**Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Form No 31b: IQAC/24-25/Cells/MoM

**MINUTES OF THE MEETING**

**Ref No:** MITS / \_\_\_\_ DEPT/AY 20 - /Meeting No.

**Date of Meeting : Venue :**

Agenda of Meeting: \_

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Points discussed** | **Remark** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

Following Teaching / Non-Teaching has attended the meeting

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Name of the faculty** | **Sign** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

**Academic Coordinator HOD**

**Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Meeting**

**ACTION TAKEN REPORT**

|  |  |
| --- | --- |
| **PLAN OF ACTION** | **ACTION TAKEN** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |