REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES

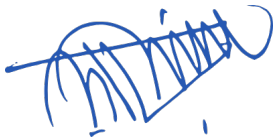
ZEMABAWK: AIZAWL

COMPLIANCE REPORT FORMAT

IQAC DOC NO - 36

COMPLIANCE REPORT OF

ACADEMIC AND ACTIVITY CALENDAR

Department of _____

Sl.No	Activity	Proposed Date	Date of Activity	Venue/ Location	Resource person with designation (If any)	Students		Relevance to POs/COs	Remarks
						Semester	No. of Attendance		
1.									
2.									
3.