CC: Auditor, Auditee

[Signature]
HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

20-21

Date : 11/5/2021

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: 1- Verified lab records of the Students 2- Verified Lab Manuals	
Name of the auditor: K. Prasad	Signature of the auditor
Name of the auditee: Shekhar	Signature of the auditee
Root cause for Non-Conformance – If observed : —	
Corrective Action:	
Signature of Auditee:	Date: 11/5/21
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11/5/21

CC: Auditor, Auditee

HOD/Date

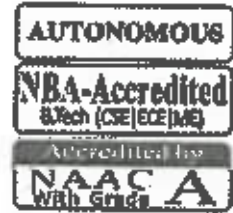
Principal/Date



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ACADEMIC AUDIT FINDING REPORT 20-21

Date : 11/5/2021

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: 1. Verified the student feedback on faculty.	
Name of the auditor: K. Prasad	Signature of the auditor
Name of the auditee: SBC Prasad	Signature of the auditee
Root cause for Non-Conformance – if observed : _____	
Corrective Action:	
Signature of Auditee:	Date: 11/5/21
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11/5/21

CC: Auditor, Auditee

HOD/Date

Principal/Date



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With Grade **A**

ACADEMIC AUDIT FINDING REPORT

20-21

Date: 11/5/2021

Dept of audit: B ED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <i>Checked the Staff Attendance registers. Verified the Syllabus Coverage thoroughly.</i>	
Name of the auditor: P. Prasad	Signature of the auditor
Name of the auditee: SBC prasad	Signature of the auditee
Root cause for Non-Conformance – if observed : —	
Corrective Action:	
Signature of Auditee:	Date: 11/5/21
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11/5/21

CC: Auditor, Auditee

HOD/Date

Principal/Date



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e mail: dvramic@mictsch.ac.in, Website: www.mictsch.ac.in



ACADEMIC AUDIT FINDING REPORT 20-21

Date : 11/5/2021

Dept of audit: B ED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: 1. Checked the maintenance & stock registers. 2. Verified Academic Book Statement.	
Name of the auditor: K. Prasad	Signature of the auditor:
Name of the auditee: SBC prasad	Signature of the auditee:
Root cause for Non-Conformance - if observed : None	
Corrective Action:	
Signature of Auditee:	Date: 11/5/21
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report reference):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11/5/21

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 20-21

Date : 11/5/2021

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <p>Verified the students Attendance reports Dept has been actively Maintaining the reports for every 15days and monthwise. -found good</p>	
Name of the auditor: K. Profes	Signature of the auditor:
Name of the auditee: SBC prasad	Signature of the auditee:
Root cause for Non-Conformance -- If observed : Nil	
Corrective Action: Nil	
Signature of Auditor:	Date: 11/5/21
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report reference):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11/5/21

CC: Auditor, Auditee

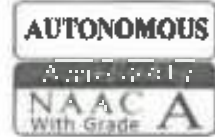
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 11/5/2021

Dept of audit: <u>IT</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Before commencement of class work, department proposed Master time table for A.Y :2022-23/ I sem reported in IT - F013 <u>sample-I</u> Thu - 5th hour - NMVC - IIIT <u>sample-II</u> Sat - 7th hour - STM - IVIT	
Name of the auditor: <u>A. V Ravi Kumar</u>	Signature of the auditor:
Name of the auditee: <u>P. Narasimha Rao</u>	Signature of the auditee:
Root cause for Non-Conformance – If observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>—</u>	Date: <u>—</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: <u>—</u>	Date: <u>11/5/2021</u>

CC: Auditor, Auditee

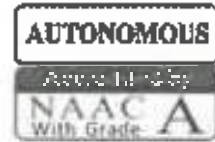
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ACADEMIC AUDIT FINDING REPORT

Date : ...11/5/2021

Dept of audit: <u>IT</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit <u>Faculty subject allocation & other responsibilities for the A.Y 2020-21, II sem, reported in F005</u>	
<u>Sample-I Mrs. R. Vijaya - CC(III, IT) DS (I-AID)</u> <u>BDA (III, IT), HODloop lab</u>	
<u>Sample-II Mrs. S. Mouniba - DS (I-AID)</u> <u>DS (I, IT), CC (III-IT)</u> <u>DS (II, IT), CC (IV, IT)</u>	
Name of the auditor: <u>A. V Ravi Kumar</u>	Signature of the auditor
Name of the auditee: <u>P. NARASIMHA RAO</u>	Signature of the auditee
Root cause for Non-Conformance – if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>—</u>	Date: <u>—</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: <u>11/5/2021</u>

CC: Auditor, Auditee

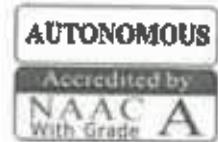
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ACADEMIC AUDIT FINDING REPORT

Date : 11/5/2021

Dept of audit: <u>IT</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Based on MIC 20 Regulation the Major projects allocation to the faculty for the A-Y (2022-23 reported in IT Form sample-2 Batch (B) - Kanya. J Venkata Krishna } K. Mahanthi Dhani Sindhu. R } Ravi. B } Krishna Sai. H</u>	
Name of the auditor: <u>A. V Ravi Kumar</u>	Signature of the auditor:
Name of the auditee: <u>P. NARASIMHA RAO</u>	Signature of the auditee:
Root cause for Non-Conformance – if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>—</u>	Date: <u>—</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit: <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>—</u>	Date: <u>11/5/2021</u>

CC: Auditor, Auditee

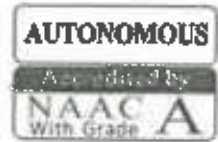
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ACADEMIC AUDIT FINDING REPORT

Date : 11/5/2021

Dept of audit: <u>IT</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Department planned for the A.Y 2022-23 workshops / FDPs for the students reported in Fob7</u> <u>sample-I: Aparna.S - 2017FA2104 - Building application with python (11/22 to 21/22)</u> <u>sample-II: Harshitha.V - 2017FA2105 - Building application with python (11/22 to 21/22)</u>	
Name of the auditor: <u>A. V Ravi Kumar</u>	Signature of the auditor
Name of the auditee: <u>P. NARASIMHA RAO</u>	Signature of the auditee
Root cause for Non-Conformance - If observed : <u> </u>	
Corrective Action: <u> </u>	
Signature of Auditor: <u> </u>	Date: <u> </u>
Probable date of completion of work: <u> </u>	
Date of follow-up audit: <u> </u>	
Effectiveness of Corrective action verified (Report references): <u> </u>	
Result of follow-up audit : <u> </u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u> </u>	Date: <u>11/5/2021</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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email: devineeni@mic-college.in, Website: www.miccollegetechno.ac.in



ACADEMIC AUDIT FINDING REPORT

Date : 11/5/2021

Dept of audit IT	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit 1. checked Maintainance & Stock Registers 2. checked Academic Book Statement.	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: B. Narasimha Rao	Signature of the auditee
Route cause for Non-Conformance - if observed : NIL	
Corrective Action: NIL	
Signature of Auditee:	Date: 11/5/2021
Probable data of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11/5/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 11-05-2021

Dept of audit: <u>Exam cell</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>internal matrix register</u> <u>Sample 1: B.Tech III Sem - mar-2021 - EEE</u> <u>Sample 2: B.Tech IV Sem - mar-2021 - ECE</u>	
Name of the auditor: <u>Mr. B R K Singh</u>	Signature of the auditor
Name of the auditee: <u>Ms. M. Sunil Kumar</u>	Signature of the auditee
Root cause for Non-Conformance - If observed : <u>- Nil -</u>	
Corrective Action: <u>-</u>	
Signature of Auditee: <u>-</u>	Date: <u>-</u>
Probable date of completion of work: <u>-</u>	
Date of follow-up audit: <u>-</u>	
Effectiveness of Corrective action verified (Report references): <u>-</u>	
Result of follow-up audit : <u>-</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>11-05-2021</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 11-05-2021

Dept of audit: Examcell	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: D-form report Sample 1: B.Tech III Sem Reg/cup-thermodynamics -07-04-2021 Sample 2: B.Tech V Sem Reg- Digital signal processing -10-04-2021	
Name of the auditor: Mr. BRK Singh	Signature of the auditor
Name of the auditee: Ms. M. Sushil Kumar	Signature of the auditee
Real cause for Non-Conformance - if observed : -NIL-	
Corrective Action: -	
Signature of Auditee: -	Date: -
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11-05-2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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 e mail: dvrtmic@mictech.ac.in, Website: www.mictech.ac.in



ACADEMIC AUDIT FINDING REPORT

Date : 11-05-2021

Dept of audit: Exam cell	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Exam Notice file	
Sample 1: B.Tech III Sem Reg/Supple mar-2021 - Exam Notification Dt. 17-03-2021	
Sample 2: B.Tech V Sem Regular - mar-2021 - Exam Notification Dt. 17-03-2021	
Name of the auditor: Mr. B.R.K. Singh	Signature of the auditor:
Name of the auditee: Mr. M. Sushil Kumar	Signature of the auditee:
Root cause for Non-Conformance - if observed: - Nil -	
Corrective Action: -	
Signature of Auditee: -	Date: -
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 11-05-2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : ... 11/5/2021

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <ul style="list-style-type: none">- maintain the Record of mock interviews and interviews data is verified- verified call letters from qualified students.	
Name of the auditor: A. NagaParamKumar	Signature of the auditor
Name of the auditee: R. Prasad.	Signature of the auditee
Route cause for Non-Conformance - if observed : ---	
Corrective Action:	
Signature of Auditee:	Date: 11/5/2021
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit : ---	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 11/5/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 11/5/2021

Dept of audit: TGP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified and Record the campus placement letters and record the selected student list.	
Name of the auditor: A. Nagaparam Kumar	Signature of the auditor:
Name of the auditee: R. Prasad	Signature of the auditee:
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 11/5/2021
Probable date of completion of work: _____	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11/5/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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e-mail: dvv@micotech.ac.in, Website: www.micotech.ac.in



ACADEMIC AUDIT FINDING REPORT

Date : 11/5/2021

Dept of audt: TGP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Record all the online-certification and Internships of the final year students.	
Name of the auditor: A. NagaParam Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route cause for Non-Conformance - if observed :	
Corrective Action:	
Signature of Auditee:	Date: 11/5/2021
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11/5/2021

CC: Auditor, Auditee

HOD/Date

Principa/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 11/5/2021

Dept of audit: TQP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified and Record the student performance about the aptitude test.	
Name of the auditor: A. Yaga Saram Kumar	Signature of the auditor
Name of the auditee: K. Prasad.	Signature of the auditee
Route cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 11/5/2021
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11/5/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 11/5/2021

Dept of audit: T&P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified students Lab experience and Recorded.	
Name of the auditor: A. Nagapavan Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route cause for Non-Conformance - if observed :	
Corrective Action: _____	
Signature of Auditee:	Date: 11/5/2021
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11/5/2021

CC: Auditor, Auditee

HOD/Date

Principa/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 11/5/2021

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Record of student data - (Pre final/ final year students)	
Name of the auditor: A. Nagapavan Kumar	Signature of the auditor:
Name of the auditee: K. Prasad	Signature of the auditee:
Route cause for Non-Conformance - if observed :	
Corrective Action:	
Signature of Auditee:	Date: 11/5/2021
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11/5/2021

CC: Auditor, Auditee

HOD/Date

Principal/Date

2019-2020



ACADEMIC AUDIT FINDING REPORT

Date: 11-11-2019

Dept of audit: CE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Department Analyses Sem-wise results in Course file Sample 1: 2018-19: B/E (A sec) - 86.27% pass in CT subject. Sample 2: 2018-19: B/E (A sec) - 83.33% pass in GTE - 2 subject. Sample 3: 2018-19: B/E (B sec) - 78.6% pass in RS&C subject.	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route cause for Non-Conformance - If observed : -	
Corrective Action: -	
Signature of Auditee:	Date: 11-11-2019
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11-11-2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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17.20
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ACADEMIC AUDIT FINDING REPORT

Date: 11-11-2019

Dept of audit: <u>CE</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Before leaving the Campus department receives details of Outgoing Students in Alumni registration form.</u> <u>Sample 1: 2016-2019 - 16H175A0115 - K. Ravi Kumar - B.Tech</u> <u>Sample 2: 2015-2019 - 15H171A0103 - K. Anil - B.Tech</u> <u>Sample 3: 2013-2016 - 13351C007 - K. Dundeshwar - CE</u>	
Name of the auditor: <u>A.V. Ravi Kumar</u>	Signature of the auditor:
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee:
Route cause for Non-Conformance - if observed: -	
Corrective Action: -	
Signature of Auditee:	Date: <u>11-11-2019</u>
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>11-11-2019</u>

CC: Auditor, Auditee

HOD/Date

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11-11-2019

ACADEMIC AUDIT FINDING REPORT

Date: 11-11-2019

Dept of audit: CE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Department monitors subject wise syllabus allocated to the Faculty for smooth running of B-20 (2sem) after that basing on the syllabus coverage corrective actions planned. <u>Sample 1:</u> upto 04/10/2019 - III (2CB) - MS - 100% covered. <u>Sample 2:</u> upto 04/10/2019 - II (2CA) - SM - 60% covered. <u>Sample 3:</u> upto 17/09/2019 - II (2CB) - WRE - 81% covered.	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route cause for Non-Conformance - If observed : -	
Corrective Action: -	
Signature of Auditee:	Date: 11-11-2019
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11-11-2019.

