







Dr. V. P. Shetkari Shikshan Mandal's

**Padmabhooshan Vasanttraodada Patil
Institute of Technology, Budhgaon (Sangli)**

ACADEMIC DIARY

Name of the Faculty : _____
Department : _____
Year : 20___ / 20___ **Semester** : I / II
Mobile Number : _____
Email ID : _____

PERSONAL INFORMATION

Name : _____

Address : _____

Mobile No. : _____

Date of Birth : _____ **Age** : _____ years

Blood Group : _____

Department : _____

Designation : _____

Date of Joining : _____

Qualification : _____

Specialization : _____

Total Experience : _____

Adhar Number : _____

PF Number : _____

PAN Number : _____

In case of Emergency:

Name and Contact Number

1. _____

2. _____

VISION

To become a leading institute in providing high quality technical and engineering education to the aspirants and serve the industry and society through excellent educational programmes, creativity and research

MISSION

- To meet the short and long term engineering man power needs for social techno-economical development of region and nation, through teaching research, consultancy and service.
- To contribute advancing of knowledge and wisdom in science and technology for human welfare.
- To cultivate skills, life style and habits of lifelong learning to adopt knowledge based global civilization.
- To create highest standards of education with noble values of ethics, morality, integrity and humanity.

QUALITY POLICY

- To develop and maintain, state of art education practices
- To give every possible facility to the students, faculties and staff so that they can deliver the best
- To provide Secular, Disciplined and Caring environment for all learners
- TO be the forefront of the education to satisfy the Local, National and Global needs

Academic Calendar

LEAVE RECORD

TYPE OF LEAVE	FROM	TO	No. of Days	LEAVE BALANCE					REMARKS
				CL	SL	Detn.	EL	C.Off	
OPENING BALANCE									
CLOSING BALANCE									

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Research Papers Published /Presented

Sr. No.	Level (NC/IC NJ/IJ)	Title of paper	Name of journal	Year of publication	ISSN number

Seminar/ QIP/Workshop/Summer-Winter School Attended

Sr. No.	Subject / Theme	Organized by	Program Duration/ Dates

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Seminar /QIP/Workshop/Summer-Winter School Organized

Sr. No.	Subject / Theme	Program Duration/ Dates

Industry - Institute Interaction/ R&D Work

Sr. No.	Nature of Interaction	Duration	Outcome of the interaction

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Result Analysis

Year	Class	Subject	Students Category	No. of Students	Passing %	Excellence %	Remarks
			Appeared				
			Distinction				
			Ist Class				
			2nd Class				
			Fail				
			Appeared				
			Distinction				
			Ist Class				
			2nd Class				
			Fail				
			Appeared				
			Distinction				
			Ist Class				
			2nd Class				
			Fail				

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Verification

Date	Remarks	Signature Of HOD

Approved on :- / /

Dean Academic

Principal