DEPARTMENT OF INFORMATION TECHNOLOGY
DEPARTMENT ACADEMIC AUDIT COMMITTEE REPORT

QUESTION PAPER

Academic Program :

Semester Number :   **Class / Section** :

Course Code & Course Name :

Department offering the course :

Name/s of the Course Teacher/s:

Name of the Course Coordinator, if applicable:

REVIEWER'S COMMENT

General Format of the Question Paper

	Assessment	1	2	Semester End
	Units/ Modules covered			Whole syllabus
	Date of Audit			
Sl. No.	Details			
1.	Is the formatting of the question paper as per norms?	Yes / No	Yes / No	Yes / No
2.	Are the no. of questions as per norms?			
	(i) Part A	Yes / No	Yes / No	Yes / No
	(ii) Part B	Yes / No	Yes / No	Yes / No
	(iii) Part C	Yes / No	Yes / No	Yes / No
3.	Are the details like date of Examination, duration and maximum marks given?	Yes / No	Yes / No	Yes / No
4.	Is the typing alignment alright?	Yes / No	Yes / No	Yes / No
5.	Is the distribution of marks reasonable?	Yes / No	Yes / No	Yes / No

6.	Is the mark distribution given for subdivisions and total alright?	Yes / No	Yes / No	Yes / No
7.	Is there any repetition of any question, including a subdivision?	Yes / No	Yes / No	Yes / No

8. Typographical error, if any (Indicate in the question paper and also indicate the Qn. No.)

Assessment	1		2		Semester End		
	Qn. No	*No. of corrections*	*Qn. No*	*No. of corrections*	*Qn. No*	*Qn. No*	*No. of corrections*

Specific Comments	CAT 1	CAT 2	Semester End Exam
1. Do you think the questions of all the parts can be answered within the time allocation given? (If necessary give comments indicating the question nos. which can be covered in less time or require more time)			
2. Do you want any of the questions to be modified partially / totally? (If yes, give the question no. with your comment)			

3.	Does the question paper cover the specified syllabus for the Assessment / the entire syllabus for the end exam?	**Yes / No**	**Yes / No**	**Yes / No**
4.	Does the question paper test the analytical capability of the students?	**Yes / No/ NA**	**Yes / No/ NA**	**Yes / No/ NA**
5.	Do you feel some more problems are to be added to improve the testing of analytical ability? If yes, indicate where they can be added, either as a subdivision or total change of the question.			
6.	Do the questions indicate testing the learning objectives of the course modules? (If possible indicate the objectives achieved)			
7.	Does any question reflect application of knowledge acquired? If yes, indicate the question(s).			
8.	Do you think answering of these questions will test the targeted outcome of the course / programme? If yes, indicate the outcomes aimed.			

Signature with date of the members of DAAC of course teacher's department

Member 1:			
Member 2:			

Signature of the course teacher(s) with date			
Signature of Course Coordinator if applicable			
Signature of DAAC coordinator with date			
Signature of HoD with date			

Action Taken

1	Have all the corrections indicated been incorporated?	**Yes / No**	**Yes / No**	**Yes / No**
2	Suggestions made have also been taken into account and the questions have been modified to reflect the intention.	**Yes / No**	**Yes / No**	**Yes / No**
Signature of the Course Teacher with date				

Reviewed

Signature of DAAC coordinator with date			
Signature of HOD with date			
Signature of the Dean of the School with date			

DEPARTMENT OF INFORMATION TECHNOLOGY
DEPARTMENT ACADEMIC AUDIT COMMITTEE REPORT
ANSWER PAPER

Academic Program :

Semester Number :   **Class / Section :**

Course Code & Course Name :

Department offering the course :

Name of the Course Teacher :

	Assessment	1	2	Semester end
	Audit Date			
1	All questions of all parts answered are valued and no answer is left without giving marks, either a mark or zero. (If there is any question not valued or valued and marks not awarded may be indicated.)	**Yes / No**	**Yes / No**	**Yes / No**
2	Marks for all questions and subdivisions are carried out from answer page to the front page table of the answer book. (If not, indicate the question and the marks)	**Yes / No**	**Yes / No**	**Yes / No**
3	Total marks of the front page table and total marks of all the pages of answer script tally (If not, where is the mistake and what modification is needed. Indicate clearly)	**Yes / No**	**Yes / No**	**Yes / No**
4	For problems, marks are given for various steps and for the correct answer (If not where is the difference? Indicate)	**Yes / No /NA**	**Yes / No /NA**	**Yes / No /NA**
5	The evaluation is proper and fair. (If not, give comments)	**Yes / No**	**Yes / No**	**Yes / No**
Signature of : **DAAC Member 1**				
DAAC Member 2				
Signature of DAAC Coordinator with date				
Signature of HoD with date				

Signature of Dean of School with Date