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FORTNIGHTLY ATTENDANCE ANALYSIS OF HOSTELLERS

ATTENDANCE EVAULATION FORM TO BE FILLED (FORTNIGHTLY) BY FACULTY ADVISOR

Name of Student:				Year:	_ Branch		Institu		
		to		Room No.	Hoste	el Name & No.	: Name of I		
S. No.	Attendance for Current Half	Cumulative Attendance	+/- Change From Last Cumulative	Reasons for if Decline in Attendance	Room Cleanliness	Behavior	Remarks By Faculty Advisor	Remarks by Coordinator	Remarks by Chief Coordinator
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Remarks: Please Rate 1 to 5 (5-Very Good, 4-Good, 3-Average, 2-Below Average, 1-Poor)

Room Cleanliness:

Behaviour:



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REPORTING OF WEEKLY STUDENTS INTERACTION

STUDENT INTERACTION FORM TO BE FILLED (EVERY WEEK) BY FACULTY ADVISOR

Name of Student:			Yea	r: B	ranch	Institu		
Duratio	on: to		Room No		Hostel Name & No.:	Name of I	Faculty Advisor	
S.No	Ra	eating of Academics (1-5)		Total Grade	Problems Faced	Remedial Steps	Remark by Faculty	Remark by Coordinator
5.110	Class Notes Completed	Tut. Completed Till Date	Assignment / Lab Report	(Out Of 15)		Taken/Suggestion Given	Advisor with Date	with Date
_								



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WEAK ATTENDANCE & ACADEMIC PERFORMERS OF HOSTELS

REPORT BY FACULTY ADVISORS (TO BE SUBMITTED FORTNIGHTLY TO ACADEMIC ADMINISTRATOR)

Name of Faculty Advisor	. Hostel Name:	Duration:	to	

- 1. % Students having Adequate Attendance (More than 75%) :
- 2. % Students having Adequate Rating (More than 10 out of 15):

S.No	Name of Students who have low Attendance (last 10 students in order)	Institute	Branch	Class and Year	Room No.	S.No	Name of Students who have Academic grade less than 5	Institute	Branch	Class and Year	Room No.
1.						1.					
2.						2.					
3.						3.					
4.						4.					
5.						5.					
6.						6.					
7.						7.					
8.						8.					
9.						9.					
10.						10.					

Remarks: Please Rate 1 to 5 (5-Very Good, 4-Good, 3-Average, 2-Below Average, 1-Poor)



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WEAK ATTENDANCE & ACADEMIC PERFORMERS OF HOSTELS

HOSTEL-WISE REPORT BY FACULTY ADVISOR (TO BE SUBMITTED FORTNIGHTLY TO THE DEAN, HOSTELS)

Duratio	n: to					Hostel 1	Name:		Date_		
S.No	Name of Students who have low Attendance (last 10 students in order)	Institute	Branch	Class and Year	Room No.	S.No	Name of Students who have Academic grade less than 5	Institute	Branch	Class and Year	Room No.
1.						1.					
2.						2.					
3.						3.					
4.						4.					
5.						5.					
6.						6.					
7.						7.					
8.						8.					
9.						9.					
10.						10.					
Remar	Remarks by Dean, Hostels (Weekly) Signature of Faculty Advisor with Date										



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WEEKLY REPORT BY WARDEN

Duration	n:	to			Hostel Nam	ne:			Date	
S.No	Room Hygiene 5/4/3/2/1	Room Hygiene 5/4/3/2/1		Behavior 5/4/3/2/1			Discipline Good/Bad		Habits Good/Bad	
5.110	Name of Student	Grade	Name of Student	Grade	Name of Student	Grade	Name of Student	Grade	Name of Student	Grade
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
Remar	Remarks By Warden									
Remar	ks By Dean, Hostels									