



THIAGARAJAR COLLEGE OF ENGINEERING - MADURAI 625 015
TCE-III

S.No	One credit course need analysis sheet	
1.	Name of the Course	
2.	Name of the Industry	practical approaches to networking
3.	Name of the SIG associated with	Microsoft
4.	Motivation for offering the course	Network.
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	N
	At Industry	N
5.	Outcomes expected	
	Technology transfer	
	Student Internship	✓
	Placement	✓
	Organizing FDP/seminar at TCE	
	Collaborative research/consultancy projects	
	Faculty as Trainee/Trainer in the Industry	✓
	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*
 Number of Students enrolled: *54*
 Name of the Faculty: *Dr MSK Manikandan*
 Date/Time/Venue: ~~18/10/2015, 25/10/2015 & 28/10/2015~~ *18/10/2015 & 19/10/2015*

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 Mr Sasi Kumar*
 Number of Students enrolled: *54*
 Name of the Faculty: *MSM MANIKANDAN*
 Date/Time/Venue: *18/10/2015 & 19/10/2015*

Date	Time	Topics	Remarks
Day1		<i>Theory</i>	
Day2		<i>Practical.</i>	

MSM Manikandan
 Signature of the Faculty coordinator


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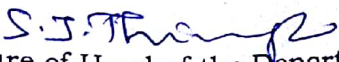
Course Instructor Feedback for One/Two credit course

TCE-III

Name of the Course: *Practical approaches to Networking*
 Name of the Industry: *Microsoft*
 Name of the Expert: *Mr Sasi Kumar Video Lectures*
 Date/Time/Venue: *18/10/2015 & 19/10/2015*

	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 of the Course Instructor


 Signature of Head of the Department