

Department/Institute of -----

No. _____

Dated _____

IMPLEMENTATION PLAN
(Based on Alumni Survey Report for the Year 20__)

(Submit this Implementation Plan to QEC at the end of each academic year)

	Grey Areas Identified	Proposed Corrective Action	Implementation Date	Responsible Body	Remarks (if any)
1.					
2.					
3.					
4.					

HoD's Comments & Signature:

Dean's Comments & Signature