



O/o THE CHAIRPERSON, ORGANISING COMMITTEE, ANTARDHVANI, 2015
G-6, UNIVERSITY SPORTS STADIUM COMPLEX
UNIVERSITY OF DELHI, DELHI-110007.
(Phone: 011-27006900, 011-27666744)

Prof. Malashri Lal
Dean of Colleges

• **Awards to be given by Visiting Team**

S.No.	Name of the Department: _____	Nodal Person: _____ Head of the Department _____		
	Item/Subject	Marks	Awarded (Marks from S.No. 1 to 9)	
			In Figure	In Words
1.	Technology access in the classroom	5		
2.	Laptop/computer used by students	5		
3.	Projects completed/ongoing of last 3 years	5		
4.	Facilities for students with disability	5		
5.	Department website	10		
6.	Eco friendly waste disposal/write -offs	5		
7.	No. of Ph.D Scholars registered	5		
8.	Research Profile	5		
9.	Special Projects issued to the Department by Government Organizations	5		
GRAND TOTAL		50		

Total marks given by Visiting Team out of 50 (_____)

Response of the Visiting Team (if any):

Name of the Persons (Visiting Team)

S.No.	Name	Signature	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Note:

1. To be submitted to the Chairperson, Antardhvani-2015 in a Sealed Envelope.
2. Must be treated as confidential



O/o THE CHAIRPERSON, ORGANISING COMMITTEE, ANTARDHVANI, 2015
G-6, UNIVERSITY SPORTS STADIUM COMPLEX
UNIVERSITY OF DELHI, DELHI-110007.
(Phone: 011-27006900, 011-27666744)

Prof. Malashri Lal
Dean of Colleges

• **Awards to be given by Visiting Team**

S.No.	Name of the College: _____	Nodal Person: _____ Principal of the College _____		
		Item/Subject	Marks	Awarded (Marks from S.No. 1 to 9)
	In Figure			In Words
1.	Classroom video by teacher	5		
2.	Video by student	5		
3.	Technology access in the classroom	5		
4.	Laptop/Computer used by students	5		
5.	Contribution to Question Bank	5		
6.	Projects completed	5		
7.	Facility for students with disability	5		
8.	College website	10		
9.	Eco friendly waste disposal/write-offs	5		
10.	Antardhvani 2015 stall display	50		
GRAND TOTAL		100		

Total marks given by Visiting Team out of 100 (_____)

Response of the Visiting Team (if any):

Name of the Persons (Visiting Team)

S.No.	Name	Signature	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Note:

1. To be submitted to the Chairperson, Antardhvani-2015 in a Sealed Envelope.
2. Must be treated as confidential