

PACHHUNGA UNIVERSITY COLLEGE

(A Constituent college of Mizoram University)
NAAC Accredited A+ College

ANNUAL ACTIVITY REPORT FORM

1.	Name of the Committee/Cell	: PUC Health Care Committee
2.	Reporting Period	: 2020 - 21 19-20
3.	Name of the Chairman/Coordinator	: Dr. Pauline
	Phone Number	:9436151310
	email address	
4.	Name of the Secretary	: Dr. Ghanashyam Delca
	Phone Number	:6900583507
	email address	assameseguy@gmail.com
5.	Total no. of members	:07
6.	No. of meetings held	:00
7.	Percentage of members attending meetings (average)	:
8.	No. of activities conducted (Detailed report of all activities may be attached in a separate sheet)	
9.	Budget of the Cell/Committee	: Nil
10.	Total expenditure (Detailed expenditure statement to be enclosed)	
)	Any other information: Was iable for the Hope h	0
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]	Dated: 0 4 0 3 2 0 21	Coordinator Internal Quality Assurance Cell Pachhunga University College (A constituent college of Mizoram University) Principal
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	CHAIRMAN	SECRETARY