



DEPARTMENT OF MATHEMATICS

UNIVERSITY OF KASHMIR, SRINAGAR-190006

Jammu and Kashmir, India

(NAAC Accredited Grade A⁺ University)

Head of Department

Proforma for Course Review Committee Meeting

Name of the Department: School:.....

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

Signatures of Class Representative (s) : 1.....

2:.....

Seal and Signature of
Head of Department/Director/ Principal