



CHHATTISGARH VIGNANI VEDANANDANU TECHNICAL UNIVERSITY

निष्कलितं लोकहितं कुरुते

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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 :

a) Ground Floor

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				

b) **First Floor**

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				

c) **Second Floor**

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				

d) **Third Floor**

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.

4								
5								
6								
7								
8								

AICTE Norms

Student	Cadre Ratio		
Teacher	P	AP	ASP
ratio 10:1	1	2	6

i) Actual Availability of Faculty as per AICTE Norms in Architecture (UG)

S.No.	Name of Department	Students Intake as per AICTE and DTE	Total No Teachers As per 10:1	Student Teacher Ratio	No. of Professor	No. of Associate Professor	No. of Assistant Professor	Cadre Ratio
1								
2								
3								
4								

AICTE Norms

Student	Cadre Ratio	
Teacher	HoD	L
ratio 20:1	1	3

j) Actual Availability of Faculty as per AICTE Norms in Diploma Courses in Engineering and other disciplines

S.No.	Name of Department	Students Intake as per AICTE and DTE	Total No Teachers As per 20:1	Student Teacher Ratio	No. of Head of the Deptt.	No. of Lecturers	Cadre Ratio
1							
2							
3							
4							
5							
6							

13. a) Information about Faculty Selection by the Selection Committee constituted by the University. (such list be produced at the time of inspection)

S.No.	Number of selected Faculty members through Selection committee Constituted by the University (Discipline wise)	Number of Faculty members yet to be selected through the Selection Committee Constituted by the University (discipline wise)	Total Number (Discipline wise)	Remarks
1				
2				
3				
4				
5				
6				
Total				

b) Information about those Faculties not selected as per Statute 19 of CSVT University. (such list be produced at the time of inspection in separate Sheet)

S.No.	Name of the faculties	Max Qualification with Division	Discipline	Date of Joining	Signature
1					
2					
3					
4					
5					
6					
7					
8					

(14) Information regarding induction of faculty during last six months. (use separate sheet)

S.No.	Name of Dept	Name of Faculty Member	Post	Whether Appointed through selection committee constituted by the university		If not the steps being taken for selection through University
				Yes	No	

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 (PI 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.						
7.						
Grand Total						

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 Observations -

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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