

SMK FOMRA INSTITUTE OF TECHNOLOGY

Kelambakkam, Chennai – 603 103

17-02-2022

Circular

Ref. No. ~~32~~ / 2021-22 / Principal Office / Course File

All Subject handling faculty are requested to submit their Odd Semester 2021-22 Course Files for their respective subjects on or before ~~24-02-2022~~ ²⁴⁻²⁻²⁰²². The Course File should be prepared in the format mailed to the HoDs.



[Handwritten Signature]
Principal

Copy to HoDs:

BME	CSE	ECE	EEE	MECH	CIVIL	S&H
<i>[Signature]</i> 17/02	<i>[Signature]</i> 17/02	<i>[Signature]</i> 18/02	<i>[Signature]</i> 18/02	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i> 17/12/22



SMK FOMRA INSTITUTE OF TECHNOLOGY
Approved By AICTE, New Delhi and Affiliated to Anna University
and Accredited by NAAC



COURSE FILE FORMAT

ACADEMIC YEAR 2021-22

NAME OF STAFF:.....

DESIGNATION/DEPT:.....

SUBJECT CODE/TITLE:.....



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Old Mahabalipuram Road, (I.T Highway), Near Kelambakkam, Chennai - 603 103.



DETAILS OF STAFF HANDLING SUBJECT

1. Name of Staff :

2. Department :

3. Title of Paper & Code No. :

4. Branch / Year / Sem :

5. Previous experience in }

Handling this paper : YES/ NO

Signature of Staff

HoD



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STUDENTS NAME LIST

DEPT:

YEAR/SEM:

SL. NO.	REGISTER NO	NAME OF THE STUDENT
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Signature of Staff

HoD



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TIME TABLE

Dept:

Day	1	2		3	4		5	6	7	
	8:45 -09:35 am	9:35-10:25 am	10:25- 10:40 am	10:40-11:30 am	11:30-12:30 pm	12:30- 1:10 pm	1:10-2:00 pm	2:00-2:45 pm	2:45-3:30 pm	
MONDAY			BREAK			LUNCH				
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										

Sl.No	YEAR/ BRANCH	Subject Code	Subject Name	Faculty	Total No of Hours/ Week
1.					
2.					

Signature of Staff

HoD



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LESSON PLAN

Faculty Name : _____ **Code** : _____
Subject Name : _____ **Semester** : _____
Year : _____
Degree & Branch : _____

SYLLABUS

Signature of Staff

HoD



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I. No.	Date	Period	Unit	Topic(s)	T / R Book	Book No.	Page(s)
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I. No.	Date	Period	Unit	Topic(s)	T / R Book	Book No.	Page(s)

Signature of Staff

HoD



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Internal Assessment-1

SUB CODE :

SUB NAME :

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Total No of Student	No. of Student Attended	No. of Student Absent	No. of Student Pass	No. of Student Fail	% Pass

Subject Topper

S.No.	Reg. No.	Name	Mark

Date of the Exam :

Date of Submission:

Name of the Staff : Designation/Dept.

Staff Signature

HOD Signature

For other Dept:

Class HOD Signature



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Internal Assessment-2

SUB CODE :

SUB NAME :

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Total No of Student	No. of Student Attended	No. of Student Absent	No. of Student Pass	No. of Student Fail	% Pass

Subject Topper

S.No.	Reg. No.	Name	Mark

Date of the Exam :

Date of Submission:

Name of the Staff : Designation/Dept.

Staff Signature

HOD Signature

For other Dept:

Class HOD Signature



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Total No of Student	No. of Student Attended	No. of Student Absent	No. of Student Pass	No. of Student Fail	% Pass

Subject Topper

S.No.	Reg. No.	Name	Mark

Date of the Exam :

Date of Submission:

Name of the Staff : Designation/Dept.

Staff Signature

HOD Signature

For other Dept:

Class HOD Signature



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Retest / Remedial Exam

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Total No of Student	No. of Student Attended	No. of Student Absent	No. of Student Pass	No. of Student Fail	% Pass

Subject Topper

S.No.	Reg. No.	Name	Mark

Date of the Exam :

Date of Submission:

Name of the Staff : Designation/Dept.

Staff Signature

HOD Signature

For other Dept:
Class HOD Signature



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Department Of

MENTOR LIST

YEAR/SEM:

SLNO	REGNO	NAME OF THE STUDENT	PREVIOUS ARREAR	CURRENT ARREAR	CONTACT NO
1.			_____		
2.					
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HoD

Principal

Department Of

MENTOR LIST- Schedule



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Slno	Date	Fore noon		Afternoon	
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FORENOON		AFTERNOON	
8.30 To 10.00 a.m	10.15 to 12.30 p.m	1.00 To 2.00 p.m	2.00 to 3.30 p.m
Reading & Discussion	Test	Reading & Discussion	Test

Department Of

MENTOR –ATTENDANCE



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Department Of

MENTOR STUDENT PERFORMANCE REPORT

NAME OF THE STUDENT:

REG NO:

SLN O	Date	SESS ION	Sub ject cod e	Subject name	Subject Performance	Remarks	Signatu re

HoD

Principal



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Question Bank (2 marks)



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Question Bank (Descriptive / Problematic / Analytic)



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Subject Notes