

Frequency - Every Semester Jan/July

Date- _____

**Institute Quality Assurance Cell
Professional and Social Activities Committee
Workshops, Special Courses, Guest Lectures, Faculty Development Program Feedback**

(Performa to be filled after completion of program)

Department _____

Workshop ID	Workshop Title	Co-ordinator	Duration	Start Date	End Date	Funds Raised for Program	Funds Spent	Participants Feedback 5 (Highest) 1 (Least)	Feedback of Resource Person	Feedback of organizer regarding administrative support

(Name and Signature of Organizer)