

Department/Institute of -----

No. _____

Dated _____

IMPLEMENTATION PLAN

(Based on Employer Survey Report for the Year 20__)

(Submit this Implementation Plan to QEC based on Employer Survey at the end of each year)

	Grey Areas Identified	Proposed Corrective Action	Implementation Date	Responsible Body	Remarks (if any)
1.					
2.					
3.					
4.					

HoD's Comments & Signature:

Dean's Comments & Signature:

