



# **PREM CHAND MARKANDA S.D. COLLEGE FOR WOMEN, JALANDHAR CITY**

Re-accredited 'A+' grade (2<sup>nd</sup> Cycle) by NAAC Bangalore

A unique prestigious Post Graduate Institution of Northern India

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## **DEPARTMENTAL ANNUAL PROGRESS REPORT SESSION:**

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**PCM S.D. The College for Women welcomes feedback and strives to provide the best learning experience for students, educators, professionals, and stakeholders through its innovative educational practices.**

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**Note: To be filled by the HOD only. Supporting documents (Annexure) to be attached as proof**

- 1. NAME OF THE DEPARTMENT:**
  
- 2. YEAR OF ESTABLISHMENT:**
  
- 3. (a)NAME OF THE EVALUATOR:**  
**(b) DESIGNATION:**
  
- 4. (a)DEPARTMENTAL VISION AND MISSION :**
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  - 
  -**(b)AIMS OF THE DEPARTMENT:**
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  - 
  -

**5. Academic Programs Offered and Enrolment of the Students**

<b>Sr. No.</b>	<b>Programme/ Courses</b>	<b>Duration</b>	<b>Qualification</b>	<b>Number of Students Enrolled</b>
1.				
2.				
3.				
4.				
<b>Add-on Courses (Skill-Oriented Course)</b>				
5.				

**6. Faculty Member – Profile**

<b>Name of the Teaching Staff</b>	<b>Highest Qualification</b>	<b>Designation</b>	<b>Specialisation</b>	<b>Experience</b>

**7. Visiting Faculty during the Year**

<b>Name of Resource Person</b>	<b>Designation Institution</b>	<b>Topic</b>

**8. Teaching Methods / Pedagogy Adopted – Tick: (√)(Attach Geo tag pictures as Proofs )**

1.	Classroom learning	
2.	Group discussion	
3.	Activity-Based learning	
4.	Presentations	
5.	Demonstrations	
6.	ICT-based learning	
7.	Assignments	
8.	E—Learning	
9.	Experiential Learning	
10.	Skill-Based Learning	
11.	Site/Industry Visits	
12.	Interactive learning	
13.	Role Play	
14.	Seminars	
15.	Workshops	
16.	Conferences	
17.	Case study & Mockup	
18.	Hands-on Experience	

**9. Evaluation Tick: (√)**

**a. Bi—Monthly Evaluation System:**

**b. Presentations, Seminars:**

**(i) PowerPoint/Seminars Presentations**

Sr.No.	Name of Faculty	Class	Title of PPTs/Seminars	Total Number of Students Participated
<b>Total</b>				

**c. Group Discussion**

Sr.No.	Date	Class	Title	Total Number of Students Participated
<b>Total</b>				

d. Sessional Works/Assignments:

e. Sessional Exam:

**10 . Research Projects (Attach Proofs)**

Name of the Project/ Endowments,	Name of the Principal Investigator/ Co-investigator	Department of Principal Investigator	Year of Award	Amount Sanctioned	Duration of the project	Name of the Funding Agency	Type (Government/non-Government)

**11. Total Number Of Workshops/Hackathon/FDP Organized by the Department :-----**

Sr. No.	Topic of Workshop/ Hackathon	Nature (Workshop Hackathon /FDP)	Level of Workshop / Hackathon/FDP (International/National/ State/College)	Date	Name of the Resource Person & designation	Total no of participants (Faculty and Students)

**12. Total Number Of Seminars/Webinars/Conferences/ Guest Lectures Organized by the Department:-----**

Sr. No.	Topic of Seminar/ Conference	Nature (Seminar/ Webinar/ Conference )	Level of Seminar/Webinar/Conference (International/National /State/College)	Date	Name of the Resource Person & designation	Total no of participants (Faculty and Students)



**17. Details Of Papers Published By The Faculty In Research Journal/Peer-Reviewed Journals /Conference Proceedings/Book Chapter**

