|  |  |  |
| --- | --- | --- |
|  | Title of the Course: |  |
| 1.
 | Name & Designation of Course Coordinator:  |  |
|  | Name & Designation of Joint Course Coordinator: |  |
|  | Name of the Department/Cells/Unit:  |  |
|  | Contact details of Course Coordinator:  |  |
|  |
|  | Contact details of Joint Course Coordinator: |  |
|  |
|  | Name & address of Collaborating institute/ agency (if any): |  |
|  | Objectives:  | 1.2.3.4. |
|  | Course outcomes: | 1.2.3.4.5.  |
|  | Proposed Course Fee:  |  |
|  | Source of Funding:(Self-Financing/ Sponsored) |  |
|  | Intake capacity:  | Minimum:  | Maximum:  |
|  | Course Type (Add-on/Value Added/ Skill Enhancement/ Certificate/ Diploma): |  |
|  | Duration: |  |
|  | Number of semesters:  |  |
|  | Total credits: |  |
|  | Whether the duration, examination rules and credits are as per NEP 2020 |  |
|  | Number of papers including practical papers (if any):  |  |
|  | Number of exams:  |  |
|  | Mode of delivery:  | Online/ Offline/ Hybrid |
|  | Day(s) & time of conducting classes: |  |
|  | Infrastructure and resources required from the College:  |  |
|  | Requirement of lab facility: |  |
|  | Whether the Department/ Cell/ Unit has sufficient expertise to teach the course? |  |
|  | Whether the Department/ Cell/ Uni would require any additional Faculty/ Guest lecturer for teaching the course? |  |
|  | Proposal is approved in departmental meeting:(Mention date of meeting and resolution No.) |  |
|  | Course structure & syllabus including credits per paper(s):  | Attached as Annexure I |
|  | Time frame of exam/ assessment method:  | Attached as Annexure II |
|  | Expected income & Financial requirements for the course:  | Attached as Annexure III |

|  |  |  |
| --- | --- | --- |
| Signature of Joint Course Coordinator(with date) |  | Signature of Course Coordinator(with date) |

**Certificate from the Head of the Department/** **Coordinator of cell/Unit**

Certified that the course has been thoroughly discussed and approved in the meeting of NCC on ……………….. Vide resolution no ……………. and that all relevant documents, as asked in the proforma, are being furnished.

…….………………………………………..

**Signature of the Head of the Department/**

**Coordinator of cell/Unit**

(Office Seal)

**Recommendation from the IQAC**

Certified that the said proposal submitted by …………………. through Head, Department of …………………………… has been approved and recommended in the meeting of IQAC on ……………….. Vide resolution no ……………..

…………………………………………..

**Signature of the Coordinator, IQAC**

(Office Seal)

……………………………………………………………………

**Approved by**

Principal

Cachar College, Silchar-01

**Date of approval:**

**ANNEXURE II**

**TIME FRAME OF EXAM/ ASSESSMENT METHOD**

Please provide a clear plan for how student learning will be assessed in this course

|  |  |  |
| --- | --- | --- |
|  | **Assessment Components:**(Written exam, mid-semester test, assignments, projects, presentations, laboratory work, viva voce, continuous evaluation, etc.) |  |
|  | **Weightage Distribution:** (Percentage assigned to each component). |  |
|  | **Mode of Assessment:**(Offline/ Online, Practical/ Field-based) |  |
|  | **Tentative Time Frame:** |  |
| (a) Continuous/Periodic evaluation (if any) |  |
| (b) Mid-semester evaluation (week) |  |
| (b) End-semester evaluation (week) |  |
|  | **Additional Remarks (if any)**(Project Work/ Excursion/ Internship/ Dissertation) |  |

|  |  |  |
| --- | --- | --- |
| Signature of Joint Course Coordinator(with date) |  | Signature of Course Coordinator(with date) |

**Signature of the Head of the Department**/

**Coordinator of Cell/Unit**

(Office Seal)

**ANNEXURE III**

**EXPECTED INCOME & FINANCIAL REQUIREMENTS FOR THE COURSE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl Nos.** | **Heads** | **Percentage** | **Amount in** **Rs.** |
|  | **Expected Fee Collection (No. of students × Course Fee):** | **-** |  |
|  | **Expenditure**:  | - |  |
|  | 1. Honorarium to invited speaker (if any):
 |  |  |
|  | 1. Printing & Stationary items including exam:
 |  |  |
|  | 1. Exam remuneration:
 |  |  |
|  | 1. Certificate printing:
 |  |  |
|  | 1. Seminar/Workshop/Training, etc.
 |  |  |
|  | 1. Study Tour/ Field Visit/Excursion, etc.
 |  |  |
|  | 1. Overhead:
 | 10% |  |
|  | 1. Others (if any) specify
 |  |  |
|  | **Total Expenditure:**  | 100% |  |

\*Introduce heads under expenditure as per requirements.

|  |  |  |
| --- | --- | --- |
| Signature of Joint Course Coordinator(with date) |  | Signature of Course Coordinator(with date) |

**Signature of the Head of the Department**/

**Coordinator of Cell/Unit**

(Office Seal)