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 11-11-2019

Dept of audit CE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit Basbg On JNTUK curriculum department receives Faculty requisition form from other departments for inter dept subjects. Sample 1: Mrs. Aruna Kumari (DMS) - 12/12/18 Sample 2: Mr. C.M. Vijay Kiran (DMS) - 12/12/18 Sample 3: Mrs. Aruna Kumari (DMS) - 12/12/18	
Name of the auditor: A.V. Ravikumar	Signature of the auditor [Signature]
Name of the auditee: K. Prasad	Signature of the auditee [Signature]
Route cause for Non-Conformance - If observed : -	
Corrective Action: -	
Signature of Auditee: [Signature]	Date: 11-11-2019
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: 11-11-2019

CC: Auditor, Auditee

[Signature]
 HOD/Data

[Signature]
 Principal/Data



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ACADEMIC AUDIT FINDING REPORT

19-20
①

Date : 11-11-2019

Dept of audit: CE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Verified Internal examination data and evaluation Scripts.	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route cause for Non-Conformance – If observed :	
Corrective Action:	
Signature of Auditee:	Date: 11-11-2019
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 11-11-2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 11/11/2019

Dept of audit: EEG	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <p style="text-align: center;">Course files of each faculty are verified — found satisfactory</p>	
Name of the auditor: Mr. A. NAGA RAO Kumar	Signature of the auditor:
Name of the auditee: Mr. AV KAVI KUMAR	Signature of the auditee:
Route cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 11/11/2019
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11/11/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 11-11-2019

Dept of audit: EEG	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Students extra curricular activities file has been verified - found satisfactory	
Name of the auditor: Mr ANaga Parthasarathi	Signature of the auditor:
Name of the auditee: Mr AVSuri Kumar	Signature of the auditee:
Route cause for Non-Conformance - if observed : ---	
Corrective Action: ---	
Signature of Auditee:	Date: 11/11/2019
Probable date of completion of work:	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : ---	
Status of audit Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 11/11/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 11-11-2019

Dept of audit: EEE	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: checked students condmation and Detentions table checked faculty feedback	
Name of the auditor: Mr A Naga Ravan Kumar	Signature of the auditor
Name of the auditee: Mr AV Ravi Kumar	Signature of the auditee
Route cause for Non-Conformance - If observed : ---	
Corrective Action: ---	
Signature of Auditee: [Signature]	Date: 11/11/2019
Probable date of completion of work:	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : ---	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: [Signature]	Date: 11/11/2019

CC: Auditor, Auditee

[Signature]
 HOD/Date

[Signature]
 Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 11-10-2019

Dept of audit: EEE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: 1. Checked Student Performance Report and other documents. 2. Verified Record of Students - Mini Project	
Name of the auditor: Mr. A NAGA JAYAN KUMAR	Signature of the auditor
Name of the auditee: Mr. AV Ravi Kumar	Signature of the auditee
Route cause for Non-Conformance – if observed: Update Student Performance Report	
Corrective Action:	
Signature of Auditee:	Date: 13-10-2019
Probable date of completion of work: 12-11-2019	
Date of follow-up audit: 12-11-2019	
Effectiveness of Corrective action verified (Report references): Updated student performance Report	
Result of follow-up audit: Completed	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 13-11-2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : ...11/11/19

Dept of audit: Mechanical	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Department Monitors subject wise syllabus Allocated to the faculty for smooth running of Isem. After that basing on the syllabus coverage corrective actions planned.	
Name of the auditor: Mrs. V. Srilakshmi	Signature of the auditor: <i>V. Srilakshmi</i>
Name of the auditee: Mr. A. Naga Pavan Kumar	Signature of the auditee: <i>A. Naga Pavan Kumar</i>
Route cause for Non-Conformance - If observed :	
Corrective Action:	
Signature of Auditee: <i>A. Naga Pavan Kumar</i>	Date: 11/11/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <i>V. Sai M.</i>	Date: 11/11/19

CC: Auditor, Auditee

HOD/Date *[Signature]*

Principal/Date *[Signature]*



ACADEMIC AUDIT FINDING REPORT

Date : ...11/11/19

Dept of audit: Mechanical	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Basing on Curriculam department receives Faculty requisition form from other departments for interdepartment subjects for smooth running of (19-20) ISEM	
Name of the auditor: Mrs. V. Sailakshmi	Signature of the auditor
Name of the auditee: Mr. A. Naga Pavan Kumar	Signature of the auditee
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: [Signature]	Date: 11/11/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: 11/11/19

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 11/11/19

Dept of audit: Mechanical	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Dept Evaluates and Analyse subject wise marks achieved by the students in MID-I and MID-II of (19-20) ISEM details.	
Name of the auditor: Mrs. V. Sri Lakshmi	Signature of the auditor: V. Sri L
Name of the auditee: Mr. A. Naga Pawan Kumar	Signature of the auditee: A
Route cause for Non-Conformance - if observed :	
Corrective Action:	
Signature of Auditee: A	Date: 11/11/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: V. Sri L	Date: 11/11/19

CC: Auditor, Auditee

HOD/Date **A**

Principal/Date **Prin**



ACADEMIC AUDIT FINDING REPORT

Date: 11/11/19

Dept of audit: Mechanical	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Dept evaluates after completion of lab internals dept reports lab wise performance of individual students with all the details.	
Name of the auditor: Mrs. V. Srilakshmi	Signature of the auditor: V. Srilakshmi
Name of the auditee: Mr. A. Naga Pavan Kumar	Signature of the auditee: A. Naga Pavan Kumar
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: [Signature]	Date: 11/11/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: V. Srilakshmi	Date: 11/11/19

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

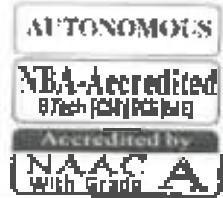
Date : 11/11/19

Dept of audit: Mechanical	Category: Major <input checked="" type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: checked student Result Analysis Department wise. checked student details Register.	
Name of the auditor: MRS. V. Srilakshmi	Signature of the auditor V. Srilakshmi
Name of the auditee: Mr. A. Nagapavan <i>Kumar</i>	Signature of the auditee A. Nagapavan
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: A. Nagapavan	Date: 11/11/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input checked="" type="radio"/>	
Signature of the Auditor: V. Srilakshmi	Date: 11/11/19

CC: Auditor, Auditee

K. Venkata Ramana
 HOD/Date

Srinivas
 Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 11/11/19

Dept of audit: Mechanical	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: verified faculty R&D register.	
Name of the auditor: Mrs. V. Srilakshmi	Signature of the auditor: <i>V. Srilakshmi</i>
Name of the auditee: Mr. A. Naga Pavan Kumar	Signature of the auditee: <i>A. Naga Pavan Kumar</i>
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: <i>[Signature]</i>	Date: 11/11/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <i>V. Srilakshmi</i>	Date: 11/11/19

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 11/11/2019

Dept of audit: <u>ECE</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>checked Faculty FDP details, paper publication details, no. of workshops attended.</u>	
Name of the auditor: <u>Mr. S.B.C Prasad</u>	Signature of the auditor
Name of the auditee: <u>Mr. B.R.K. Singh</u>	Signature of the auditee
Route cause for Non-Conformance – if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee:	Date: <u>11/11/2019</u>
Probable date of completion of work <u>—</u>	
Date of follow-up audit <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>11/11/2019</u>

CC: Auditor, Auditee

HOD/Date 11/11/19

Principal/Date



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19-20
3sem

ACADEMIC AUDIT FINDING REPORT

Date: 11/11/2019

Dept of audit: ECE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit Alumni Survey sample 1 : K. Ramya (15H71A0439) feed back taken on 3/9/2019 sample 2 : S. Koteswara Rao (15H71A0473) feed back taken on 27/06/19	
Name of the auditor: Mr. SBC. Prasad	Signature of the auditor
Name of the auditee: Mr. B.R.K. Singh	Signature of the auditee
Route cause for Non-Conformance - If observed : _____	
Corrective Action: _____	
Signature of Auditee:	Date: 11/11/2019
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11/11/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 11/11/2019

Dept of audit: ECE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Placement analysis for the Academic years 2018-19 and 2019-20 till date has been recorded in file sampled : 2018-19 - Registered - 172, placed - 59 sampled : 2019-20 (till date) - Registered - 101, placed - 15	
Name of the auditor: Mr. SBC Prasad	Signature of the auditor
Name of the auditee: Mr. Bek. Singh	Signature of the auditee
Route cause for Non-Conformance - if observed : <u> </u>	
Corrective Action: <u> </u>	
Signature of Auditee:	Date: 11/11/2019
Probable date of completion of work:	
Date of follow-up audit: <u> </u>	
Effectiveness of Corrective action verified (Report references): <u> </u>	
Result of follow-up audit : <u> </u>	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 11/11/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 11/11/2019

Dept of audit: ECE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: After completion of internal lab session and examination, the department reports achievement of marks (day to day evaluation, record, internal lab performance) in ECE sample 1: A. Manjusha - III II - 17H71A0422 - 23/25 - DCA 66 sample 2: R. Sai Ranya - III II - 17H71A0448 - 25/25 - PDC Lab	
Name of the auditor: Ms. S.B.C Prasad	Signature of the auditor:
Name of the auditee: Mr. B.R.K. Singh	Signature of the auditee:
Route cause for Non-Conformance - If observed: ---	
Corrective Action: ---	
Signature of Auditee:	Date: 11/11/2019
Probable date of completion of work:	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit: ---	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 11/11/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 11/11/2019

Dept of audit: ECE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: verified the file of details of research activity Sample 1: VLSI chip design hands on using open source EDA FDP from 8th-12th July, 2019. 22 faculty members attended, certificates verified Sample 2: Paper published in Elsevier 0141-9331/2019. M-ABR using virtual sliding window technique - ST. Martin's	
Name of the auditor: Mr. S.B.C. Prasad	Signature of the auditor
Name of the auditee: Mr. B.R.K. Singh	Signature of the auditee
Route cause for Non-Conformance - if observed : _____	
Corrective Action: _____	
Signature of Auditee:	Date: 11/11/2019
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 11/11/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 11/11/2019

Dept of audit: ECE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Workshops attended file by students file verified. Sample 1: PCB-workshop - 9/9/19 to 11/9/19 - II year for A, B, C all students conducted by APSSD Total number of students attended - 192	
Name of the auditor: Mr. S.B.C. Prasad	Signature of the auditor
Name of the auditee: Mr. B.R.R. Singh	Signature of the auditee
Route cause for Non-Conformance - If observed : _____	
Corrective Action: _____	
Signature of Auditee:	Date: 11/11/2019
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit: _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11/11/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 11/11/2019

Dept of audit: <i>Admin</i>	Category: Major <input checked="" type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <i>Maintained transport, Hostel Application forms of students, staff or faculty.</i>	
Name of the auditor: <i>V. Sri Lakshmi</i>	Signature of the auditor: <i>V. Sri Lakshmi</i>
Name of the auditee: <i>A. Balaji</i>	Signature of the auditee: <i>A. Balaji</i>
Route cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11/11/2019

CC: Auditor, Auditee

A. B. Kumar
 HOD/Date 11/11/2019

[Signature]
 Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 12/11/2019...

Dept of audit CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit verification of course files Prepared by the faculty	
Name of the auditor: B.R. k. Singh	Signature of the auditor
Name of the auditee: v.srilakshmi	Signature of the auditee V. Sairam
Route cause for Non-Conformance - if observed : - Corrective Action: -	
Signature of Auditee:	Date: 12/11/2019
Probable date of completion of work :-	
Date of follow-up audit :-	
Effectiveness of Corrective action verified (Report reference):-	
Result of follow-up audit :-	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 12/11/2019

CC: Auditor, Auditee

HOD/Data

Principal/Data



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ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2019

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit subject wise internal marks achieved by the students were reported in internal marks.	
Name of the auditor: B.R.k. Singh	Signature of the auditor
Name of the auditee: V.Silaleshmi	Signature of the auditee
Route cause for Non-Conformance - if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 12/11/2019
Probable date of completion of work	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 12/11/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 19/11/2019

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit condonation and detention list of the students	
Name of the auditor: B.R.L.Singh	Signature of the auditor
Name of the auditee: V.Sritalendu	Signature of the auditee
Route cause for Non-Conformance - If observed : -	
Corrective Action: -	
Signature of Auditee:	Date: 19/11/2019
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 19/11/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 12/11/2019

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verification of lab Maintainance Records.	
Name of the auditor: B.R. Ic. Singh	Signature of the auditor
Name of the auditee: V. Srilakshmi	Signature of the auditee
Route cause for Non-Conformance - If observed : -	
Corrective Action: -	
Signature of Auditee:	Date: 12/11/2019
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 12/11/2019

CC: Auditor/Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

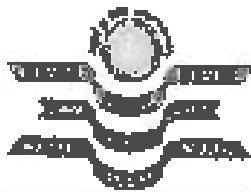
Date : 12/11/2019

Dept of audit: CSE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Verification of student Industrial visit, Student feedback Analysis - class Student feedback Analysis - lab	
Name of the auditor: B.R.L. Singh	Signature of the auditor -
Name of the auditee: V. Sri Lakshmi	Signature of the auditee
Route cause for Non-Conformance -- If observed : Nil	
Corrective Action: ---	
Signature of Auditee:	Date: 12/11/2019
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit: ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor	Date: 12/11/2019

CC: Auditor, Auditee

HOD/Date 12/11/2019

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 19-20

Date: 12/11/2019

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <i>Class time tables and Individual faculty time tables are verified. No deviations observed.</i>	
Name of the auditor: K. Prasad	Signature of the auditor:
Name of the auditee: SBC Prasad	Signature of the auditee:
Root cause for Non-Conformance - If observed: Nil	
Corrective Action: Nil	
Signature of Auditee: -	Date: 12/11/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 12/11/19

CC: Auditor, Auditee

HOD/Date

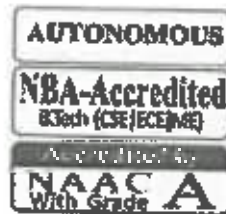
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

19-20

Date : 12/11/2019

Dept of audit: BED		Category: Major <input type="radio"/> Minor <input type="radio"/>	
Description of audit: <p>The internal marks register file has been verified and found to be satisfactory. It is evident that the department is consistently updating the file in a branch-wise, semester-wise, and subject-wise manner.</p>			
Name of the auditor: K. prasad		Signature of the auditor	
Name of the auditee: SBC prasad		Signature of the auditee	
Root cause for Non-Conformance - If observed : -			
Corrective Action:			
Signature of Auditee:		Date: 12/11/19	
Probable date of completion of work:			
Date of follow-up audit:			
Effectiveness of Corrective action verified (Report references):			
Result of follow-up audit :			
Status of audit: Closed <input checked="" type="radio"/>		Not Closed: <input type="radio"/>	
Signature of the Auditor:		Date: 12/11/19	

CC: Auditor, Auditee

HOD/Date

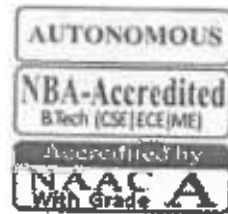
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

19-20

Date : 12/11/2019

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <i>Lesson plans for each subject are verified and found to be good with faculty & HOD signatures indicating that each class is being delivered in a systematic & well-planned manner.</i>	
Name of the auditor: K. Prasad	Signature of the auditor:
Name of the auditee: SBC Prasad	Signature of the auditee:
Root cause for Non-Conformance - if observed : —	
Corrective Action:	
Signature of Auditee:	Date: 12/11/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report reference):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 12/11/19

