**ACADEMIC AUDIT REPORT**

**SESSION: ……………………**

**1. Name of Department:**

**2. No.of full time permanent faculty:**

**3. No. of part time /temporary/ contractual faculty:**

**4. No. of PG / UG courses:**

**5. No. of Research Publications:**

**6. Strength:**

**7. Weakness:**

**8. Recommended Actions:**

**Signature of HOD**