

Professional Development Courses
PDC05: Working Model Development – Proposal

1.	Department	CE/ME/EC/CS/EE/EI/CH/IT/			
2.	Title of the Working Model				
3.	Members of the Student Team				
	Sl.No	Name	Enrolment No	Semester	Signature
	1				
	2				
	3				
4					
4.	Name of the Faculty Coordinator				
5.	Synopsis of the Working Model Proposed (attach separate sheet if required)				

The Working Model proposal is submitted to the HoD for approval

Signature of the Faculty Coordinator
Date:

FOR HoD'S OFFICE USE	
<p>The working model proposal is approved. At the end of 4 to 6 months, the work will be assessed by a committee comprising of following members:</p>	
1.	
2.	
3.	Faculty Coordinator (member)
Signature of the HoD Date:	

Professional Development Courses
PDC05: Working Model Development – Assessment

1.	Date of Assessment					
2.	Members of the Assessment Committee					
	Sl.No.	Name of Faculty	Signature			
	1					
	2					
	3					
3.	Assessment					
	Sl.No	Name	Marks (Out of 100)			Grade (S/A/B)
			Faculty Coordinator (60)	Panel Members (40)	Total (100)	
	1					
	2					
	3					
	4					
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>Signature of the Faculty Coordinator</p> <p>Date:</p> </div> <div style="width: 45%;"> <p>Signature of the HoD</p> <p>Date:</p> </div> </div>						