**Corrective Actions Report**

**< Type Programs Name Here >**

**<Type Institute/Department Name Here>**

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| **Sr.** | **Assessment Team Findings** (Weak Areas Identified) | **Corrective Actions Taken**  (Describe actions on What, Who, how, when basis) | **Evidence/Record/ Annexures** |
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| Chairman/Director/HOD’s Signature | |  | |
| Dean’s Signature | |  | |
| Verification by Quality Enhancement Cell | |  | |