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 19-20

Date : 12/11/2019

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <p>Course plan files (course files) for each faculty are verified and found Satisfactory. It is found that Each faculty maintains 21 different types of contents in the course file, which are duly signed by course and module coordinators.</p>	
Name of the auditor: K. Prasad	Signature of the auditor:
Name of the auditee: SBC Prasad	Signature of the auditee:
Root cause for Non-Conformance – if observed : —	
Corrective Action:	
Signature of Auditee:	Date: 12/11/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 12/11/19

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

19-20

Date : 12/11/2019

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <p>The Student Extra Curricular/ co-curricular activities file has been verified and found to be Satisfactory. The department is actively encouraging students to participate in these activities.</p>	
Name of the auditor: K. Prasad	Signature of the auditor
Name of the auditee: SBC Prasad	Signature of the auditee
Root cause for Non-Conformance - If observed : —	
Corrective Action:	
Signature of Auditee:	Date: 12/11/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 12/11/19

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 12-11-2019

Dept of audit: Exam cell.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Exam result analysis. Sample 1: B.Tech II sem - result analysis Apr/May 2019. Sample 2: MBA II sem - result analysis Apr/May 2019 Sample 3: M.Tech II sem - result analysis Apr/May 2019.	
Name of the auditor: Mr. B.R.K Singh	Signature of the auditor:
Name of the auditee: Mr. M. Sunil Kumar	Signature of the auditee:
Route cause for Non-Conformance - if observed : Nil	
Corrective Action: -	
Signature of Auditee: -	Date: -
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 12-11-2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 12-11-2019

Dept of audit: Examcell	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: D-form report Sample 1: B.Tech II Sem Regular - Applied Chemistry - 14-06-2019 Sample 2: B.Tech II Sem Regular - Engg Graphics - 21-06-2019 Sample 3: B.Tech I Sem Supple - Engg mechanics - 31-05-2019	
Name of the auditor: Mr. B R K Singh	Signature of the auditor
Name of the auditee: Mr. M. Sunil Kumar	Signature of the auditee
Route cause for Non-Conformance - if observed : Nil	
Corrective Action: -	
Signature of Auditee: -	Date: -
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: -	Date: 12-11-2019

CC: Auditor, Auditee

[Signature]
12/11/19

[Signature]
12/11/19
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 12-11-2019

Dept of audit: Examcell	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Exam Notice file	
Sample 1: B.Tech III Sem Reg. Nov-2019 - Exam Notification Dt. 18-10-2019	
Sample 2: B.Tech II Sem Supple Nov-2019, Exam Notification Dt. 18-10-2019	
Sample 3:	
Name of the auditor: Mr. BRK Singh	Signature of the auditor
Name of the auditee: Ms. M. Sunita Kumar	Signature of the auditee
Route cause for Non-Conformance – If observed : NIL	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: —	Date: 12-11-2019

CC: Auditor, Auditee

(Handwritten signature)

(Handwritten signature)
 HOD/Date

(Handwritten signature)
 Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2019

Dept of audit: T&P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: - Verified record of Career counseling and skills training - Students. - Verified Training Program Register.	
Name of the auditor: A. Abagavan Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route cause for Non-Conformance - if observed : —	
Corrective Action:	
Signature of Auditee:	Date: 12/11/2019
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report reference):	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 12/11/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2019

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified Record of Placement Analysis Department wise	
Name of the auditor: A. Nagapavan Kumar	Signature of the auditor: [Signature]
Name of the auditee: K. Prasad	Signature of the auditee: [Signature]
Root cause for Non-Conformance - If observed : -	
Corrective Action:	
Signature of Auditee:	Date: 12/11/2019
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report reference):	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: 12/11/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2019

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified Academic Performance, placement and Higher studies	
Name of the auditor: A. Nagapavan Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 12/11/2019
Probable date of completion of work	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 12/11/2019

CC: Auditor, Auditee

HOD/Data

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2019

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified internal audit finding report / non-conformance report.	
Name of the auditor: A. Nagapavan Kumar	Signature of the auditor
Name of the auditee: K. Prasad.	Signature of the auditee
Root cause for Non-Conformance - If observed : —	
Corrective Action:	
Signature of Auditee:	Date: 12/11/2019
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 12/11/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2019

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified Record of Placement Analysis	
Name of the auditor: A. Naga Param Kumar	Signature of the auditor: [Signature]
Name of the auditee: K. Prasad	Signature of the auditee: [Signature]
Root cause for Non-Conformance - if observed :	
Corrective Action:	
Signature of Auditee:	Date: 12/11/2019
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up, audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: 12/11/2019

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2019

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified Record of Campus Placements	
Name of the auditor: A. Naga Pavankumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Root cause for Non-Conformance - If observed : —	
Corrective Action:	
Signature of Auditee:	Date: 12/11/2019
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 12/11/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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With Grade A

19-20
1-0

ACADEMIC AUDIT FINDING REPORT

Date : 08-05-2020

Dept of audit: <u>Civil Engineering</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Department evaluates and analyse subject wise marks achieved by the students in MID-I & MID-II (19-20, Isem)</u>	
Name of the auditor: <u>A.V. Ravi Kumar</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>K. Prasad.</u>	Signature of the auditee: <u>[Signature]</u>
Route cause for Non-Conformance - If observed : -	
Corrective Action: -	
Signature of Auditee: <u>[Signature]</u>	Date: <u>08-05-2020</u>
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>08-05-2020</u>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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19-10
 1 2

ACADEMIC AUDIT FINDING REPORT

Date : ..08-05-2020

Dept of audit: civil Engineering.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: After completion of lab internals department reports lab wise performance of individual students with all the details.	
Name of the auditor: A.V. Raktina	Signature of the auditor:
Name of the auditee: K. Prasad.	Signature of the auditee:
Route cause for Non-Conformance - If observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 08-05-2020
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 08-05-2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
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(Approved by AICTE & Permanently Affiliated to JNTUK, Kakinada)

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19-20
 11-20

ACADEMIC AUDIT FINDING REPORT

Date : 08-05-2020

Dept of audit: Civil Engineering	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Department takes the feedback from the students once in a semester to measure the deviations if any against cutoff satisfaction level reported in file.	
Name of the auditor: AV Ravi Kumar	Signature of the auditor:
Name of the auditee: K. Prasad	Signature of the auditee:
Route cause for Non-Conformance – If observed : -	
Corrective Action: -	
Signature of Auditor:	Date: 08-05-2020
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report reference): -	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 08-05-2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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11-20

ACADEMIC AUDIT FINDING REPORT

Date : 08-05-2020

Dept of audit: Civil Engineering	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Dept of Civil Engineering conducts one week workshop for students in 19-20 sem^{II} - AutoCAD.	
Name of the auditor: A.V. Ravikumar	Signature of the auditor
Name of the auditee: R.P. Prasad	Signature of the auditee
Route cause for Non-Conformance - If observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 08-05-2020
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 08-05-2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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 With Grade **A**

19-20
 20

ACADEMIC AUDIT FINDING REPORT

Date : 05-05-2020

Dept of audit: Civil Engineering	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Verification of Student/Faculty Association Activities.	
Name of the auditor: A.V. Ravi Kumar	Signature of the auditor
Name of the auditee: K. Prabod.	Signature of the auditee
Route cause for Non-Conformance – If observed : Update Registers	
Corrective Action:	
Signature of Auditee:	Date: 08-05-2020
Probable date of completion of work:	
Date of follow-up audit: 09-05-2020	
Effectiveness of Corrective action verified (Report references): Completed	
Result of follow-up audit : closed	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 09-05-2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : ... 08-05-2020

Dept of audit: EEE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: 1. Checked count of Papers published by the faculty and other related documents	
Name of the auditor: Mr. A. Naga Prasad Kumar	Signature of the auditor
Name of the auditee: Mr. AV Ravi Kumar	Signature of the auditee
Route cause for Non-Conformance – If observed: -NIL-	
Corrective Action: —	
Signature of Auditee: [Signature]	Date: 08-5-2020
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): <hr/>	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: 08.5.2020

CC: Auditor, Auditee

[Signature]
 HOD/Date

[Signature]
 Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 08-05-2020

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Verified Internal Examinations file and other related documents</u>	
Name of the auditor: <u>Mr A NAGA PAVAN Kumar</u>	Signature of the auditor:
Name of the auditee: <u>Mr A V RAVI Kumar</u>	Signature of the auditee:
Route cause for Non-Conformance - If observed:	<u>Update Internal Examination file</u>
Corrective Action:	
Signature of Auditee:	Date: <u>8/5/2020</u>
Probable date of completion of work: <u>9/5/2020</u>	
Date of follow-up audit: <u>9/5/2020</u>	
Effectiveness of Corrective action: verified (Report references):	
Result of follow-up audit: <u>Completed</u>	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>9/5/2020</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 08-05-2020

Dept of audit: EEE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: checked details of parent teacher Associations - meeting	
Name of the auditor: Mr A Naga Parasanna Kumar	Signature of the auditor:
Name of the auditee: Mr A V Krishna Kumar	Signature of the auditee:
Route cause for Non-Conformance - if observed : -	
Corrective Action: -	
Signature of Auditee:	Date: 8/5/2020
Probable date of completion of work:	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 8/5/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 08-05-2020

Dept of audit: FEE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Checked details of faculty participations in different activities	
Name of the auditor: Mr A Naga Prasad Kumar	Signature of the auditor:
Name of the auditee: Mr A V Kasi Jayaram	Signature of the auditee:
Route cause for Non-Conformance – If observed : ---	
Corrective Action: ---	
Signature of Auditee:	Date: 8/5/2020
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit: ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 8/5/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 08-05-2020

Dept of audit: EEG	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit checked course files Verified Lab records, stock registers and other related documents	
Name of the auditor: Mr A Naga Parasam Kumar	Signature of the auditor
Name of the auditee: Mr A V Sairi Kumar	Signature of the auditee
Route cause for Non-Conformance - if observed : Update stock registers	
Corrective Action: _____	
Signature of Auditee: _____	Date: 8/5/2020
Probable date of completion of work: 9/5/2020	
Date of follow-up audit: 9/5/2020	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : Completed	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: _____	Date: 9/5/2020

CC: Auditor, Auditee

Sairi
 HOD/Date

BSK
 Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 08/05/2020

Dept of audit: <u>Mechanical</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Department monitors subject wise syllabus Allocated to the faculty for smooth running of II SEM. After that basing on the syllabus coverage, corrective actions planned.</u>	
Name of the auditor: <u>Dr. V. Sri Lakshmi</u>	Signature of the auditor: <u>V. Sri M.</u>
Name of the auditee: <u>Mrs. A. Naga Pavan Kumar</u>	Signature of the auditee: <u>[Signature]</u>
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: <u>[Signature]</u>	Date: <u>08/05/20</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>V. Sri M.</u>	Date: <u>08/05/20</u>

CC: Auditor, Auditee

HOD/Date [Signature]

Principal/Date [Signature]



ACADEMIC AUDIT FINDING REPORT

Date : 08/05/20

Dept of audit: Mechanical	Category: Major <input checked="" type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Based on Curriculum department receives Faculty requisition form from other departments. For inter department subjects for smooth running of (19-20) II SEM.	
Name of the auditor: Dr. V. Srilakshmi	Signature of the auditor: V. Srilakshmi
Name of the auditee: Mr. A. Nagapavan Kumar	Signature of the auditee: A
Route cause for Non-Conformance – If observed :	
Corrective Action:	
Signature of Auditee: k	Date: 08/05/20
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input checked="" type="radio"/>
Signature of the Auditor: V. Srilakshmi	Date: 08/05/20

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 08/05/20

Dept of audit: Mechanical	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Dept Evaluates and analyse subject wise marks achieved by the students in MID-I and MID-II of (19-20) II SEM.	
Name of the auditor: Dr.V. Sri Lakshmi	Signature of the auditor V. Sairam
Name of the auditee: Mr. A. Naga Patra Kurmas	Signature of the auditee [Signature]
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: [Signature]	Date: 08/05/20
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/>	Not Closed: <input type="checkbox"/>
Signature of the Auditor: V. Sairam	Date: 08/05/20

CC: Auditor, Auditee

HOD/Date **[Signature]**

Principal/Date **[Signature]**



ACADEMIC AUDIT FINDING REPORT

Date : 08/05/20

Dept of audit: <u>mechanical</u>	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <u>checked student Result Analysis Department wise - checked student details Register -</u>	
Name of the auditor: <u>Dr. V. Sri Lakshmi</u>	Signature of the auditor
Name of the auditee: <u>Ms. A. Naga Pavan Kumari</u>	Signature of the auditee
Route cause for Non-Conformance - if observed :	
Corrective Action:	
Signature of Auditee:	Date: <u>08/05/20</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <u>N. Sai M.</u>	Date: <u>08/05/20</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 08/05/20

Dept of audit: <i>mechanical</i>	Category: Major <input checked="" type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <i>verified faculty R&D Register.</i>	
Name of the auditor: <i>Dr. V. Srilakshmi</i>	Signature of the auditor: <i>V. Srilakshmi</i>
Name of the auditee: <i>MT. A. Naga Pavan Kumar</i>	Signature of the auditee: <i>A. Naga Pavan Kumar</i>
Route cause for Non-Conformance – if observed : <i>update R&D Register.</i>	
Corrective Action:	
Signature of Auditee: <i>[Signature]</i>	Date: <i>08/05/20</i>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input checked="" type="radio"/>	
Signature of the Auditor: <i>V. Srilakshmi</i>	Date: <i>08/05/20</i>

CC: Auditor, Auditee

[Signature]
 HOD/Date

[Signature]
 Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 08/05/2020

Dept of audit: E.C.E	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: After identifying slow learners department plans and conducts make up classes and the details were reported properly. After completion of semester classes department receives and analyses subject wise feed back from student in ECE	
Samples:- K. Marasa lakshmi - EMI - IV/II - 88% Sample:- Mr. K. tirupati Rao - MPMC - III/II - 80%	
Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor:
Name of the auditee: Mr. B.R.K Singh	Signature of the auditee:
Route cause for Non-Conformance - If observed: ---	
Corrective Action: ---	
Signature of Auditor:	Date: ---
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit: ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 08/05/2020.

CC: Auditor, Auditee

HOD/Date

Principal/Date



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Web Grade A

ACADEMIC AUDIT FINDING REPORT

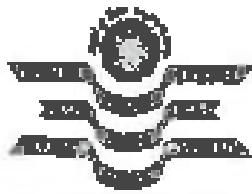
Date : 08/05/2020

Dept of audit: E.C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: 2015-19 batch Alumni details were evident in ECE File 1. 15H71A0404 - Arif Kareem Shaik 2. 15H71A0471 - Jaya krishna G 3. 15H71A0441 - Vasundhara M 4. 16H75A0435 - Venkata Nitih P	
Name of the auditor: Mr.S.B.C Prasad	Signature of the auditor:
Name of the auditee: Mr. B.R.K Singh.	Signature of the auditee:
Route cause for Non-Conformance - If observed: ---	
Corrective Action: ---	
Signature of Auditee:	Date: ---
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit : ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 08/05/2020

CC: Auditor, Auditee

HOD/Data

Principal/Data



ACADEMIC AUDIT FINDING REPORT

Date: 08/05/2020

Dept of audit: E.C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Department prepares student wise performance (Attendance, internal, external marks) with all details enable counselling further Sample 1: 18H71A043B - Sai sudheer B - 58.3% Attendance	
Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor:
Name of the auditee: Mr. B.R.K Singh	Signature of the auditee:
Route cause for Non-Conformance - If observed: ---	
Corrective Action: ---	
Signature of Auditee:	Date: ---
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit: ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 08/05/2020

CC: Auditor, Auditee

HQD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hirna Sekhar
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ACADEMIC AUDIT FINDING REPORT

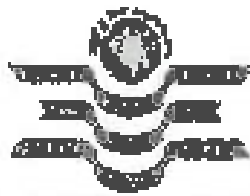
Date : 8/05/2020

Dept of audit: ECE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Basing on JNTUK curriculum department faculty establishes course files with all details for smooth running of session. Sample 1 : Mr K.S.R sastry - Digital system design - II / II Sample 2 : Mr. ch. Pulla Rao - EMWTL - II / II Sample 3 : M.S. S.T. HRUDUVA - SC - II / II	
Name of the auditor: SBC prasanna	Signature of the auditor
Name of the auditee:	Signature of the auditee
Route cause for Non-Conformance - if observed : _____	
Corrective Action: _____	
Signature of Auditee:	Date: _____
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : _____	
Status of audit Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: _____

CC: Auditor, Auditee

HOD/Date

Principal/Date



19-20
 1st Sem

ACADEMIC AUDIT FINDING REPORT

Date: 08/05/2020

Dept of audit: E.C.E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: After completion of semester classes, department receives and analyzes subject wise feedback from student in ECE. After identifying issues, department plans and conducts make up classes and details reported properly. Sample-1: 18H71A0460 - Achieved 5 marks against 30 internal marks. Sample-2: 18H71A0438 - Achieved 3 marks against 30 internal marks. After	
Name of the auditor: Mr. S.B.C. Prasad.	Signature of the auditor:
Name of the auditee: Mr. B.R.K. Singh.	Signature of the auditee:
Route cause for Non-Conformance - If observed: ---	
Corrective Action: ---	
Signature of Auditee:	Date: ---
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit: ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 08/05/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 8/05/2020

Dept of audit: <u>ECE</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>checked and verified student result Analysis</u>	
Name of the auditor: <u>Mr. SBC Prasad</u>	Signature of the auditor:
Name of the auditee: <u>Mr. B.R.k Singh</u>	Signature of the auditee:
Route cause for Non-Conformance – If observed: <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee:	Date: <u>8/05/2020</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>08/05/2020</u>

CC: Auditor, Auditee

HOD/Date 8/5/20

Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar
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ACADEMIC AUDIT FINDING REPORT

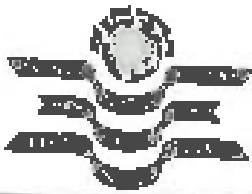
Date : 8/5/2020

Dept of audit: <i>Admin</i>	Category: Major <input checked="" type="radio"/> Minor <input checked="" type="radio"/>
Description of audit <i>Recorded minutes of Meeting - Management with principal. Maintained staff or faculty leave registers. Provident fund records.</i>	
Name of the auditor: <i>V. Srilakshmi</i>	Signature of the auditor <i>V. Sri M</i>
Name of the auditee: <i>A. Balaji</i>	Signature of the auditee <i>A. S. Ravi</i>
Route cause for Non-Conformance - if observed : —	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <i>8/5/2020</i>

CC: Auditor, Auditee

A. S. Ravi
 HOD/Date *8/5/2020*

[Signature]
 Principal/Date



Deviseni Venkata Ramana & Dr. Hirna Sekhar
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ACADEMIC AUDIT FINDING REPORT

Date: 08/05/2020

Dept of audit: <u>Library</u>		Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>	
Description of audit: <u>Department maintains the details of the student who are detained, to restrict the unauthorised access of resources</u>			
Name of the auditor: <u>Mr. S.B.C Prasad</u>		Signature of the auditor:	
Name of the auditee: <u>Mrs B. Mandira</u>		Signature of the auditee:	
Route cause for Non-Conformance - if observed: <u>---</u>			
Corrective Action: <u>---</u>			
Signature of Auditee: <u>---</u>		Date: <u>---</u>	
Probable date of completion of work: <u>---</u>			
Date of follow-up audit: <u>---</u>			
Effectiveness of Corrective action verified (Report references): <u>---</u>			
Result of follow-up audit: <u>---</u>			
Status of audit: Closed <input checked="" type="checkbox"/>		Not Closed: <input type="checkbox"/>	
Signature of the Auditor: <u>---</u>		Date: <u>08/05/2020</u>	

CC: Auditor, Auditee

HOD/Datta
8/5/20

Principal/Date



ACADEMIC AUDIT FINDING REPORT

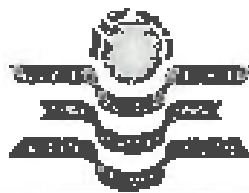
Date: 9/5/2020

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verification of existing faculty profiles	
Name of the auditor: B. R. K. Singh	Signature of the auditor
Name of the auditee: V. Srilakshmi	Signature of the auditee V. S. M.
Route cause for Non-Conformance - If observed : -	
Corrective Action: -	
Signature of Auditee: [Signature]	Date: 9/5/2020
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 9/5/2020

CC: Auditor, Auditee
[Signature]

[Signature]
 HOD/Date

[Signature]
 Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 9/5/2020

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Subject wise feed back from the students	
Name of the auditor: B. R. K. Singh	Signature of the auditor
Name of the auditee: V. Srilakshmi	Signature of the auditee V. Srilakshmi
Route cause for Non-Conformance – if observed :	
Corrective Action: —	
Signature of Auditee: [Signature]	Date: 9/5/2020
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/5/2020

CC: Auditor, Auditee

[Signature]

[Signature]
 HOD/Date

[Signature]
 Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2020

Dept of audit: <u>ESE</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit <u>After identifying slow learners, department plans and conducts makeup classes and the details were reported properly</u>	
Name of the auditor: <u>B.R.K. Singh</u>	Signature of the auditor
Name of the auditee: <u>V. Satalakshmi</u>	Signature of the auditee <u>V. Satalakshmi</u>
Route cause for Non-Conformance – if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee:	Date: <u>9/5/2020</u>
Probable date of completion of work:	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>9/5/2020</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 9/5/2020

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: verification of Alumni details	
Name of the auditor: B. R. K. Singh	Signature of the auditor:
Name of the auditee: V. Sriatehmi	Signature of the auditee: V. Sai M.
Route cause for Non-Conformance – if observed : -	
Corrective Action: -	
Signature of Auditee:	Date: 9/5/2020
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report reference): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/5/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 9/5/2020

Dept of audit: <u>CSE</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Verification of student / faculty Association Activities</u>	
Name of the auditor: <u>B.R.K. Singh</u>	Signature of the auditor:
Name of the auditee: <u>V. Sathishkumar</u>	Signature of the auditee: <u>V. Sai M.</u>
Route cause for Non-Conformance – if observed: <u>Nil</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>V. Sai M.</u>	Date: <u>9/5/2020</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>9/5/2020</u>

CC: Auditor, Auditee

HOD/Date: 9/5/2020

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 19-20

Date : 9/5/2020

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit <p>Checked the record of Syllabus monitoring. Dept has been maintaining the record for every 15 days. Found good.</p>	
Name of the auditor: K. Prasad	Signature of the auditor
Name of the auditee: SBC Prasad	Signature of the auditee
Root cause for Non-Conformance – if observed : Nil	
Corrective Action: Nil	
Signature of Auditee: _____	Date: 9/5/20
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/5/20

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 19-20

Date : 9/5/2020

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <p style="text-align: center;"><i>Records of Competence of Staff/faculty Verified. Found Satisfactory</i></p>	
Name of the auditor: K. Prasad	Signature of the auditor:
Name of the auditee: SBC Prasad	Signature of the auditee:
Root cause for Non-Conformance – If observed : —	
Corrective Action:	
Signature of Auditee:	Date: 9/5/20
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: 9/5/20

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 19/20

Date : 9/5/2020

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <i>Staff paper presentations / publications file verified. Dept. Encouraging faculty to publish papers found satisfactory.</i>	
Name of the auditor: K. Prasad	Signature of the auditor:
Name of the auditee: SBC Prasad	Signature of the auditee:
Root cause for Non-Conformance - if observed : <input type="checkbox"/>	
Corrective Action:	
Signature of Auditee:	Date: 9/5/20
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/5/20

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 19-20

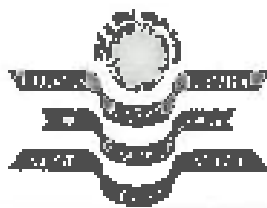
Date : 9/5/2020

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified Student Feedback on faculty - class wise - - Found good.	
Name of the auditor: K. Prasad	Signature of the auditor
Name of the auditee: SBC Prasad	Signature of the auditee
Root cause for Non-Conformance – if observed : —	
Corrective Action:	
Signature of Auditee:	Date: 9/5/20
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/5/20

CC: Auditor, Auditee

HOD/Data

Principal/Data



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ACADEMIC AUDIT FINDING REPORT 19-20

Date : 9/15/2020

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <p style="text-align: center;">Verified lab manuals, lab time-tables & labwise students attendance register - Found Satisfactory.</p>	
Name of the auditor: K. Prasad	Signature of the auditor
Name of the auditee: SBC Prasad	Signature of the auditee
Root cause for Non-Conformance - If observed : ---	
Corrective Action:	
Signature of Auditee:	Date: 9/15/20
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report reference):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/15/20

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 09-05-2020

Dept of audit: EXAM CELL	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: provisional certificates. Sample 1: 15H41A0368 - P. Ram Sai - M.ECH Sample 2: 15H41A0410 - Chandrakabam - ECE	
Name of the auditor: Mr. BRK Singh	Signature of the auditor
Name of the auditee: Mr. M. Sunil Kumar	Signature of the auditee
Route cause for Non-Conformance – if observed: NIL	
Corrective Action: —	
Signature of Auditee: —	Date: —
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 09-05-2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 09-05-2020

Dept of audit: Examcell	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Internal marks register Sample 1: B.Tech I Sem - Oct/Nov 2019. Sample 2: B.Tech I Sem Reg/Supple - Dec-2019.	
Name of the auditor: Mr. B.R.K. Singh	Signature of the auditor: [Signature]
Name of the auditee: Mr. M. Sumit Kumar	Signature of the auditee: [Signature]
Route cause for Non-Conformance – If observed : - NIL -	
Corrective Action: -	
Signature of Auditee: -	Date: -
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: 09-05-2020

CC: Auditor, Auditee

[Signature]
09/5/20

HOD/Date

[Signature]
09/5/20

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 09-05-2020

Dept of audit: <u>Excell</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>D-form report</u>	
Sample 1: <u>B.Tech I Sem Reg (supple) Linear Algebra & Differential equations</u> <u>Dt: 04-01-2020.</u>	
Name of the auditor: <u>Mr. B.R.K. Singh</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>Mr. M. Subil Kumar</u>	Signature of the auditee: <u>[Signature]</u>
Route cause for Non-Conformance - If observed : <u>NIL</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>—</u>	Date: <u>—</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: <u>[Signature]</u>	Date: <u>09-05-2020</u>

CC: Auditor, Auditee

[Signature]
09/5/20

[Signature]
 HOD/Date

[Signature]
 Principal/Date



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2

ACADEMIC AUDIT FINDING REPORT

Date: 9/5/2020

Dept of audit: T&P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: • Verified Alumni Registration Form and student backup details.	
Name of the auditor: A. Naga Pavan Kumar	Signature of the auditor
Name of the auditee: B. Rajesh	Signature of the auditee
Route cause for Non-Conformance – if observed : _____	
Corrective Action:	
Signature of Auditee:	Date: 9/5/2020
Probable date of completion of work: _____	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : ✓	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/5/2020

CC: Auditor, Auditee


HOD/Date


Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2020

Dept of audit: <u>IT & P</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Verified Internal audit finding report Non-conformance report.</u>	
Name of the auditor: <u>A. Nagapavan Kumar</u>	Signature of the auditor:
Name of the auditee: <u>B. Rajesh</u>	Signature of the auditee: <u>B. Raj</u>
Route cause for Non-Conformance – If observed :	
Corrective Action:	
Signature of Auditee:	Date: <u>9/5/2020</u>
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report reference): _____	
Result of follow-up audit : <input checked="" type="checkbox"/>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>9/5/2020</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2020

Dept of audit: TGP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Recorded Feedback From Employers.	
Name of the auditor: A. Naga Pavankumar	Signature of the auditor:
Name of the auditee: B. Rajah	Signature of the auditee:
Route cause for Non-Conformance - if observed :	
Corrective Action:	
Signature of Auditee:	Date: 9/5/2020
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/5/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 9/5/2020

Dept of audit: TGP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: checked Interested parties & their expectations.	
Name of the auditor: A. Nagapavan Kumar	Signature of the auditor
Name of the auditee: B. Rajesh	Signature of the auditee B. Rajesh
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 9/5/2020
Probable date of completion of work: —	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: 9/5/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 9/5/2020

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified internal and external issues action plan of the students.	
Name of the auditor: A. Naga Pavan Kumar	Signature of the auditor
Name of the auditee: B. Rajesh	Signature of the auditee
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 9/5/2020
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 9/5/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 9/5/2020

