

# GANDHARA UNIVERSITY PESHAWAR

ACADEMIC PROGRESS REPORT FOR YEAR: \_\_\_\_\_  
(Annual System)

Institute: \_\_\_\_\_ Department: \_\_\_\_\_ BOS Meeting Date: \_\_\_\_\_

<b>Courses Taught</b> (Attach Topics/Modules)	Completed %	Continuing %	Expected Completion time
Measures Taken to Improve Students interaction:			
• Followed Pre-Read Concept:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Shared Learning Objectives with the Students:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Provided Opportunity to ask Questions:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Provided Timely Feedback to Students Reply:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Used Clinical Case Pictures in the Lecture Presentation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Any other measure taken: _____			
<b>Tests</b> (Attach copy of results)	Conduction Date	Result Status	No of Students Passed
			No of Students Failed
			No of Absentees
Corrective measures Taken:			
• Post Test Reflections Session Conducted	Yes <input type="checkbox"/>	If Yes, Dated <input type="text"/>	No <input type="checkbox"/>
• Proportion of test result updated in internal evaluation	Yes <input type="checkbox"/>		No <input type="checkbox"/>
• Any other suggestion: _____			
<b>Lecture Attendance of the Students</b>	Below 75%	75%	Above 75%
Corrective measures Taken:			
• Counselling Session Conducted(for short attendees)	Yes <input type="checkbox"/>	If Yes, Dated <input type="text"/>	No <input type="checkbox"/>
• Informed Parents:	Yes <input type="checkbox"/>		No <input type="checkbox"/>
• Informed Students affairs section:	Yes <input type="checkbox"/>		No <input type="checkbox"/>
• Any other suggestion: _____			
<b>Practical/Clinical wards Attendance</b>	Below 75%	75%	Above 75%
Corrective measures Taken:			
• Counselling Session Conducted(for short attendees)	Yes <input type="checkbox"/>	If Yes, Dated <input type="text"/>	No <input type="checkbox"/>
• Informed Parents:	Yes <input type="checkbox"/>		No <input type="checkbox"/>
• Informed Students affair section:	Yes <input type="checkbox"/>		No <input type="checkbox"/>
• Any other suggestion: _____			
<b>Internal Evaluation</b> (Attach Final Sheet of Internal evaluation)			
• Internal Evaluation Updated on Regular Basis:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Students having less than optimum Internal Evaluation intimated to improve:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

General Discipline of the students	Satisfactory	Not Satisfactory

**Corrective measures Taken:**

- Counselling sessions Conducted: Yes  If Yes, Dated  No
- Verbal Warning Given: Yes  No
- Written Warning Given: Yes  No
- ill-discipline of Student documented in Internal Evaluation: Yes  No
- Any other suggestion: \_\_\_\_\_

**Research**

Ongoing research projects in the Department by the;

- Students: \_\_\_\_\_
- Faculty: \_\_\_\_\_

**Audit For Clinical Specialties**

- No. of Patient Examined in the Department during the month of \_\_\_\_\_ =
- No. of patients Treated (procedures) performed in the department during the month of \_\_\_\_\_ =
- Average No. of Bed Occupancy in the month of \_\_\_\_\_
  
- No. of Patient Examined in the Department during the month of \_\_\_\_\_ =  N/A
- No. of patients Treated (procedures) performed in the department during the month of \_\_\_\_\_ =
- Average No. of Bed Occupancy in the month of \_\_\_\_\_
  
- No. of Patient Examined in the Department during the month of \_\_\_\_\_ =
- No. of patients Treated (procedures) performed in the department during the month of \_\_\_\_\_ =
- Average No. of Bed Occupancy in the month of \_\_\_\_\_

\_\_\_\_\_  
Head of Department