



CHHATTISGARH SWAMI VIVEKANAND TECHNICAL UNIVERSITY

छत्तीसगढ़ स्वामी विवेकानंद तकनीकी विश्वविद्यालय

INSPECTION REPORT OF THE VISITING COMMITTEE YEAR 200__ - 200__

1. Name & address of the Institute Visited

2. Name of Trust/Society

3. Date of Visit

4. a) Name of Disciplines

b) Year/Semester for which the
Affiliation sought

5. Year of Establishment of the Institution

6. Date on which FIRST approval was
accorded by AICTE/Council of
Arch./Council of Pharmacy

7. Approval by AICTE/Council of Arch/Council of pharmacy for the year (200_ - 200_)
for which affiliation is sought

S.No	Year / Semester	Discipline (Dip, BE, MBA etc) with Branch/Branches	Date of approval	Approved intake	Remarks
1.	I Year				
2.	II Year				
3.	III Year				
4.	IV Year				

8. Approval by State Government

S.No.	Year / Semester	Discipline (Dip, BE, MBA etc) with Branch/ Branches	Date of approval	Approved intake	Remarks
1.	I Year				
2.	II Year				
3.	III Year				
4.	IV Year				

9. Information of students studying from first year to final year (Discipline wise)

S.No.	Discipline (Dip, BE, MBA, ME/M Tech, Pharmacy etc.)	Number of Students				Total
		I Yr	II Yr	III Yr	IV Yr	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
Total						

10. Particulars of infrastructure facility etc. found in the Institution

(i) LAND AREA -

Existing	Requirement as per Norms	Remarks

(ii) BUILDING SPACE -

S.No.	Particulars	Existing		Requirement as per Norms	Remarks
		Number	Area		
1.	Class Room (Nos.)				
2.	Tutorial Room (Nos.)				
3.	Seminar Hall				
4.	Laboratory/Workshop				
5.	Others				

(iii) LIBRARY

S.No.	Particulars	Existing	Requirement as per Norms	Remarks
1.	Text Books			
2.	Reference Books			
3.	Journals			

(iv) LABORATORY

S.No.	Name of Lab	Name of Equipment*	Quantity	Remarks

*Use separate sheet for listing the equipments

(v) COMPUTATIONAL FACILITIES

S.No.	Computer Configuration	Quantity	Place at Which installed	Remarks

11. **Information about the Principal/Director**

1. Name of Principal/Director :
2. Qualifications :
3. Total Experience :
4. Date of Appointment in Institute :
5. Nature of Appointment : Adhoc / Approved by the University
6. In case of adhoc appointment, Steps taken by the Institute for completing the selection process as clause 19(1) of Statute no 19 of the University.

12. **Actual Availability of Faculty as per AICTE Norms**

AICTE Norms			
Student	Cadre Ratio		
Teacher	P	R	L
ratio 15:1	1	2	6

S.No.	Name of Department	Total No of Students	Total No Teachers	Student Teacher Ratio	No. of Prof	No. of Reader	No. of Lecturer	Cadre Ratio
1								
2								
3								
4								
5								
6								
7								
8								
Total								

15. Information regarding teachers training conducted.

S.No.	Name & Duration of Training Programme	Organizing Agency	Name of Experts who imparted the Training	Number of Teachers Trained discipline wise (Pl attach the list of names of Teachers in separate enclosure.	Total number of Teachers Trained till date	Number of teachers yet to be trained
1.						
2.						
3.						
4.						
5.						
6.						
Grand Total						

16. Information regarding implementation of Problem Based Learning during the session
(Use separate Sheets)

S.No.	Name of Deptt.	Semester	Name of Lab	Name/s of Problems being tackled along with no of students	Progress made towards solution	Name of Teachers associated
		III/IV	1 2 3 4			
		V/VI	1 2 3 4			
		VII/VIII	1 2 3 4			

17. Information about the Final year Projects of students (use separate sheets)

S. No	Name of Deptt.	Title of the Projects being carried out	Name of the Industry/ Organization to which the project is associated with	Number of students working on the Project	Name of Project Guide

18. Information of Tests conducted in the subjects of General Proficiency

S.No.	Subject	Number of Tests conducted	Performance of students	Remarks
1.	Communication Skills I Sem			The records be put before the Inspection Committee
2.	Group discussion II Sem			
3.	Value Education III Sem			
4.	Personality Development IV Sem			
5.	Health, Hygiene & Yoga V Sem			
6.	Managerial Skills VI Sem			
7.	Innovative & Entrepreneurial Skills VII Sem			
8.	Report Writing & Seminar VIII Sem			

19. Comment about Co-Curricular and Extra Curricular Activity - _____

20. Financial status of Institute - _____

21. Functioning of Governing Body - _____

22. Any other Observation -

23. COMMITTEE MEMBERS:

1. Signature _____ 2. Signature _____ 3. Signature _____

Name _____ Name _____ Name _____

Designation _____ Designation _____ Designation _____

Information regarding availability of teaching staff in Govt. Polytechnics

Name & Address of the Institute : -----

S.No.	Post	Number of Posts Sanctioned	Number of Posts Filled			Vacant
			Regular	Adhoc	Part Time	
1	Principal					
2	HOD					
3	Lecturer					

Signature & Seal
of Principal

Information regarding availability of teaching staff in Govt. Engg. College

Name & Address of the Institute : -----

S.No.	Post	Number of Posts Sanctioned	Number of Posts Filled			Vacant
			Regular	Adhoc	Part Time	
1	Principal					
2	Professor					
3	Reader					
4	Lecturer					

Signature & Seal
of Principal

INFORMATION ABOUT THE INSTITUTION

1. Name & address of the Institute Visited

2. Name of Trust/Society

3. Year of Establishment of the Institution

4. a) Name of Disciplines for which Affiliation from CSVTU is Sought.

b) Year/Semester for which the Affiliation sought

5. Name of Principal

6. Date on which FIRST approval was accorded by AICTE/Council of Arch./Council of Pharmacy

8. Approval by AICTE/Council of Arch/Council of pharmacy for the year (200_ - 200_) for which affiliation is sought

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