

Action Plan to be submitted by the Departments

For the Session:

Internal Quality Assurance Cell, Khagarijan College, Nagaon, Assam

Name of Department:

Date of Submission:

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.No | Area  | Name of the Event/Activity  | Speculative Date & Month |
|  Student Oriented Activity |
| 01 | Seminar |  |  |
| Quiz  |  |  |
| Debate  |  |  |
| Student Exchange  |  |  |
| Field Visit/Trip |  |  |
| Educational Tour |  |  |
| Group Discussion |  |  |
| Skill Oriented Activity |  |  |
| Library Usage |  |  |
| Soft Skill/Personality Development |  |  |
| Gender Based Activity |  |  |
| Any Other (Specify) |  |  |
| 02 | Extension Activity  |  |  |
| 03 | MoU with Government Org./NGO/Industry/Academic Institution |  |  |
| 04 | ICT base programme |  |  |
| 05 | Inter-Departmental Activity  |  |  |
| 06 | National/International Seminar, Workshops, Symposia etc….  |  |  |
| 07 | Wall magazine  |  |  |
| 08 | Days/Divas |  |  |
| 09  | Programmes on Advance/Slow Learners  |  |  |
| 10  | Student Activity in Adopted School |  |  |
| 11 | Swayam Enrollment  |  |  |
| 12 | Submission of Student Progression Detail |  |  |
| 13 | Online Class Material Preparation  |  |  |
| 14 | Departmental Research Activity  |  |  |
| 15 | Internship (If Any)  |  |  |
| 16 | Multidisciplinary Approach |  |  |
| 17 | Add on Course |  |  |
| 18 | NSS Enrollment Details |  |  |
| 19 | Result Analysis Report  |  |  |