



**Shri Dhanwantry Ayurvedic College & Hospital, SECTOR- 46B, Chandigarh**

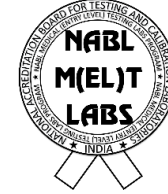
**INTERNAL QUALITY ASSURANCE CELL (IQAC)**

**Staggered Bi-Monthly Department Meetings Schedule**

**(September 2025 - September 2026)**



## FLOWCHART



**Step i:** Circular for calling meetings (Proof) with Agenda.



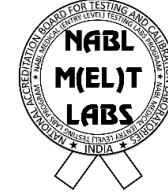
**Step ii:** Communication of circular through official mail to the members of the department (including student members) & any external invitees.



**Step iii:** Acknowledgement of participation to the meeting against the issued circular (If Yes/√) (If Not participating & reason for leave through mail).

[Every committee should have an official mail ID]





**Step iv:** Sending any study material related to Agenda / any relevant documents to be discussed prior to the meeting (except for Ad-hoc meetings) – To the members joining the meeting.



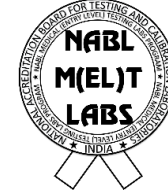
**Step v:** Minutes to minute schedule of each meeting to be planned as per agenda & circulated through official mail to members.



**Step vi:** First call / reminder through official mail for meeting (at least 5 days before meeting).



**Step vii:** Final call / reminder at 9 AM on the day of meeting.



**Step viii:** Initiate meetings in presence of Chairman / Head.



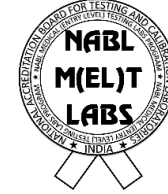
**Step ix:** Collect Attendance in the prescribed format with signature of the members, marking informed leave/absence against those members not in meets.



**Step x:** Drafting & approving MoM by the coordinator & Chairman.



**Step xi:** Disseminate the MoM to the members of the department. If required to other committees (for follow up / implementation) or any other faculty or hospital to implement. The same MoM needed to be discussed in the respective committees & reflected in respective departments. Discussion and implementation to be reflected in respective departments & or units also to align the commission.



**Step xii:** The department (reporter) who prepared the MoM has the responsibility to monitor the status & effectiveness of implementation of discussed points with feedback of same from concerned stakeholders with analysis & ATR & discuss in upcoming meeting.

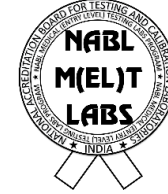


**Step xiv:** Photograph (geo tagged & normal) to be taken promptly.



**Step xv:** If any events are conducted, report the same with outcome analysis & impact analysis in prescribed format.





**Step xvi:** Necessary public circulars may be drafted & displayed or circulated if necessary to the knowledge of the various stakeholders or the end users.

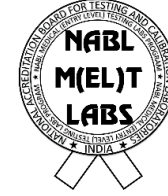


**Step xvii:** The respective committee/department need not wait for an event to plan a meeting. Rather they may create a plan for sensitization/awareness/implementation plan for topics or areas or domain related concerns too (e.g., Anti-ragging / Gender Harassment / Behavioral class / Guidance / Industrial, etc.). Concerned committee to give MoM to IQAC through proper channels.



**Step xviii:** The document proof of all the above from (Step no. i to xviii) to be submitted to IQAC in softcopy form & signed & scanned copy too.





## Meeting Details

- **Committee / Department Name:** \_\_\_\_\_
- **Date:** \_\_\_\_\_
- **Time:** \_\_\_\_\_
- **Venue:** \_\_\_\_\_
- **Agenda:** \_\_\_\_\_

**Signature of authority:** \_\_\_\_\_



## ANNEXURE 2: EVENT REPORT

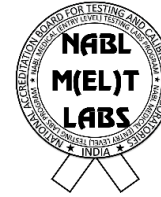
### EVENT REPORT

**Shri Dhanwantry Ayurvedic College and Hospital, Chandigarh**

**Department of:**

#### 1. Event Details

<b>Component</b>	<b>Description</b>
<b>Title of the Event</b>	_____
<b>Date</b>	_____
<b>Time</b>	_____
<b>Venue</b>	_____
<b>Nature of Event</b>	<input type="checkbox"/> Academic <input type="checkbox"/> Administrative <input type="checkbox"/> Co-curricular <input type="checkbox"/> Extension <input type="checkbox"/> Other: _____
<b>Mode</b>	<input type="checkbox"/> Offline <input type="checkbox"/> Online <input type="checkbox"/> Hybrid
<b>Target Group</b>	<input type="checkbox"/> UG Students <input type="checkbox"/> PG Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Others
<b>Number of Participants</b>	_____
<b>Organized by</b>	_____
<b>Collaborating Agency</b>	(If applicable) _____



## 2. Objectives of the Event

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## 3. Brief Report (Summary of the Event)

*(Include description, flow of activities, names of key speakers, discussions held, and student/faculty involvement. Use bullet points or paragraph format.)*

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## 4. Outcome / Learning Achieved

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## 5. Outcome Analysis

*(Analyze how far the objectives were met, compare expected vs. actual outcomes, summarize feedback trends, and mention any measurable indicators like attendance, participation quality, or assessment scores.)*

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## 6. Impact Analysis

**[NOTE: TO BE ASSESSED IN DUE COURSE OF TIME FOR FUTURE ENHANCEMENT]**

*(Describe the longer-term effect of the event—on student learning, faculty capacity building, institutional practices, community engagement, or research productivity. Highlight sustainability of changes and contribution towards institutional goals.)*

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## 7. Photographs of the Event (Max 2–3 with Captions)

*(Insert photos here or attach as separate JPEG/PDF)*

**Photo 1:** \_\_\_\_\_

**Photo 2:** \_\_\_\_\_

**Photo 3:** \_\_\_\_\_

## 8. Attachments

- Attendance Sheet (with Name, Designation, Signature)
- Event Poster / E-banner (if any)
- Feedback Forms & Analysis (if conducted)
- Certificate Copy (if issued)



### 9. Event Coordinators

Name

Designation

Signature

_____	_____	_____
_____	_____	_____

### 10. Approval by Head of the Department

This is to certify that the above report is reviewed and approved for AQAR documentation.

Name of HOD	Signature	Date
_____	_____	_____