

<u>Quarterly Progress Report on Quality Assurance Activities of Faculty Quality Assurance Cells,</u> <u>University of Vavuniya, Sri Lanka</u>

(To be submitted to CQA, UOV, at the end of each Quarter)

Year	Year :					
Period of reporting: first / Second / Third / fourth Quarter						
1.	1. Workshops / awareness programmes / training programmes					
Date	Topic		Target group		No of participants	
*Please add rows as required						
2. Other QA activities:						
3. Meetings of Faculty Quality Assurance Cells:						
Meet	ing no	Date		No of participants		
4.	Any other remarks:					
	,					
Name of the faculty cell coordinator :						
Signature		:				
Date of submission		:				

Email: directorcqa@vau.ac.lk

Faculty: