



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES
NARAKASUR HILLTOP, BHANGAGARH, GUWAHATI, ASSAM

STANDARD FORM FOR ACADEMIC AUDIT
IN THE INSTITUTIONS AFFILIATED TO
SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

1. Name of the Inspector: _____ Date of Inspection: _____
2. Period covered under Academic Audit : From to
3. Name of the Institution :
4. Name of the Department :
5. Name of the Head of the Department during the period covered under Audit:
6. Name of the Head of the Department at the time of Audit:
7. No. of Teachers during the period covered under Audit Professor
- Associate Professor Assistant Professor
- Demonstrator/Registrar/Resident Physician.....
8. Non Medical Teachers (please specify)

9. For Under Graduate Course

Name of the Teacher	No. of Theory Lectures delivered	No. of Practicals/ Demonstrations/ Tutorials/ Clinics conducted	No. of workshops attended	Integrated teaching conducted	Remarks
1	2	3	4	5	6
Total					

- A. Status of Attendance Register of Theory and Practicals/Clinics/Demonstrations/Tutorials:
- B. Methods of Internal Assessment:
- C. Number of students appeared in the University Examination held in the month.....year.....
- D. Pass Percentage in the subject:

10. **For Post Graduate Courses (both Degree and Diploma)**

Name of the Teacher	No. of Seminars attended	No. of Journal Clubs attended	No. of CME attended (Specify CME place, agency conducting CME etc).	No. of workshops attended	Integrated teaching conducted	Case Presentation attended	Others (please specify)	Remarks
1	2	3	4	5	6	7	8	9
Total								

Signature of Inspector