JAMAL MOHAMED COLLEGE (AUTONOMOUS)

TIRUCHIRAPPALLI – 620 020

INTERNAL QUALITY ASSURANCE CELL

Kindly provide below, the details of the initials of all the faculty members (including those handling Part-I Language, Part-II English, Allied and Non-Major Elective) for each class of your department.

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| **Department** |  | **Class** |  |
| **S.No** | **Full Name (in block letters)** | **Initials** |  | **S.No** | **Full Name (in block letters)** | **Initials** |
| **Major** (including Environmental Studies and General Studies) | **Allied** |
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|  |  |  | **Part-I Language** |
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|  |  |  | **Part-II English** |
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|  |  |  | **Non Major Elective** |
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Head of the Department