

Department/Institute of -----

No. \_\_\_\_\_

Dated \_\_\_\_\_

## **STATUS OF CORRECTIVE ACTIONS**

**(Based on Classroom Observation / Lab. Evaluation Report)**

(Submit this form as per already submitted Implementation Plan to QEC at the end of each semester)

<b>S. No</b>	<b>Grey Areas Identified in Implementation Plan</b>	<b>Corrective Action(s) Status</b>	<b>Evidence(s) (Attach as Annex)</b>
1.			
2.			
3.			
4.			

**HoD's Comments & Signature:**