Dept of audit: TGP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified Internal & external issues, action plan of the students Recorded.	
Name of the auditor: A. Naga Parvathikumari	Signature of the auditor
Name of the auditee: B. Rajesh	Signature of the auditee B. Rajesh
Root causes for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 9/5/2020
Probable date of completion of work: —	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 9/5/2020

CC: Auditor, Auditee

HOD/Date

Principal/Date

2018-2019



ACADEMIC AUDIT FINDING REPORT

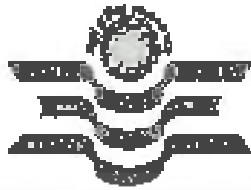
Date : 12-11-2018

Dept of audit: <u>Civil Engineering</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Department analysed batchwise Academic performance and all details were evident to review further.</u>	
Name of the auditor: <u>A.V. Ravikumar</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance – If observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>[Signature]</u>	Date: <u>12-11-2018</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>12-11-2018</u>

CC: Auditor, Auditee

[Signature]
 HOD/Date

[Signature]
 Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 12-11-2018

Dept of audit: <u>Civil Engineering</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Faculty members analyses sem-wise results in respective branch of II, III, IV students.</u>	
Name of the auditor: <u>A.V. Ravi Kumar</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance – If observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>[Signature]</u>	Date: <u>12-11-2018</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>12-11-2018</u>

CC: Auditor, Auditee

[Signature]
 HOD/Date

[Signature]
 Principal/Date



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U-19
I-4

ACADEMIC AUDIT FINDING REPORT

Date: 12-11-2018

Dept of audit	CE	Category: Major <input type="radio"/>	Minor <input type="radio"/>
Description of audit	Before leaving the Campus department receives details of outgoing students in Alumni registration Form. Sample 1: 2016-2019 - Batch lateral students Sample 2: 2015-2019 - Batch Regular students.		
Name of the auditor:	A.V. Ravit Kumar	Signature of the auditor	
Name of the auditee:	K. Prasad	Signature of the auditee	
Root cause for Non-Conformance - if observed :	-		
Corrective Action:	-		
Signature of Auditee:		Date:	12-11-2018
Probable date of completion of work:	-		
Date of follow-up audit:	-		
Effectiveness of Corrective action verified (Report references):	-		
Result of follow-up audit :	-		
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>		
Signature of the Auditor:		Date:	13-11-2018

CC: Auditor, Auditee

HOD/Date

Principal/Date



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18-19
①

ACADEMIC AUDIT FINDING REPORT

Date : 12-11-2018

Dept of audit: CE	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Verification of Syllabus Coverage	
Name of the auditor: AV Ravi Kumar	Signature of the auditor:
Name of the auditee: K. Prasad	Signature of the auditee:
Route cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 12-11-2018
Probable date of completion of work: —	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 12-11-2018

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 12-11-2018

Dept of audit: EEE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: 1. Verified Syllabus Coverage Monitoring and other related documents	
Name of the auditor: Mr. A NAGA RAVI KUMAR	Signature of the auditor
Name of the auditee: Mr AV RAVI KUMAR	Signature of the auditee
Route cause for Non-Conformance – If observed: NIL	
Corrective Action: —	
Signature of Auditee:	Date: 12-11-2018
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 12-11-2018

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 12-11-2018

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Verified student performance report</u> <u>Verified Stock Registers</u> <u>Verified Lab internal record</u>	
Name of the auditor: <u>Mr ANAGA RAJAN Kumar</u>	Signature of the auditor
Name of the auditee: <u>Mr AV LAKSHI Kumar</u>	Signature of the auditee
Route cause for Non-Conformance – if observed: <u>Maintain Stock registers</u>	
Corrective Action:	
Signature of Auditee:	Date: <u>12-11-2018</u>
Probable date of completion of work:	
Date of follow-up audit: <u>15-11-2018</u>	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : <u>Closed</u>	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>15-11-2018</u>

CC: Auditor, Auditee

HOD/Datta

Principal/Datta



ACADEMIC AUDIT FINDING REPORT

Date : 12-11-2018

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>checked syllabus coverage monitoring</u> <u>checked staff attendance registers</u>	
Name of the auditor: <u>Mr. A Nagesh Kumar</u>	Signature of the auditor:
Name of the auditee: <u>Mr. A V Sairi Kumar</u>	Signature of the auditee:
Route cause for Non-Conformance – if observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee:	Date: <u>12-11-2018</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit : <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>12-11-2018</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 12-11-2018

Dept of audit: <u>EEB</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Verification of Laboratory details, Stock and log books</u>	
Name of the auditor: <u>Mr A Naga Praveen Kumar</u>	Signature of the auditor:
Name of the auditee: <u>Mr AV Suresh Kumar</u>	Signature of the auditee:
Route cause for Non-Conformance - If observed: <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditor:	Date: <u>12-11-2018</u>
Probable date of completion of work:	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit: <u>Completed</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>12-11-2018</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 12-11-2018

Dept of audit: <u>EEG</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Details of Seminars & Workshops attended by the students</u>	
Name of the auditor: <u>Mr. A Naga Prasad Prasad</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>Mr. A Vikas Prasad</u>	Signature of the auditee: <u>[Signature]</u>
Route cause for Non-Conformance – if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>[Signature]</u>	Date: <u>12-11-2018</u>
Probable date of completion of work:	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit: <u>—</u>	
Status of audit: Closed <input checked="" type="checkbox"/> Not-Closed: <input type="checkbox"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>12-11-2018</u>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2018

Dept of audit: Mechanical Engineering	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Department Monitors subject wise syllabus allocated to the faculty for smooth running of ISEM. After that basing on the syllabus coverage corrective actions planned.	
Name of the auditor: Mrs. V. Srilakshmi	Signature of the auditor: <i>V. Srilakshmi</i>
Name of the auditee: Mr. A. Naga Pavan Kumar	Signature of the auditee: <i>A. Naga Pavan Kumar</i>
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: <i>A. Naga Pavan Kumar</i>	Date: 12/11/2018
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <i>V. Srilakshmi</i>	Date: 12/11/2018

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 12/11/2018

Dept of audit: Mechanical	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Based on JNTUK Curriculum department receives faculty requisition from other departments for interdepartment subjects for smooth running of sem I	
Name of the auditor: Mrs. V. Sri Lakshmi	Signature of the auditor: V. Sri Lakshmi
Name of the auditee: Mr. A. Naga Pavan Kumar	Signature of the auditee: A. Naga Pavan Kumar
Root cause for Non-Conformance - If observed:	
Corrective Action:	
Signature of Auditee: [Signature]	Date: 12/11/2018
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: V. Sri Lakshmi	Date: 12/11/2018

CC: Auditor, Auditee

HOD/Date **[Signature]**

Principal/Date **[Signature]**



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ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2018

Dept of audit: <u>Mechanical</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Dept Evaluates and analyse subject wise marks achieved by the students in MID-I and MID-II of (18-19) sem I details</u>	
Name of the auditor: <u>Mrs.V.Srilakshmi</u>	Signature of the auditor: <u>V.Sai M.</u>
Name of the auditee: <u>Mr.A.NagaPravoukumar</u>	Signature of the auditee: <u>[Signature]</u>
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: <u>[Signature]</u>	Date: <u>12/11/18</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>V.Sai M.</u>	Date: <u>12/11/18</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2018

Dept of audit: Mechanical	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: After completion of lab internal dept reports lab wise performance of individual students with all the details	
Name of the auditor: Mrs. V. Sailakshmi	Signature of the auditor V. Sailakshmi
Name of the auditee: Mr. A. Naga Pavan Kumar	Signature of the auditee A. Naga Pavan Kumar
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: [Signature]	Date: 12/11/2018
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor: V. Sailakshmi	Date: 12/11/2018

CC: Auditor, Auditee

HOD/Date **[Signature]**

Principal/Date **[Signature]**



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ACADEMIC AUDIT FINDING REPORT

Date : 12/11/18

Dept of audit: Mechanical	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: checked student Result Analysis Department wise. checked student details Register.	
Name of the auditor: MRS.V. Sri Lakshmi	Signature of the auditor: V. Smita
Name of the auditee: Mr. A. Nagapavan Kumar	Signature of the auditee: A
Root cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: A	Date: 12/11/18
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input checked="" type="checkbox"/>	
Signature of the Auditor: V. Smita	Date: 12/11/18

CC: Auditor, Auditee

HOB/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 12/11/18

Dept of audit: <i>mechanical</i>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <i>verified faculty R&D Register</i>	
Name of the auditor: <i>Mrs. V. Srilakshmi</i>	Signature of the auditor <i>V. Srilakshmi</i>
Name of the auditee: <i>Mr. A. Naga Pavan Kumar</i>	Signature of the auditee <i>A. Naga Pavan Kumar</i>
Root cause for Non-Conformance – if observed : <i>update faculty R&D Register.</i>	
Corrective Action: <i>[Signature]</i>	
Signature of Auditee: <i>[Signature]</i>	Date: <i>12/11/18</i>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit :	
Status of audit Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <i>V. Srilakshmi</i>	Date: <i>12/11/18</i>

CC: Auditor, Auditee

HOB/Date *[Signature]*

Principal/Date *[Signature]*



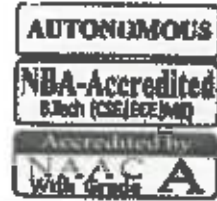
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ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2018

Dept of audit: <u>ECE</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: → checked internal examination files, Answer book sets, evaluation of internal lab marks	
Name of the auditor: <u>Mr. S.B.C. Prasad</u>	Signature of the auditor
Name of the auditee: <u>Mr. B.R.K. Singh</u>	Signature of the auditee
Route cause for Non-Conformance – if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee:	Date: <u>12/11/2018</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>12/11/2018</u>

CC: Auditor, Auditee

HOD/Date 12/11/18

Principal/Date



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 e-mail: devhemic@mictech.ac.in, Website: www.mictech.ac.in



18-19
 2 Sem

ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2018.

Dept of audit: E. C. E.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: After Completion of internal lab session & examinations, the department reports achievements of marks (day to day evaluation, record, internal lab performance) in ECE - F046. Sample 1: Hemaniyothik - 16H71A0414 - II/2sem - 23/25 - PDCLAB Sample 2: D.Devishyama - 16H71A04B7 - II/2sem - 18/25 - LICALAB	
Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor
Name of the auditee: Mr. B.R.K Singh	Signature of the auditee
Root cause for Non-Conformance - If observed : - -	
Corrective Action: - -	
Signature of Auditee:	Date: - -
Probable date of completion of work: - -	
Date of follow-up audit: - -	
Effectiveness of Corrective action verified (Report references): - -	
Result of follow-up audit : - -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 12/11/2018,

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 12/11/2018

Dept of audit: <u>E.C.E</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Based on Curriculum lesson plans have been prepared topic wise with no. of hours required. BCE - 007 (2018-19, II-Semester). Sample 1: Mr. D. Rahul - AC - II/II sem - Total hours - 68. Sample 2: Mr. K.V. Seshagiri Rao - MWE - III/II sem - Total hours - 66.</u>	
Name of the auditor: <u>Mr. S.B.C Prasad</u>	Signature of the auditor:
Name of the auditee: <u>Mr. B.R.K Singh</u>	Signature of the auditee:
Root cause for Non-Conformance - if observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee:	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit : <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>12/11/2018.</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2018.

Dept of audit: E.C.E	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Subject options forms taken from faculty and subjects are allocated properly. ECE-003 (2018-19, I sem). Sample 1 : B.R.K Singh - options given (DE, BME) The subject allotted is Electronic measurement & Instrumentation. Sample 2 : Mr. L. Pruganesh - option given (MPMC, MUE, SS) - The subject allotted MPMC & MPMC lab & CMC for one section.	
Name of the auditor: Mr. S.B.C Prasad	Signature of the auditor
Name of the audtee: Mr. B.R.K Singh	Signature of the audtee
Root cause for Non-Conformance - if observed : _____	
Corrective Action: _____	
Signature of Audtee:	Date: _____
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit: _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 12/11/2018.

CC: Auditor, Audtee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
MIC College of Technology

(Approved by AICTE & Permanently Affiliated to JNTUK, Kakinada)

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ACADEMIC AUDIT FINDING REPORT

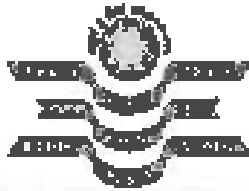
Date : 12/11/2018

Dept of audit: <u>ECE</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: 1. Syllabus analysis for II, III, IV years have been placed. 2. Subject allocation & other responsibilities have been placed. 3. Subjects have been allotted based on options given by the faculty, K.S.R Sastri interested subjects lowpower IC design, DE, CAD allotted subject lowpower IC design.	
Name of the auditor: <u>Mr. S.B.C Prasad</u>	Signature of the auditor:
Name of the auditee: <u>Mr. B.R.K. Singh.</u>	Signature of the auditee:
Root cause for Non-Conformance – If observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee:	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit: <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>12/11/2018.</u>

CC: Auditor,

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar
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e-mail: deventec@micctech.ac.in, Website: www.micctech.ac.in



ACADEMIC AUDIT FINDING REPORT

Date: 12/11/2018

Dept of audit: <u>ECE</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Department library, ECE-022, Record of issuing Textbooks to faculty & Return.</u> <u>Sample 1: T. Sri Devi (CAC Textbook - ACCNo: 901560) issue on 3/11/2018 and returned on 9/11/2018.</u> <u>Sample 2: Savithesh madhulika sharma (VLSI Textbook - ACCNO: 10211) issue on 4/10/2018 and returned on 15/10/2018.</u>	
Name of the auditor: <u>Mr. S.B.C prasad</u>	Signature of the auditor:
Name of the auditee: <u>Mr. B.R.K. Singh</u>	Signature of the auditee:
Root cause for Non-Conformance - If observed: <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee:	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit: <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>---</u>	Date: <u>12/11/2018</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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 e mail: dvramfo@micotech.ac.in, Website: www.micotech.ac.in



ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2018

Dept of audit: <u>Admin</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>verified internal circulars</u> <u>verified students admission registers</u> <u>sample Rajani verified</u>	
Name of the auditor: <u>V. Sri Lakshmi</u>	Signature of the auditor: <u>V. Sri M.</u>
Name of the auditee: <u>A. Balaji</u>	Signature of the auditee: <u>A. B. Kumar</u>
Route cause for Non-Conformance – If observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>—</u>	Date: <u>—</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>12/11/2018</u>

