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