

#### THE KAVERY ENGINEERING COLLEGE

An Autonomous institution approved by AICTE, New Delhi, Affiliated to Anna university Chennai Accredited by NAAC with A+ grade & Recognised by UGC under section 2f & 12B

# Mecheri, Salem Dt-636453, Tamilnadu OFFICE OF THE CONTROLLER OF EXAMINATIONS

www.kavery.org.in

coe@kavery.org.in



Lr. No: COE/2025-26/Int/Cir/02

04.08.2025

#### Circular

The **Continuous Assessment Test** for UG and PG Programs will commence as per the following schedule. The exam coordinators are requested to circulate the test schedule to concerned faculty and students. All faculty members are requested to prepare the question paper for the Continuous Assessment Test in the prescribed format, and the same is to be collected and submitted to the COE office by the concerned department exam coordinators as per the stipulated time.

# Continuous Assessment Test Schedule for B.E/B.Tech/M.E/MBA/MCA Programmes (III, V, VII Semester)

SI. No	Particulars	Syllabus Coverage	Max Marks	Date of Examinations	Last Date for Submission of Question Paper & Internship Report	Submission of Syllabus Completion*
1	CAT-I	2 ½ Units	60	01.09.2025 – 09.09.2025	18.08.2025	28.08.2025
2	CAT-II	2 ½ Units	60	29.10.2025 – 05.11.2025	13.10.2025	24.10.2025
3	Summer Internship Report#				28.08.2025 /	

<sup>\*</sup> Question paper is printed and dispatched for the exam after submission of syllabus completion only.

# Two weeks Summer Training/Internship/Industrial Training carries one credit and it will be done during IV & VI semester summer vacation and same will be evaluated in V & VII semester if applicable as per curriculum.

**Controller of Examinations** 

Copy to

- 1. All HoD's and Internal Exam Coordinators
- 2. College Website
- 3. Notice Board
- 4. File



Principal



### THE KAVERY ENGINEERING COLLEGE

An Autonomous institution approved by AICTE, New Delhi, Affiliated to Anna university Chennai Accredited by NAAC with A+ grade & Recognised by UGC under section 2f & 12B

Mecheri, Salem Dt-636453, Tamilnadu

Mecheri, Salem Dt-636453, Tamilnadu

OFFICE OF THE CONTROLLER OF EXAMINATIONS



www.kavery.org.in

coe@kavery.org.in

Date:

## SYLLABUS COMPLETION REPORT: CAT-I / CAT-II

### **Department:**

#### Name of the Class Advisor:

Sl. No	Year/Sem/Sec	Subject Code	Subject Name	Name of the Staff Member	Particulars of Portion Covered	Staff Sign
1						
2	J					
3						
4						
5		\$				
6						
7						
8						
9					)	