CC: Auditor, Auditee

A. B. Kumar
 HOD/Date 12/11/2018

[Signature]
 Principal/Date



Devineni Venkata Ramana & Dr. Hima Sekhar
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ACADEMIC AUDIT FINDING REPORT

Date : 12/11/2018

Dept of audit: Library	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: Department Maintainence, Students feedback on Library resources and Maintainence. reports are verified. Department analysts utility of student faculty month wise. for knowing the status of Library usage	
Name of the auditor: Mr.SBC PRASAD .	Signature of the auditor
Name of the audtee: B. MANDHIRA	Signature of the audtee
Route cause for Non-Conformance - if observed : ---	
Corrective Action: ---	
Signature of Auditee: ---	Date: ---
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit : ---	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input checked="" type="checkbox"/>	
Signature of the Auditor:	Date: 12/11/2018

CC: Auditor, Auditee

HOD/Date 12/11/18

Principal/Date



Devineeni Venkata Ramana & Dr.Hirna Sekhar
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ACADEMIC AUDIT FINDING REPORT

Date : ..13/11/2018

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verification of students selected in on and off Campus recruitment along with offer letter	
Name of the auditor: B. R. E. Singh	Signature of the auditor
Name of the auditee: V. Srikakshmi	Signature of the auditee V. Sai M
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee: V. Sai M	Date: 13/11/2018
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 13/11/2018

CC: Auditor, Auditee

Jayal
 HOD/Date

3820
 Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 13/11/2018

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: verification of faculty workload and other responsibilities assign to the faculty	
Name of the auditor: B. R. K. Singh	Signature of the auditor
Name of the auditee: V. Sathakshmi	Signature of the auditee V. Sai M.
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditor: V. Sai M.	Date: 13/11/2018
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report reference): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 13/11/2018

CC: Auditor, Auditee

[Signature]

Jayash
 HOD/CSE

[Signature]
 Principal/Date



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ACADEMIC AUDIT FINDING REPORT

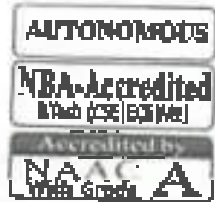
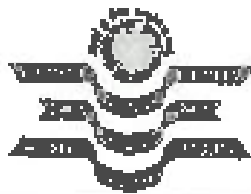
Date : 13/11/2018

Dept of audit: COE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Semesters wise subject list and subject allotment to the faculty, Assigning lab incharges	
Name of the auditor: B.R.K. Singh	Signature of the auditor
Name of the auditee: V. Smitabehmi	Signature of the auditee V. Smita
Root cause for Non-Conformance – if observed : —	
Corrective Action: —	
Signature of Auditee:	Date: 13/11/2018
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 13/11/2018

CC: Auditor, Auditee

Jayal
 HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 13/11/2018

Dept of audit: CSE		Category: Major <input type="radio"/> Minor <input type="radio"/>	
Description of audit Details of FDPs attended by the faculty			
Name of the auditor: B.R.K. Singh		Signature of the auditor <i>[Signature]</i>	
Name of the auditee: V. Srilakshmi		Signature of the auditee <i>[Signature]</i>	
Root cause for Non-Conformance - if observed : <input type="checkbox"/>			
Corrective Action: <input type="checkbox"/>			
Signature of Auditee: <i>[Signature]</i>		Date: 13/11/2018	
Probable date of completion of work: <input type="checkbox"/>			
Date of follow-up audit: <input type="checkbox"/>			
Effectiveness of Corrective action verified (Report references): <input type="checkbox"/>			
Result of follow-up audit : <input type="checkbox"/>			
Status of audit: Closed <input checked="" type="radio"/>		Not Closed: <input type="radio"/>	
Signature of the Auditor:		Date: 13/11/2018	

CC: Auditor, Auditee
[Signature]

Jayal
HOD/Date

[Signature]
Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 13/11/2018

Dept of audit: CSE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Verification of faculty workload, Timetables and other responsibilities Subjectwise feedback forms	
Name of the auditor: B.R.K. Singh	Signature of the auditor
Name of the auditee: V. Srilakshmi	Signature of the auditee
Route cause for Non-Conformance – if observed : Nil	
Corrective Action: —	
Signature of Auditee: V. Srilakshmi	Date: 13/11/2018
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references): —	
Result of follow-up audit: —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 13/11/2018

CC: Auditor, Auditee

HOD/Date 13/11/2018

Principal/Date



ACADEMIC AUDIT FINDING REPORT 18-19

Date : 13/11/2018

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <i>Checked the faculty qualifications & distribution of work load. - Found Satisfactory.</i>	
Name of the auditor: E. Prasada	Signature of the auditor:
Name of the auditee: SBC Prasad	Signature of the auditee:
Root cause for Non-Conformance - if observed : nil	
Corrective Action: nil	
Signature of Auditee: _____	Date: 13/11/18
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 13/11/18

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 18-19

Date : 13/11/2018

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <i>Record of workshop / Guest lecturer / Seminar attendance by the Staff / Faculty file is verified. Confirmed that Dept. is actively allowing the Staff & recording their attendance for workshops / G.L / Seminars etc</i>	
Name of the auditor: K. Prasad	Signature of the auditor
Name of the auditee: S.B.C. Prasad	Signature of the auditee
Root cause for Non-Conformance - If observed : <i>nil</i>	
Corrective Action:	
Signature of Auditee:	Date: 13/11/2018
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 13/11

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

18-19

Date : 13/11/2018

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified the students monthly attendance report - found good.	
Name of the auditor: K. Prasad	Signature of the auditor: [Signature]
Name of the auditee: SBC Prasad	Signature of the auditee: [Signature]
Root cause for Non-Conformance - If observed : Nil	
Corrective Action:	
Signature of Auditee:	Date:
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date:

CC: Auditor, Auditee

[Signature]
HOD/Date

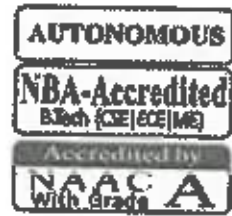
[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT 18-19

Date : 13/11/2018

Dept of audit: BED		Category: Major <input type="radio"/> Minor <input type="radio"/>	
Description of audit: <p>Verified the Result analysis file. Found that Dept ^{Maintaining} result analysis file upto date & semester wise & dept wise analysis is observed.</p>			
Name of the auditor: K. prasad		Signature of the auditor	
Name of the auditee: SBC prasad		Signature of the auditee	
Root cause for Non-Conformance - If observed : nil			
Corrective Action:			
Signature of Auditor:		Date: 13/11	
Probable date of completion of work:			
Date of follow-up audit:			
Effectiveness of Corrective action verified (Report reference):			
Result of follow-up audit :			
Status of audit: Closed <input checked="" type="radio"/>		Not Closed: <input type="radio"/>	
Signature of the Auditor:		Date: 13/11	

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 18-19

Date : 13/11/2018

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified the condonation list - Sem wise - Found good.	
Name of the auditor: K. prasad	Signature of the auditor
Name of the auditee: SBC prasad.	Signature of the auditee
Root cause for Non-Conformance - if observed : nil	
Corrective Action:	
Signature of Auditee:	Date: 13/11
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 13/11

CC: Auditor, Auditee

HOD/Date

Principal/Date



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 Grade **A**

ACADEMIC AUDIT FINDING REPORT

Date : 13-11-2018

Dept of audit: Exam cell	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: provisional certificate sample 1: 14H71A0241 - P.Visayalakshmi - ECE sample 2: 14H71A0579 - Sri Susha Alekya - CSE	
Name of the auditor: Mr. B.R.K. Singh	Signature of the auditor
Name of the auditee: Ms. M. Sunil Kumar	Signature of the auditee
Root cause for Non-Conformance - if observed : - Nil -	
Corrective Action: -	
Signature of Auditee: -	Date: -
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report reference): -	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: -	Date: 13-11-2018

CC: Auditor, Auditee
 13/11/18

HOD/Date
 13/11/18

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 13-11-2018

Dept of audit: Exam cell	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Exam Notice file. Sample 1: B.B.Tech II sem suppl NOV-2018 - Exam timetable notification 27-10-2018 Sample 2: mca II sem reg/suppl NOV-2018 - Exam timetable notification 01-10-2018	
Name of the auditor: Mr. B.R.K. Singh	Signature of the auditor:
Name of the auditee: Mr. M. Suresh Kumar	Signature of the auditee:
Root cause for Non-Conformance - If observed: - Nil -	
Corrective Action: -	
Signature of Auditee: -	Date: -
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit: -	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 13-11-2018

CC: Auditor, Auditee
 13/11/18

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date: 13-11-2018

Dept of audit: <u>Exam Cell</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>D- form Report</u>	
Sample 1: MB A II Sem <u>MB A II Sem - organizational behaviour</u> - Dt. 25-06-2018	
Sample 2: <u>B.Tech I Sem - computer network</u> - Dt. 29-10-2018	
Name of the auditor: <u>Mr. B. Rk SMOH</u>	Signature of the auditor:
Name of the auditee: <u>M. Sunil Kumar OIG</u>	Signature of the auditee:
Root cause for Non-Conformance - If observed: <u>- Nil -</u>	
Corrective Action: <u>-</u>	
Signature of Auditee: <u>-</u>	Date: <u>-</u>
Probable date of completion of work: <u>-</u>	
Date of follow-up audit: <u>-</u>	
Effectiveness of Corrective action verified (Report references): <u>-</u>	
Result of follow-up audit: <u>-</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 13-11-2018

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 13/11/2018

Dept of audit: T&P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: - Verified staff requisition form to recruit placement staff. - Verified material Indent of (lab) the students	
Name of the auditor: A. Naga Pavankumar	Signature of the auditor
Name of the auditee: B. Rajesh	Signature of the auditee B. Rajesh
Route cause for Non-Conformance - if observed : ---	
Corrective Action: ---	
Signature of Auditor: A. Naga Pavankumar	Date: 13/11/2018
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit : ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: A. Naga Pavankumar	Date: 13/11/2018

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 13/11/2018

Dept of audit: <u>T & P</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>-verified student Performance of Training data, material Indent of (lab) and student</u>	
Name of the auditor: <u>A. Naga Pavan Kumar</u>	Signature of the auditor
Name of the auditee: <u>B. Rajesh</u>	Signature of the auditee <u>B. Raj</u>
Root cause for Non-Conformance - if observed: <u>—</u>	
Corrective Action:	
Signature of Auditee:	Date: <u>13/11/2018</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit: <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>13/11/2018</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineni Venkata Ramana & Dr.Hima Sekhar
MIC College of Technology

(Approved by AICTE & Permanently Affiliated to JNTUK, Kakinada)

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ACADEMIC AUDIT FINDING REPORT

Date : 13/11/2018

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: verified Record of mock interview conducted students	
Name of the auditor: A. Naga Parvan Kumar	Signature of the auditor: [Signature]
Name of the auditee: B. Rajesh.	Signature of the auditee: B. Raj [Signature]
Root cause for Non-Conformance - if observed : —	
Corrective Action:	
Signature of Auditee:	Date: 13/11/2018
Probable date of completion of work:	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: 13/11/2018

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 13/11/2018

Dept of audit: <u>T & P</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Verified online Internship of Training and verified the data</u>	
Name of the auditor: <u>A. Naga Parankumar</u>	Signature of the auditor
Name of the auditee: <u>B. Rajesh</u>	Signature of the auditee <u>B. Raj</u>
Root cause for Non-Conformance – If observed :	
Corrective Action:	
Signature of Auditee:	Date: <u>13/11/2018</u>
Probable date of completion of work: <u> </u>	
Date of follow-up audit: <u> </u>	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : <u> </u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>13/11/2018</u>

CC: Auditor, Auditee

HOB/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 13/11/2018

Dept of audit: <u>Training and Placement</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Verified and checked campus placements and academic performance of students.</u>	
Name of the auditor: <u>A. Naga Pavan Kumar</u>	Signature of the auditor:
Name of the auditee: <u>B. Rajesh</u>	Signature of the auditee:
Root cause for Non-Conformance - if observed :	
Corrective Action:	
Signature of Auditee:	Date: <u>13/11/2018</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>13/11/2018</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 13/11/2018

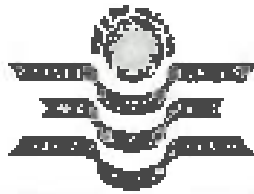
Dept of audit: J & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified Record of Aptitude test conducted for students	
Name of the auditor: A. Naga Parankumar	Signature of the auditor
Name of the auditee: B. Rajesh	Signature of the auditee B. Raj
Real cause for Non-Conformance – If observed :	
Corrective Action:	
Signature of Auditee:	Date: 13/11/2018
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	

Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 13/11/2018

CC: Auditor, Auditee

HOD/Data

Principal/Data



ACADEMIC AUDIT FINDING REPORT

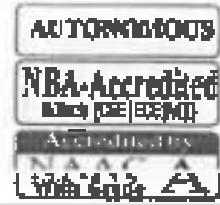
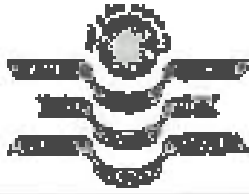
Date: 06-05-2019

Dept of audit: <u>Civil Engineering.</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Department monitors subject wise syllabus allocated to the faculty for smooth running of I sem. After that basing on the syllabus coverage corrective actions planned.</u>	
Name of the auditor: <u>A.V. Ravi Kumar</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee: <u>[Signature]</u>
Route cause for Non-Conformance – If observed: <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>[Signature]</u>	Date: <u>06-05-2019</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report reference): <u>—</u>	
Result of follow-up audit: <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>06-05-2019</u>

CC: Auditor, Auditee

[Signature]
 HOD/Date

[Signature]
 Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 06-05-2019

Dept of audit: <u>Civil</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Basing on JNTUK curriculum department receives faculty requisition form from other departments for interdepartment subjects for smooth running of 18-19 (1st sem).</u>	
Name of the auditor: <u>A.V. Ravikumar</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee: <u>[Signature]</u>
Route cause for Non-Conformance – if observed: <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>[Signature]</u>	Date: <u>06-05-2019</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit: <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>06-05-2019</u>

