

Department of _____
Departmental 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	3	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	Yes / No

Specific Comments		CAT 1	CAT 2	CAT 3	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 question to be modified partially / totally? (If yes, give the question no. with your comment)				
3.	Does the question paper test the analytical capability of the students?	Yes / No/ Not applicable	Yes / No/ Not applicable	Yes / No/ Not applicable	Yes / No/ Not applicable
4.	Do you feel some more problems are to be added to improve the testing of analytical ability? If yes, indicate where can they be added, either as a subdivision or total change of the question.				

5.	Do the questions indicate testing the learning objectives of the course module's? (If possible indicate the objectives achieved)				
6.	Does any question reflect application of knowledge acquired? If yes, indicate the question(s).				
7.	Do you think answering of these questions will indicate the achievement of course outcomes/ Programme outcome?				

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

Member 1				
Member 2				
Member 3				
Member 4				

Signature with date of the course teacher(s)

Signature of Course Coordinator if applicable				
Signature with date of DAAC coordinator				
Signature of HoD with date				

Action Taken

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

Reviewed

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