



## Minutes of the Class Committee Meeting

*Agenda: (i) Discussion on Quiz I/ Mid-Sem performance, (ii) Attendance verification (iii) Course/Teacher feedback*

Semester: Jan-May/Jul-Nov

AY: 20.....-20.....

Batch, Year, Sem (eg. EC20,III,5) :  
 Date and time of the CC Meeting :  
 Name of the CC Chairperson :  
 Quiz I / Mid-Semester Examination Statistics : To be entered on the rear side of this form  
 Attendance verification : To be entered on the rear side of this form

Members Present:		Members Absent:

Specific concerns raised by the students about the course/teacher:	Feedback from course faculty

Signature of Class Representatives:
Signature of Course Faculty:

CC Chairperson(Signature with date)

HoD(Signature with date)

For Office Use

Received on:

Dean(Academic Affairs)

Quiz I/Mid-Semester Examination Statistics

*(to be entered by the CC Chairperson)*

Sl. No.	Course No.	Course Title	Name of faculty	Quiz I/Mid Semester Examination				No. of students registered	No. of absentees	Remarks(if any)
				Total Marks.	Class Avg.	Max. Marks.	Min. Marks			

Attendance verification

Certified that the attendance sheets for all the above courses have been verified.

Date:

CC Chairperson