CC: Auditor, Auditee

[Signature]
 HOD/Dept

[Signature]
 Principal/Date



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18-19

1-3

ACADEMIC AUDIT FINDING REPORT

Date: 06-05-2019

Dept of audit: <u>Civil Engineering.</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Dept Evaluator and analyze subject wise marks achieved by the students in MID-I and MID-II of (18-19) II sem details.</u>	
Name of the auditor: <u>A.V. Ravi Kumar</u>	Signature of the auditor <u>[Signature]</u>
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee <u>[Signature]</u>
Route cause for Non-Conformance – If observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>[Signature]</u>	Date: <u>06-05-2019</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>[Signature]</u>	Date: <u>06-05-2019</u>

CC: Auditor, Auditee

[Signature]
HOD/Date

[Signature]
Principal/Date



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18-19
 1. (4)

ACADEMIC AUDIT FINDING REPORT

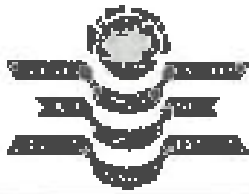
Date: 06-05-2019

Dept of audit: Civil	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: After completion of Lab Internals dept reports Lab wise performance of individual students with all the details.	
Name of the auditor: A.V. Rav Kumar	Signature of the auditor
Name of the auditee: K. Prasad	Signature of the auditee
Route cause for Non-Conformance – If observed : <input type="checkbox"/>	
Corrective Action: <input type="checkbox"/>	
Signature of Auditee:	Date: 06-05-2019
Probable date of completion of work: <input type="checkbox"/>	
Date of follow-up audit: <input type="checkbox"/>	
Effectiveness of Corrective action verified (Report references): <input type="checkbox"/>	
Result of follow-up audit : <input type="checkbox"/>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 06-05-2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



MC-11

ACADEMIC AUDIT FINDING REPORT

Date: 06-05-2019

Dept of audit: <u>Civil Engineering</u>	Category: Major <input type="radio"/> Minor <input checked="" type="radio"/>
Description of audit <u>checked student Result Analysis Department wise.</u> <u>checked student detail Register.</u>	
Name of the auditor: <u>A.V. Ravi Kumar.</u>	Signature of the auditor:
Name of the auditee: <u>K. Prasad</u>	Signature of the auditee:
Route cause for Non-Conformance – if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee:	Date: <u>06-05-2019</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit : <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>06-05-2019.</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 06/05/19

Dept of audit: Mechanical	Category: Major <input checked="" type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: Department Monitors Subject wise syllabus Allocated to the faculty for smooth running of II SEM. After that basing on the syllabus Coverage corrective actions planned.	
Name of the auditor: Mrs. V. Sri Lakshmi	Signature of the auditor: <i>[Signature]</i>
Name of the auditee: Mrs. A. Naga Parvathi Kumari	Signature of the auditee: <i>[Signature]</i>
Route cause for Non-Conformance – If observed :	
Corrective Action:	
Signature of Auditee: <i>[Signature]</i>	Date: 06/05/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input checked="" type="radio"/>	
Signature of the Auditor: <i>[Signature]</i>	Date: 06/05/19

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 06/05/19

Dept of audit: Mechanical	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Basing on Curriculam department receives faculty requisition form from other departments for interdepartment subjects for smooth running of (18-19) (II SEM)	
Name of the auditor: Mrs. V. Srilakshmi	Signature of the auditor: <i>V. Srilakshmi</i>
Name of the auditee: Mr. A. Naga Payam Kumar	Signature of the auditee: <i>A. Naga Payam Kumar</i>
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: <i>A. Naga Payam Kumar</i>	Date: 06/05/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <i>V. Srilakshmi</i>	Date: 06/05/19

CC: Auditor, Auditee

[Signature]
 HOE/Date

[Signature]
 Principal/Date



ACADEMIC AUDIT FINDING REPORT

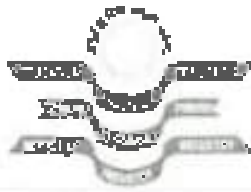
Date: ..06/05/19

Dept of audit: <u>mechanical</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Dept Evaluates and analyse subject wise marks achieved by the students in MID-I and MID-II of (18-19) II sem details.</u>	
Name of the auditor: <u>Mrs. V. Sri Lakshmi</u>	Signature of the auditor: <u>V. Saini</u>
Name of the auditee: <u>Mrs. A. Naga Pavan kumar</u>	Signature of the auditee: <u>[Signature]</u>
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: <u>[Signature]</u>	Date: <u>06/05/19</u>
Probable date of completion of work	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>N. Saini</u>	Date: <u>06/05/19</u>

CC: Auditor, Auditee

[Signature]
 HOD/Date

[Signature]
 Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 06/05/19

Dept of audit: Mechanical	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <p>After completion of lab internal dept reports lab wise performance of individual students with all the details.</p>	
Name of the auditor: Mrs. V. Srilakshmi	Signature of the auditor:
Name of the auditee: Mrs. A. Naga Payan kumar	Signature of the auditee:
Route cause for Non-Conformance - If observed :	
Corrective Action:	
Signature of Auditee:	Date: 06/05/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 06/05/19

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : ..06/05/19

Dept of audit: <u>Mechanical</u>	Category: Major <input checked="" type="radio"/> Minor <input checked="" type="radio"/>
Description of audit: <p style="text-align: center;">Checked student Result Analysis Department wise. Checked student details Register.</p>	
Name of the auditor: <u>Mrs.V.Srilakshmi</u>	Signature of the auditor: <u>[Signature]</u>
Name of the auditee: <u>Mr.A.Nagar Pavan Kumar</u>	Signature of the auditee: <u>[Signature]</u>
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee: <u>[Signature]</u>	Date: <u>06/05/19</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input checked="" type="radio"/>	
Signature of the Auditor: <u>V. Sai M.</u>	Date: <u>06/05/19</u>

CC: Auditor, Auditee

HOD/Date [Signature]

Principal/Date [Signature]



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ACADEMIC AUDIT FINDING REPORT

Date : 06/05/19

Dept of audit: mechanical	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: verified faculty R&D details. Publications, Projects, conferences etc.	
Name of the auditor: MRS. V. Srilakshmi	Signature of the auditor: [Signature]
Name of the auditee: Mr. A. Naga Pavan Kumar	Signature of the auditee: [Signature]
Reason cause for Non-Conformance – If observed:	
Corrective Action:	
Signature of Auditee: [Signature]	Date: 06/05/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: [Signature]	Date: 06/05/19

CG: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 06-05-2019

Dept of audit: EEE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: 1. Verified Feedback-forms of Employees and other related documents	
Name of the auditor: Mr A Naga Prasad Kumar	Signature of the auditor
Name of the auditee: Mr AV Puri Kumar	Signature of the auditee
Route cause for Non-Conformance – If observed: Updated feedback forms	
Corrective Action:	
Signature of Auditee:	Date: 7-5-2019
Probable date of completion of work: 7-5-2019	
Date of follow-up audit: 7-5-2019	
Effectiveness of Corrective action verified (Report references): Updated	
Result of follow-up audit : Completed	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 7-5-2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 06-05-2019

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Maintenance of department - Library and publications of faculty</u>	
Name of the auditor: <u>Mr A Naga Prabha Kumar</u>	Signature of the auditor:
Name of the auditee: <u>Ms AV Anu Kumar</u>	Signature of the auditee:
Route cause for Non-Conformance - if observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee:	Date: <u>6/5/2019</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit : <u>---</u>	
Status of audit: Closed <input type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>6/5/2019</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 06-05-2019

Dept of audit: <u>EEE</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>verified the faculty Qualifications and distributions of workload - found satisfactory</u>	
Name of the auditor: <u>Mr A Naga Prasad Tirumala</u>	Signature of the auditor:
Name of the auditee: <u>Mr AV Laxmi Tirumala</u>	Signature of the auditee:
Route cause for Non-Conformance - if observed: <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee:	Date: <u>6/5/2019</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit: <u>---</u>	
Status of audit: Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>6/5/2019</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 06.05.2019

Dept of audit: <u>EEG</u>	Category: Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: <u>Unified student feedback analysis (classwise)</u> <u>- found good</u>	
Name of the auditor: <u>Ms ANASA PAVAN Kumar</u>	Signature of the auditor:
Name of the auditee: <u>Ms AV RAVI Kumar</u>	Signature of the auditee:
Route cause for Non-Conformance – if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee:	Date: <u>6/5/2019</u>
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit Closed <input checked="" type="checkbox"/> Not Closed: <input type="checkbox"/>	
Signature of the Auditor:	Date: <u>6/5/2019</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

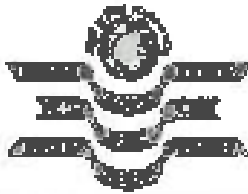
Date: 06/05/2019

Dept of audit: ECE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit verified faculty R&D register.	
Name of the auditor: Mr. SBC Prasad	Signature of the auditor
Name of the auditee: Mr. B.R.K. Singh	Signature of the auditee
Route cause for Non-Conformance – If observed : update R&D register	
Corrective Action: — —	
Signature of Auditee:	Date: 8/05/2019
Probable date of completion of work: 7/05/2019	
Date of follow-up audit: 7/05/2019	
Effectiveness of Corrective action verified (Report references): updated	
Result of follow-up audit: completed	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 06/05/2019

CC: Auditor, Auditee

HOD/Date 08/5/19

Principal/Date



18-19
II sem

ACADEMIC AUDIT FINDING REPORT

Date: 06/05/2019

Dept of audit: ECE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Based on Circulamm, department review Syllabus deliver once in a fortnight with all details in ECE-008. (2018-19 II Semester) from 16/1/19 to 27/3/19	
Sample 1: Mr. ch. pullarao - EMTL - II/II - 48% Covered Sample 2: Ms. Y. Suthi - DSP - II/II - 50% Covered Sample 3: Ms. T. Sridevi - ES - II/II - 60% Covered	
Name of the auditor: Mr. S. B. C. Prasad	Signature of the auditor:
Name of the auditee: Mr. B. R. K. Singh	Signature of the auditee:
Route cause for Non-Conformance - if observed : ---	
Corrective Action: ---	
Signature of Auditee:	Date: 06/05/2019
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit: ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 06/05/2019

Based on lesson plan allotted.

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 06/05/2019

Dept of audit: ECE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Subjectwise feedback received from the student, analyzed by the department & were properly reported & corrective actions. (2018-19 & Sem) Sample 1: Ms. G. Anantha Lakshmi - III/II - PDC - 88% (A) Sample 2: Mr. L. Jisnu Ganesh - III/II - NPMCC - 85% Sample 3: Ms. T. Sridevi - IV/II - ES(B) - 91%	
Name of the auditor: Mr. S. B. C. Prasad	Signature of the auditor:
Name of the auditee: Mr. B. R. K. Singh	Signature of the auditee:
Route cause for Non-Conformance – if observed : ---	
Corrective Action: ---	
Signature of Auditee:	Date: 06/05/2019
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit : ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 06/05/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

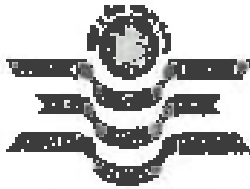
Date : 06/05/2019

Dept of audit: ECE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Based on Curriculum, subject allocation to faculty department established master timetable for smooth running of 18-19, II sem. Sample 1: III/II (Section B) Thu - 2nd hr - MPMC - T.N.S. Bava - deej. Sample 2: IV/II (Section C) Fri - 1st hr - ES - N.S.S. Ramakrishna V.P.	
Name of the auditor: Mr. S.B.C. Prasad	Signature of the auditor:
Name of the auditee: Mr. B.R.K. Singh	Signature of the auditee:
Route cause for Non-Conformance - if observed : _____	
Corrective Action: _____	
Signature of Auditee:	Date: 06/05/2019
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references): _____	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 06/05/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 06/05/2019

Dept of audit: ECE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Department conducted remedial classes for the students before going for Supply Exams.	
Sample 1: 16H71A0419 - EHTL - Enhanced 'D' from 'F'-A. Serada	
Sample 2: 15H71A0443 - DSP - Enhanced "45/23" - Ms. Y. Sarthi	
Name of the auditor: Mr. S. B. C. Prasad	Signature of the auditor:
Name of the auditee: Mr. B. R. K. Singh	Signature of the auditee:
Root cause for Non-Conformance - if observed : ---	
Corrective Action: ---	
Signature of Auditee:	Date: 06/05/2019
Probable date of completion of work:	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references): ---	
Result of follow-up audit : ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 06/05/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 06/05/2019

Dept of audit: ECE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit After completion of lab session department receives feedback from students about the lab facilities, etc., (18-19 II Sem). Sample 1: ECA lab - 2/8 Students Sample 2: DC lab - 2/12 Students Sample 3: MPMC lab - 2/12 Students.	
Name of the auditor: Mr. S. B. C. Prasad	Signature of the auditor
Name of the auditee: Mr. B. R. K. Singh	Signature of the auditee
Route cause for Non-Conformance - if observed : <u> </u>	
Corrective Action: <u> </u>	
Signature of Auditee:	Date: 06/05/2019
Probable date of completion of work: <u> </u>	
Date of follow-up audit: <u> </u>	
Effectiveness of Corrective action verified (Report references): <u> </u>	
Result of follow-up audit : <u> </u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 06/05/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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With Grade

ACADEMIC AUDIT FINDING REPORT

Date : 6/5/2019

Dept of audit: <u>Admin</u>	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: <u>After review of academic tenders from by the authorized person, office receives the same established. In purchase order.</u>	
Name of the auditor: <u>V. Sri Lakshmi</u>	Signature of the auditor: <u>V. Sri Lakshmi</u>
Name of the auditee: <u>A. Balaji</u>	Signature of the auditee: <u>A. R. Kumar</u>
Route cause for Non-Conformance - If observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee: <u>---</u>	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit : <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <u>---</u>	Date: <u>6/5/2019</u>

CC: Auditor, Auditee

A. R. Kumar
HOD/Date 6/5/2019

[Signature]
Principal/Date



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ACADEMIC AUDIT FINDING REPORT

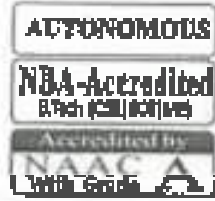
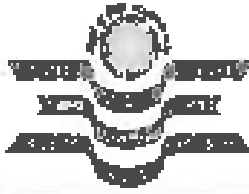
Date : 06/05/2019..

