



Department/Institute of -----

No. _____

Dated _____

STATUS OF CORRECTIVE ACTIONS

(Based on Employer Survey Report)

(Submit this form as per already submitted Implementation Plan to QEC at the end of each year)

S. No	Grey Areas Identified in Implementation Plan	Corrective Action(s) Status	Evidence (Attach as Annex)
1.			
2.			
3.			
4.			

HoD's Comments & Signature:

Dean's Comments & Signature: