

DEPARTMENT OF MATHEMATICS

UNIVERSITY OF KASHMIR, SRINAGAR-190006

Jammu and Kashmir, India

(NAAC Accredited Grade A⁺ University)

Ref.: CRC/KU/Math/3rd Sem/2024, Dated: December 28, 2024

NOTICE

In order to conduct the End-term examination of the students of MA/M.Sc. Mathematics 1st Semester (batch 2024) as per academic calendar issued by the University, the Course Review Committee meeting is scheduled to be held under the chairmanship of Dean, School of Physical and Mathematical Sciences on December 31, 2024 at 3.00 PM, in the office Chamber of the undersigned.

All the concerned are informed to attend the said meeting and return the appended form directly or through email (<u>math@kashmiruniversity.ac.in</u>) to the undersigned by or before December 30, 2024 (4.00 PM).

<u>Note:</u> In case of bad weather conditions, the faculty members and class representatives of South Campus/GDC Baramulla are informed to attend the meeting through online mode using the following link:

https://meet.google.com/vit-afre-fdv

Sd/=

Prof. Mukhtar Ahmad Khanday

Copy to;

- 1. Dean, School of Physical and Mathematical Sciences, University of Kashmir, Srinagar with a request to chair the said meeting.
- 2. Director South Campus with a request to depute one or two faculty members of Mathematics Department to attend the said meeting.
- 3. Principal, Govt. Boys Degree College, Baramulla with a request to depute one or two faculty members of Mathematics Department to attend the said meeting.
- 4. All the concerned faculty members of the Department.
- 5. Notice Board
- 6. File



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| | Ref.: CRC/KU/Math/ Sem/, Dated: Proforma for Course Review Committee Meeting | | | | |
|---|--|---------------------------|--------------------------------|---------------------------------|---------------------|
| Name of the Department/Campus/College: | | | | | |
| Course: | Batch: | ••••• | Semester: | | ••••• |
| Details of Course (s) completed during the session: Spring/Autumn Date of Completion of Course: | | | | | |
| Name of the course & Code | Name of the Concerned Faculty Member | No. of lectures delivered | % age of Syllabus completed | Signature of the Faculty member | Remarks (if any) |
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| Signatures of Class Represen | ntative (s): | • | 2: | | |