



THIAGARAJAR COLLEGE OF ENGINEERING - MADURAI 625 015
TCE-III

S.No	One credit course need analysis sheet	
1.	Name of the Course	Practical approaches to networking
2.	Name of the Industry	Microsoft
3.	Name of the SIG associated with	Network.
4.	Motivation for offering the course	
4.1	Feedback (If yes, Details of the feedback as per the annexure I)	
	From Recruiter	Y/N
	From Employer	Y/N
	From Alumni	Y/N
	From Academic Council members	Y/N
	From Board of Studies members	Y/N
	From Senior students	Y/N
	From current students	Y/N
	From Performance Assessment Committee	Y/N
	From Department Advisory committee	Y/N
4.2	Faculty participation in Seminar/FDP (If yes, details)	
	At higher learning institutes	2
	At Industry	2
5.	Outcomes expected	
	Technology transfer	
	Student Internship	5
	Placement	5
	Organizing FDP/seminar at TCE	
	Collaborative research/consultancy projects	
	Faculty as Trainee/Trainer in the Industry	5
	Joint publications	
	Setting up of Lab/Infrastructure	



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Attendance sheet for the one/two credit

Name of the Course: *Practical approaches to Networking*
 Name of the Industry: *Microsoft*
 Name of the Expert: *Video lecture. Dr Sasikumar.*
 Number of Students enrolled:
 Name of the Faculty: *Dr. M. S. Manikandan*
 Date/Time/Venue: *19/10/2014 & 20/10/2014.*

S.No	Reg.No.	Name	Department	Signature
		<i>List Enclosed</i>		

[Signature]
Signature of the Faculty Coordinator



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Course Schedule

Name of the Course: *Practical approaches to Networking*
 Name of the Industry: *Microsoft*
 Name of the Expert: *Video lecture by Sasikumar*
 Number of Students enrolled:
 Name of the Faculty: *Ms. Manikandam*
 Date/Time/Venue: *19/10/2014 & 20/10/2014*

Date	Time	Topics	Remarks
Day1		<i>Theory</i>	
Day2		<i>practical</i>	

[Signature]
 Signature of the Faculty coordinator


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Course Instructor Feedback for One/Two credit course
TCE-III

 Name of the Course: *practical approaches to Networking*

 Name of the Industry: *Microsoft*

 Name of the Expert: *video lecture Mr. Sasikumar*

 Date/Time/Venue: *19/10/2014 & 20/10/2014.*

	Comments
Student attendance	<i>Good</i>
Level of the students in understanding the concepts	<i>Good.</i>
Any suggestions regarding new content to be included as Prerequisites/Special electives	<i>-</i>
Hall/Lab arrangements	<i>-</i>
Hospitality	<i>Good</i>

[Signature]
Signature of the Course Instructor

[Signature]
Signature of Head of the Department