

ST.JOSEPH'S COLLEGE FOR WOMEN, TIRUPUR.

INTERNAL QUALITY ASSURANCE CELL (IQAC)

Approval form

Name of the proposed Certificate Program:

Organized by:

Name of the Centre:

List the names of faculty members who will serve on certificate Program:

Duration of the Program:

Date of commencement of the Program:

Venue:

Signature of HOD:

Signature of IQAC Co-ordinator:

Signature of the Principal