



ANNA UNIVERSITY
UNIVERSITY COLLEGE OF ENGINEERING, RAMANATHAPURAM
PULLANGUDI, RAMANATHAPURAM – 623 513

Name : _____ Date : _____
Register Number : _____ Semester : _____
Department : _____ Year : _____

INTERNAL ASSESSMENT DETAILS

Sl. No.	Subject Code	Subject Name	Internal Assessment Details								Signature of Staff Handling Subject
			Report Period – I		Report Period – II			Report Period – III			
			(From To)		(From To)			(From To)			
			Total No. of Hours Handled by Staff	Total No. of Hours Attended by Student	Total No. of Hours Handled by Staff	Total No. of Hours Attended by Student	First Internal Assessment Test Marks (Max.100)	Total No. of Hours Handled by Staff	Total No. of Hours Attended by Student	Second Internal Assessment Test Marks (Max.100)	

Signature of
Class Advisor

Signature of
Head of Department

Signature of
DEAN with Seal

OFFICE SEAL