

No. _____

Dated _____

IMPLEMENTATION PLAN

(Based on Graduating/Postgraduate Students Survey Report for the Year 20__)

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

Department/Institute: _____

Degree/Program: _____ **Discipline:** _____
(Example: BS, M Phil or PhD) (Example: Animal Breeding and Genetics)

Campus: _____

	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: