



Vidarbha Youth Welfare Society's
PROF RAM MEGHE COLLEGE OF ENGINEERING & MANAGEMENT
INTERNAL QUALITY ASSURANCE CELL



Format: IO-VI

Report on Student/Faculty Training
(Name of Department/Cell)

Session:	
Semester:	
Subject:	
Date:	
Time:	
Resource Person:	
Designation:	
Contact No.:	
Email-Id:	
Address:	

Student Details (for faculty, put total branch wise count):

Branch	I	II	III	IV	V	VI	VII	VIII	Total Count
CE									
CSE									
EE									
EXTC									
Grand Total									

Training Objectives:	
Training Outcomes:	
Remarks (if any):	

Co-ordinator
(Name & Signature)

Head
(Department/Cell)