BHADRAK AUTONOMOUS COLLEGE, BHADRAK
DISTRICT VISIT REPORT – DEPARTMENT-WISE DATA COLLECTION FORMS

Instructions to Departments / Sections

1. Fill only the form(s) relevant to your department / section. Enter information from official registers, portals, orders and approved records.
2. Do not estimate or guess figures. If an item is not applicable, write "N/A"; if unavailable, explain in Remarks.
3. Mention the reporting period and the date on which each figure is correct.
4. Provide supporting document name, register / file number, date and page number. Attach copies where available.
5. The Head / In-charge must verify, sign and date the completed form before returning it to the District Visit Report Nodal Officer.

Reporting period: Academic year 2025–26 and current status for 2026–27, unless otherwise instructed.

Department / Section: _____ Date of submission: _____

01. DEPARTMENT PROFILE

To be completed by: All Academic Departments

Sl. No.	Information / data required	Unit / details required	Information to be filled by department	Supporting document / evidence reference
1	Department name			
2	Head of Department / In-charge			
3	Programmes / courses handled			
4	Courses / papers offered during reporting period			
5	Number of students enrolled in department courses	Programme / year / semester-wise		
6	Number of teaching staff attached			
7	Department contact / email			
8	Date of submission			

Name of HOD / In-charge:		Designation:	
Signature / Seal:		Date:	

02. COURSE-WISE ENROLMENT

To be completed by: All Academic Departments

Sl. No.	Information / data required	Unit / details required	Information to be filled by department	Supporting document / evidence reference
1	Programme	e.g. BA / BSc / MA / BCom / BEd		
2	Subject / specialisation			
3	Year / semester			
4	Sanctioned intake / approved seats			
5	Applications received			
6	Students admitted			
7	Vacant seats			
8	Male students			
9	Female students			
10	Other / not stated (if recorded)			

11	Total enrolled students as on date			
12	Data as on date			

Name of HOD / In-charge:		Designation:	
Signature / Seal:		Date:	

03. ACADEMIC DELIVERY

To be completed by: OIC Admission UG and PG and SFC

Sl. No.	Information / data required	Unit / details required	Information to be filled by department	Supporting document / evidence reference
1	Programme / course			
2	Course / paper title and code			
3	Semester / year			
4	Total classes planned			
5	Classes actually held			
6	Syllabus completed	Percentage / units		
7	Teaching plan prepared	Yes / No and date		
8	Lesson plans / teaching diaries maintained	Yes / No		
9	ICT / smart classroom use	Number of classes / details		
10	Tutorial / remedial / mentoring classes	Number and details		

11	Internal assessment conducted	Dates and number of students		
12	Shortfall and reason			
13	Corrective action taken			

Name of HOD / In-charge:		Designation:	
Signature / Seal:		Date:	

04. EXAMINATION AND RESULTS

To be completed by: All Academic Departments (Examination Section to consolidate)

Sl. No.	Information / data required	Unit / details required	Information to be filled by department	Supporting document / evidence reference
1	Programme			
2	Subject / paper			
3	Year / semester			
4	Students registered			
5	Students appeared			
6	Students passed			
7	Students failed			
8	Absent			
9	Backlog / arrear cases			
10	Pass percentage			

11	Distinctions / ranks / university honours	Number and details		
12	Result publication date			
13	Data source / result gazette			

Name of HOD / In-charge:		Designation:	
Signature / Seal:		Date:	

05. DEPARTMENT ACTIVITIES

To be completed by: All Academic Departments

Sl. No.	Information / data required	Unit / details required	Information to be filled by department	Supporting document / evidence reference
1	Activity type	Seminar / workshop / conference / guest lecture / exhibition / field visit		
2	Title / topic			
3	Date and duration			
4	Resource person / organisation			
5	Number of students participated			
6	Number of faculty participated			
7	Outcome / learning gained			
8	Photographs / report available	Yes / No; file reference		
9	Expenditure, if any	Amount and funding source		

Name of HOD / In-charge:		Designation:	
Signature / Seal:		Date:	

16. INTERNSHIP, PLACEMENT AND OUTREACH

To be completed by: Internship Cell / Placement Cell / NSS / NCC / Departments

Sl. No.	Information / data required	Unit / details required	Information to be filled by department	Supporting document / evidence reference
1	Programme / activity	Internship / placement / skill / outreach / extension		
2	Partner / host institution	Name and address		
3	MoU / agreement details	Number, date, validity		
4	Students enrolled / nominated			
5	Students completed			
6	Students pending			
7	Duration / hours			
8	Skill / learning outcomes			
9	Career counselling sessions	Number and participants		
10	Placement offers / students placed	Number and employer details		

11	Community outreach beneficiaries			
12	Certificates / reports reference			

Name of HOD / In-charge:		Designation:	
Signature / Seal:		Date:	

20. DEPARTMENT / SECTION CERTIFICATION

To be completed by: Every Department / Section

Sl. No.	Information / data required	Unit / details required	Information to be filled by department	Supporting document / evidence reference
1	Department / section name			
2	Name of Head / In-charge			
3	Designation			
4	Information period covered	From – to		
5	Information compiled by	Name and designation		
6	Documents attached	List / annexure numbers		
7	Declaration	I certify that the information provided is correct to the best of my knowledge and is supported by departmental records.		
8	Signature and seal			
9	Date			

Name of HOD / In-charge:		Designation:	
Signature / Seal:		Date:	