Dept of audit: <u>LIBRARY</u>	Category: Major <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/>
Description of audit: <u>UPDATE STOCK OF GENJOURNALS WITH ALL THE DETAILS. EVIDENT IN MAGZINE JOURNAL REGISTER</u>	
<u>A PROVED PROVIDED EXTERNALS WERE EVIDENT BEFORE PURCHASING ACADEMIC BOOK FOR SMOOTH RUNNING DIPLOMA, UG, PG PROGRAMS</u>	
Name of the auditor: <u>MR. SEC PRASAD</u>	Signature of the auditor
Name of the auditee: <u>B. MANDHIRA</u>	Signature of the auditee
Root cause for Non-Conformance – If observed : <u>---</u>	
Corrective Action: <u>---</u>	
Signature of Auditee: <u>---</u>	Date: <u>---</u>
Probable date of completion of work: <u>---</u>	
Date of follow-up audit: <u>---</u>	
Effectiveness of Corrective action verified (Report references): <u>---</u>	
Result of follow-up audit : <u>---</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input checked="" type="radio"/>	
Signature of the Auditor:	Date: <u>06/05/2019</u>

CC: Auditor, Auditee

HOD/Date
06/05/19

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 31.5.2019

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Details of workshops attended by the faculty and students	
Name of the auditor: B.R.K. Singh	Signature of the auditor:
Name of the auditee: V. Srilakshmi	Signature of the auditee:
Route cause for Non-Conformance – if observed: <input type="checkbox"/>	
Corrective Action: <input type="checkbox"/>	
Signature of Auditee:	Date: 31/5/2019
Probable date of completion of work: <input type="checkbox"/>	
Date of follow-up audit: <input type="checkbox"/>	
Effectiveness of Corrective action verified (Report references): <input type="checkbox"/>	
Result of follow-up audit: <input type="checkbox"/>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 11/5/2019

CC: Auditor, Auditee

Jayal
HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 7/5/2019

Dept of audit CSE	Category: Major <input type="checkbox"/> Minor <input type="checkbox"/>
Description of audit: Every 15 days Postgraduate department will conduct the syllabus coverage meeting for staff	
Name of the auditor: B. R. C. Singh	Signature of the auditor
Name of the auditee: V. Sankarshani	Signature of the auditee V. Sankarshani
Route cause for Non-Conformance - If observed : <input type="checkbox"/>	
Corrective Action: <input type="checkbox"/>	
Signature of Auditee: V. Sankarshani	Date: 7/5/2019
Probable date of completion of work: <input type="checkbox"/>	
Date of follow-up audit: <input type="checkbox"/>	
Effectiveness of Corrective action verified (Report references): <input type="checkbox"/>	
Result of follow-up audit: <input type="checkbox"/>	
Status of audit Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 7/5/2019

CC: Auditor, Auditee

Jayal
 HOD/Data

Hima
 Principal/Data



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ACADEMIC AUDIT FINDING REPORT

Date : 7/5/2019

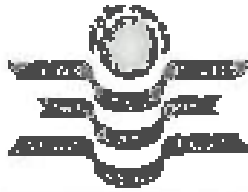
Dept of audit: <u>COE</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>details of students and their addresses.</u> <u>student Attendance percentage verification</u>	
Name of the auditor: <u>B.R.E. Singh</u>	Signature of the auditor
Name of the auditee: <u>V. Smitabehmi</u>	Signature of the auditee <u>V. Smita</u>
Route cause for Non-Conformance – if observed : <u>—</u>	
Corrective Action: <u>—</u>	
Signature of Auditee: <u>[Signature]</u>	Date: <u>7/5/2019</u>
Probable date of completion of work: <u>—</u>	
Date of follow-up audit: <u>—</u>	
Effectiveness of Corrective action verified (Report references): <u>—</u>	
Result of follow-up audit: <u>—</u>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: <u>7/5/2019</u>

CC: Auditor, Auditee

[Signature]

Jayal
HOD/Date

[Signature]
Principal/Date



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 NAAC
 With Grade A

ACADEMIC AUDIT FINDING REPORT

Date: 7/5/2019

Dept of audit: CSE	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Details of papers published by the faculty	
Name of the auditor: B.R.K.Singh	Signature of the auditor:
Name of the auditee: V.Srilakshmi	Signature of the auditee:
Route cause for Non-Conformance – if observed : <input type="checkbox"/>	
Corrective Action: <input type="checkbox"/>	
Signature of Auditee:	Date: 7/5/2019
Probable date of completion of work: <input type="checkbox"/>	
Date of follow-up audit: <input type="checkbox"/>	
Effectiveness of Corrective action verified (Report references): <input type="checkbox"/>	
Result of follow-up audit: <input type="checkbox"/>	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 7/5/2019

CC: Auditor, Auditee

Jayal
 HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

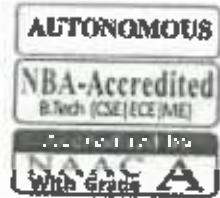
Date : 7/5/2019

Dept of audit: CSE	Category: Major <input checked="" type="radio"/> Minor <input type="radio"/>
Description of audit: Verification of syllabus coverage, Student Attendance registers Identifying slow learners, department plans	
Name of the auditor: B.R.K. Singh	Signature of the auditor
Name of the auditee: V. Smita Sekhmi	Signature of the auditee
Route cause for Non-Conformance - if observed : ←	
Corrective Action: ←	
Signature of Auditee: V. Smita Sekhmi	Date: 7/5/2019
Probable date of completion of work:	
Date of follow-up audit: ←	
Effectiveness of Corrective action verified (Report references): ←	
Result of follow-up audit: ←	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 7/5/2019

CC: Auditor, Auditee

Jayal
HOD/Date 7/5/2019

Principal/Date



ACADEMIC AUDIT FINDING REPORT 18-19

Date: 7/5/2019

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Lesson plans of Each subject & lesson notes are verified - found good.	
Name of the auditor: F. Prasad	Signature of the auditor:
Name of the auditee: SBC Prasad	Signature of the auditee:
Root cause for Non-Conformance - if observed: Nil	
Corrective Action: Nil	
Signature of Auditee: _____	Date: 7/5/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit:	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: F. Prasad	Date: 7/5/19

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT 18-19

Date: 7/5/2019

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <p>Verified the record of the month-wise syllabus monitoring file and found that the department has been actively monitoring syllabus coverage every 15 days.</p>	
Name of the auditor: k.prasad	Signature of the auditor
Name of the auditee: SBC prasad	Signature of the auditee
Root cause for Non-Conformance - If observed : nil	
Corrective Action:	
Signature of Auditee:	Date: 7/5/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 7/5/19

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

18-19

Date : 7/5/2019

Dept of audit: BED		Category: Major <input type="radio"/> Minor <input type="radio"/>	
Description of audit: <p>The verification of the "Record of Student mentoring (Student Counseling)" file found that the department is actively involved in student counseling, as evidenced by students' attendance and internal marks (sem wise/subject wise/Every 15 days)</p>			
Name of the auditor: K. Prasad		Signature of the auditor:	
Name of the auditee: SBC Prasad		Signature of the auditee:	
Root cause for Non-Conformance - If observed : Nil			
Corrective Action:			
Signature of Auditor:		Date: 7/5/19	
Probable date of completion of work:			
Date of follow-up audit:			
Effectiveness of Corrective action verified (Report references):			
Result of follow-up audit :			
Status of audit: Closed <input checked="" type="radio"/>		Not Closed: <input type="radio"/>	
Signature of the Auditor:		Date: 7/5/19	

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

18-19

Date: 7/5/2019

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <p>Verified the Student Feedback on Faculty-class file. Found that the department is actively monitoring its faculty performance by analyzing Student feed-back collected through system software. (See with)</p>	
Name of the auditor: K. prasab	Signature of the auditor
Name of the auditee: SBC prasad	Signature of the auditee
Root cause for Non-Conformance – If observed : —	
Corrective Action:	
Signature of Auditee:	Date: 7/5/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 7/5/19

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

18-19

Date :7/5/2019

Dept of audit: BED	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <p>Faculty requisition for internal departmental subjects file has been verified. It has been found that the department is actively communicating with other internal departments to request that faculty be deputed to teach inter departmental subjects.</p>	
Name of the auditor: K. Prasad	Signature of the auditor
Name of the auditee: S. Beprasad	Signature of the auditee
Root cause for Non-Conformance – If observed : —	
Corrective Action:	
Signature of Auditee:	Date: 7/5/19
Probable date of completion of work:	
Date of follow-up audit:	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 7/5/19

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 07-05-2019

Dept of audit: <u>Exam cell</u>	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: <u>Exam Notice file</u> <u>sample 1: IV B.Tech II sem Reglsup Apr/may-2019</u> <u>sample 2: III B.Tech II sem Regular Apr/may-2019.</u> <u>timetable dt 18-03-2019</u>	
Name of the auditor: <u>Mr. BRK Singh</u>	Signature of the auditor
Name of the auditee: <u>Mr. M. Sunil Kumar</u>	Signature of the auditee
Root cause for Non-Conformance – if observed : <u>- NIL -</u>	
Corrective Action: <u>-</u>	
Signature of Auditee: <u>-</u>	Date: <u>-</u>
Probable date of completion of work: <u>-</u>	
Date of follow-up audit: <u>-</u>	
Effectiveness of Corrective action verified (Report references): <u>-</u>	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: <u>07-05-2019</u>

CC: Auditor, Auditee

HOD/Date

Principal/Date



Devineri Venkata Ramana & Dr.Hima Sekhar
MIC College of Technology

(Approved by AICTE & Permanently Affiliated to JNTUK, Kakinada)

Kanohikacherla - 521180, Krishna Dist, A.P, India.

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AUTONOMOUS

NBA-Accredited
 B.Tech (CSE|ECE|ME)

NAAC
 with Grade **A**

ACADEMIC AUDIT FINDING REPORT

Date : 07-05-2019

Dept of audit: Examcell	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: consolidated marks memo sample 1: 14H71A0224 - Parash Kumar G - EEE sample 2: 14H71A0308 - Jeevan Jathi V - MECH.	
Name of the auditor: Mr BRK Singh	Signature of the auditor
Name of the auditee: Mr M. Suba Kumar	Signature of the auditee
Root cause for Non-Conformance - if observed : - NIL -	
Corrective Action: -	
Signature of Auditee: -	Date: -
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit :	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 07-05-2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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 A Grade

ACADEMIC AUDIT FINDING REPORT

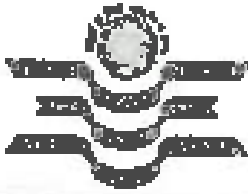
Date : 07-05-2019

Dept of audit: Examcell.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: internal marks register. sample 1: IV B.tech II sem - Apr to may 2019 - EEE. sample 2: IV B.tech II sem - Apr to may 2019 - MECH. sample 3: III B.tech II sem Reg. Apr to may - 2019 - ECE	
Name of the auditor: Mr. BRK Singh	Signature of the auditor
Name of the auditee: Mr. M. Sunil Kumar	Signature of the auditee
Root cause for Non-Conformance - if observed : - nil -	
Corrective Action: -	
Signature of Auditee: -	Date: -
Probable date of completion of work: -	
Date of follow-up audit: -	
Effectiveness of Corrective action verified (Report references): -	
Result of follow-up audit : -	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor: <i>[Signature]</i>	Date: 07-05-2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date : 7/15/2019

Dept of audit: TQP.	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified Internal and external Issues, action plan of the students.	
Name of the auditor: A. Naga Parvath Kumar	Signature of the auditor
Name of the auditee: B. Rajesh	Signature of the auditee B. Raj
Route cause for Non-Conformance - If observed : _____	
Corrective Action:	
Signature of Auditee:	Date: 7/15/2019
Probable date of completion of work: _____	
Date of follow-up audit: _____	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : _____	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 7/15/2019

CC: Auditor, Auditee


HOD/Date


Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 7/5/2019

Dept of audit: TQP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified system backup details, breakdown record and system configuration register.	
Name of the auditor: A. Nagapavankumar	Signature of the auditor
Name of the auditee: B. Rajesh	Signature of the auditee
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 7/5/2019
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/>	Not Closed: <input type="radio"/>
Signature of the Auditor:	Date: 7/5/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



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ACADEMIC AUDIT FINDING REPORT

Date : 7/5/2019

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified Record of Job advertisements, News letters, magazines departmentwise.	
Name of the auditor: A. Naga Parvan Kumar	Signature of the auditor:
Name of the auditee: B. Rajesh.	Signature of the auditee: B-Raj
Route cause for Non-Conformance – If observed :	
Corrective Action:	
Signature of Auditee:	Date: 7/5/2019
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 7/5/2019

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ACADEMIC AUDIT FINDING REPORT

Date: 7/5/2019

Dept of audit: T & P	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified staff requisition form to recruit placement staff.	
Name of the auditor: A. Naga Param Kumar	Signature of the auditor
Name of the auditee: B. Rajesh	Signature of the auditee: B. Raj
Route cause for Non-Conformance - if observed:	
Corrective Action:	
Signature of Auditee:	Date: 7/5/2019
Probable date of completion of work: ---	
Date of follow-up audit: ---	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit: ---	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 7/5/2019

CC: Auditor, Auditee

HOD/Date

Principal/Date



ACADEMIC AUDIT FINDING REPORT

Date: 7/5/2019

Dept of audit: TQP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified and Record the competence of staff in placement and training.	
Name of the auditor: A. Naga Pavan Kumar	Signature of the auditor
Name of the auditee: B. Rajesh	Signature of the auditee B. Raj
Route cause for Non-Conformance – If observed :	
Corrective Action:	
Signature of Auditee:	Date: 7/5/2019
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 7/5/2019

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ACADEMIC AUDIT FINDING REPORT

Date : 7/5/2019

Dept of audit: TQP	Category: Major <input type="radio"/> Minor <input type="radio"/>
Description of audit: Verified workshops and Training core courses and Recorded.	
Name of the auditor: A. Naga Paramkumar	Signature of the auditor
Name of the auditee: B. Rajesh	Signature of the auditee: B. Raj
Route cause for Non-Conformance – if observed :	
Corrective Action:	
Signature of Auditee:	Date: 7/5/2019
Probable date of completion of work: —	
Date of follow-up audit: —	
Effectiveness of Corrective action verified (Report references):	
Result of follow-up audit : —	
Status of audit: Closed <input checked="" type="radio"/> Not Closed: <input type="radio"/>	
Signature of the Auditor:	Date: 7/5/2019

CC: Auditor, Auditee

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