Sr. No.	Name of Faculty	Title of the paper	Level International/ National	Title/ Name of Seminar/Conference/ Research Journal/Book Chapter	Date of Publication	ISBN/ ISSN/ No./	Link

**18. Professional And Academic Association Memberships Of Faculty Members**

Sr. No	Name of Faculty	Name of Professional and Academic Association Body	Nature of membership Annual/life time	Since when

**19. MOOC Course Participation by Faculty Members**

Sr. No.	Name	Subject	Level (UG/PG/OTHER)	Date of Enrolment	E-certification No

**20. Industrial Visits/ Field Work/ Historical And Educational Places**

Date	Place	No. of students	Days (from—to)

**21. Extension Activities— Outreach to Community in Detail, Work Done in Collaboration with NGO (NSS, NCC Community/ Social Services):**

**22. How Does The Department evaluate the Slow learners and advanced learners**

➤ **Advance Learners**

➤ **Slow Learners**

**23. A) Details of Remedial Classes arranged for Advanced Learners**

<b>Sr.no</b>	<b>Name of the Faculty</b>	<b>Name of class</b>	<b>Subject</b>	<b>Total Number of students</b>	<b>Number of students for Remedial class</b>	<b>Days (from—to)</b>

**B) Details of Remedial Classes Arranged for Slow Learners**

<b>Sr.No</b>	<b>Name of the Faculty</b>	<b>Name of class</b>	<b>Subject</b>	<b>Total Number of students</b>	<b>Number of students for Remedial class</b>	<b>Days(from—to)</b>

**23. A) Career Awareness Programs Organized About The Course For Students**

<b>Class</b>	<b>Date</b>	<b>Topic of Career Awareness Program</b>	<b>Name of the Resource Person</b>	<b>Designation</b>

**B) Details of Students Enrolled In MOOC Courses**

<b>Sr. No.</b>	<b>Name</b>	<b>Class</b>	<b>Roll No.</b>	<b>Name of Course</b>	<b>Date of Enrolment</b>

## 25. Student's Result

Class	No. of Students appeared	No. of Students who passed	1 <sup>st</sup> Divisions	2 <sup>nd</sup> Divisions	3 <sup>rd</sup> Divisions	Merit Holders	University Toppers

## 26. Student Progression

### a) Details of Students Pursuing Higher Education

Sr. No	Name of Student	Last degree completed	Year of degree	Higher Education Program	Name of institution	Country

### b) Details of Students Who are Employed or Self-Employed

Sr.No	Name of Student	Last degree completed	Employment Type (Job/Self)	Designation/ Role	Organization/Business Name	Location

### c) Details of Students Who Have Cleared Competitive Examinations

Sr. No	Name of Student	Last Degree Completed	Year of Completion	Name of Exam Cleared	Exam Type (e.g., National/State)	Status (Qualified/Selected)

## 27. Prominent Alumnae And Alumnae's Achievements

Sr. No.	Name Of Alumni	Present Designation And Official Address	Contact Number	Achievements (Any Other Detail)
1				
2				
3				
4				

## 28. Teacher Student Relationship

### (a) Mentor and Mentoring (mention student - Mentor- mentee ratio)

Sr. No.	Name of Faculty	Mentor- mentee ratio

### (b) Alumnae Interactions:

### (c) Parents Teachers meet at the Department level:

## 29. Learning/ Knowledge Resources(Infrastructure of Department) (in bullets):

## 30. Highlights Of The Departments (in bullets)

**31. SWOC (Strengths, Weakness and Opportunities) of department**

**32. Best Practices Of The Department (in bullets)**

**33. Departmental Innovation (in bullets)**

**34. Future Prospects (in bullets)**

**SIGNATURES OF THE DEPARTMENTAL FACULTY**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**SIGNATURE (HEAD OF THE DEPARTMENT)**

**Note – The Department will be honored with the status of “THE BEST PERFORMER AWARD” on the Annual Prize Distribution Function based on the contributions filled in the above said performa.**