



Directorate of Quality Enhancement Cell (QEC)

No. _____

Dated _____

IMPLEMENTATION PLAN

(Submit separately for each M.Phil or Ph.D Program after Self Review by QEC)

Department/Institute: _____

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

Campus: _____

	Review Team Findings	Proposed Corrective Action	Implementation Date
1.			
2.			
3.			

Comments & Signature of Head of the Department/Institute:

Comments & Signature of the Dean of the Faculty: