



**CHHATTISGARH SWAMI VIVEKANAND TECHNICAL UNIVERSITY, BHILAI.**  
**MANDATORY DISCLOSURE - 1**

**Important Note for Payments:**

- 1 Affiliation fee, inspection fee and Processing fee to be paid through CSVTU payment Gateway available on the web-portal, [www.csvtu.ac.in](http://www.csvtu.ac.in), through corporate internet banking failing which, the application shall not be considered.

**2. Institute Details**

Description	Details provided by Institute
Name of the Institution/Technical campus	
Address	
Town/Village	
State/UT	
District	
Pin	
STD code	
Land Phone number	
Cell Number	
FAX Number	
Email	
Alternate Email	
Website	
Institute Type	
Minority Institute	
Type Of Minority	
Name of the Minority	
PAN	
Primary Bank Account number	
Bank Name	
IFSC Number	
Any Unaided Course?	
Approval Year of First Course	
Date of First Approval by AICTE	
Total number of teaching faculty in the Institute for all Programmes:	
Number of teaching faculty approved by University/Government?:	
Are all approved teaching faculty being paid as per VI pay commission?	
Are all the teaching faculty, as per UGC regulations ?	
Do you wish to apply closure of Institute?	
Percentage Grant Received from Government?	

Date of Signature		Seal of Institute		Name & Signature of Director/Principal
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Date :



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Whether Institute is operating from Permanent Site/Temporary Site? Whether mandatory disclosure is uploaded in Institute's website?	
Whether the Institute following ICAI(Institute of Chartered Accountants of India) Accounting Formats?:	
Fees to be charged, Reservation policy, Admission policy and Document retention policy are duly approved by State Govt?	
Fees to be charged, Reservation policy, Admission policy and Document retention policy are duly approved by Affiliating University?	
Fees to be charged, Reservation policy, Admission policy and Document retention policy are uploaded in Institute's Website?	
List of faculty and data uploaded on the institute web portal	
Courses/Approved Intake displayed at the entrance of the institute?	

**3.Application Details**

New Technical Institute	
Extension of Affiliation	
Change of Institute Site	
Increase in Intake / Application for New Course	
Closure of Course / Reduction in Intake	
PIO	
NRI	
Change of name of the Institute	
Conversion of Women's Institution into Co-Ed Institution	
Introducing a Foreign Collaboration with an UGC approved Indian Institution	
Introduction of Second Shift / Part Time Programme	
Introduction of New Dual/Integrated Course	

**4.Details about Parent Organization**

Name of the Parent organization	
Address	
Town/Village	
State/UT	
District	
Pin	

Date of Signature		Seal of Institute		Name & Signature of Director/Principal
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Website	
Type of the organization	
Registered with	
Registration date	

**5.Details about Contact Person**

Title	
First Name	
Last Name	
Address	
Town/Village	
State/UT	
District	
Pin	
Designation	
STD code	
Land Phone number	
Cell Number	
FAX Number	
Email	
Alternate Cell Number	
Alternate Email Address	

**6.Land Details**

Location	
Latitude and Longitude	
Total area in acres	
Land registered with	
Land registration date	
Land Use Certificate issued by	
Land Use Certificate date	
Land ownership details	
Mortgage details	
Purpose of mortgage	

**Other Land Details**

Sl. No (1)	Land Registration no. (2)	Date of Registration (3)	Area of land (4)	Khasra number (5)	Plot no./ Survey no. (6)	Land situated at (7)	Land Registered in the name of (8)	Ownership or Govt. Lease (9)

**Other Land Details Contd**

Land use certificate issuing Authority (10)	Is the Land Mortgaged (11)	Details of Land If the Land Is Mortgaged (12)	Land required at the time of First AICTE approval (In Acres) (13)	Land available at the time of First AICTE approval (In Acres) (14)

Date of Signature		Seal of Institute		Name & Signature of Director/Principal
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Date :



**CHHATTISGARH SWAMI VIVEKANAND TECHNICAL UNIVERSITY, BHILAI.  
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**7. Building Details**

<b>Building status</b>	
<b>Total built up area planned</b>	
<b>Total built up area ready</b>	
<b>Total Instructional area (carpet area) ready in Sqm</b>	
<b>Total Administrative area (carpet area) ready in</b>	
<b>Total Amenities area (carpet area) ready in</b>	
<b>Activities in the building other than UGC approved courses</b>	

**Other Building Details**

Sl. No	Building Number (1)	Building Name (2)	Sanctioned Built up Area (3)	Constructed Built up area (4)	Approved Carpet Area Instructional (5)	Constructed Carpet Area Instructional (6)	Approved Carpet Area- Administrative (7)	Constructed Carpet Area Administrative (8)	Approved Carpet Area- Amenities (9)

**Other Building Details Contd**

Sl No	Constructed Carpet Area Amenities (10)	Total Area Approved (11)	Total Area Constructed (12)	Activities Conducted in the Building (13)	Non AICTE approved courses run in the Building (If Any) (14)	Name of the Building Plan Approving Authority (15)	Building Plan Approval Date (16)	Approval Number (17)

**8. Programme and courses**

Sl No	Course (University Code)- (1)	Programme (2)	Level (3)	Course (4)	Shift (5)	FT/PT (6)	Started In (7)	Applying For (8)	Course duration (9)
1.									
2.									
3.									
4.									

**Programme and courses Contd**

Sl No	Course (University Code)- (10)	Programme (11)	Course (12)	Current intake (13-14) (13)	Applied for intake (14-15) (14)	University Board (15)	NRI (16)	PIO (17)	Foreign collaboration (18)	Accreditation status (19)
1.										
2.										
3.										
4.										
5.										

Date of Signature		Seal of Institute		Name & Signature of Director/Principal
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Date :



**CHHATTISGARH SWAMI VIVEKANAND TECHNICAL UNIVERSITY, BHILAI.**  
**MANDATORY DISCLOSURE - 1**

**9. Instructional Area**

Sl No	Programme (1)	Level (2)	Building Number (3)	Building Name (4)	Room Type (5)	Room Number (6)	Average Carpet Area(7)	Flooring (8)	Wall & Painting (9)	Elect & lighting (10)	Furniture & Fixtures (11)
1.											
2.											
3.											
4.											
5.											

**Instructional Area Common facilities**

Building Number (1)	Building Name (2)	Room Type (3)	Room Id (4)	Area (5)	Flooring (6)	Wall & Painting (7)	Elect. & lighting (8)	Furniture & Fixtures(9)
1.								
2.								
3.								
4.								
5.								

**10. Administrative Area**

Sl No	Building Number (1)	Building Name (2)	Room Type (3)	Room Id (4)	Area (5)	Flooring (6)	Wall & Painting (7)	Elect. & Lighting (8)	Furniture & fixtures (9)
1.									
2.									
3.									
4.									

**11. Amenities Area**

Sl No	Building Number (1)	Building Name (2)	Room type (3)	Room Id (4)	Area (5)	Flooring (6)	Wall & Painting (7)	Elec & Lighting (8)	Furniture & Fixtures(9)
1.									
2.									
3.									
4.									
5.									

**12. Circulation Area**

Sl No.	Building Number (1)	Building Name (2)	Area Type (3)	Average Carpet Area(4)	Flooring (5)	Wall & Painting(6)	Elec & Lighting (7)	Furniture & fixtures(8)	Sanitary Fittings (9)
1.									
2.									
3.									
4.									
5.									
6.									

Date of Signature		Seal of Institute		Name & Signature of Director/Principal
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Date :



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**13. Other Facilities**

All Weather Approach (Motorized Road)	
Backup Electric Supply	
Barrier free Environment	
CCTV Security	
ERP Software	
Electric Supply	
General Insurance	
Group Insurance	
Institution Web Site	
Insurance for Students	
Stand Alone Language Laboratory (Minimum 25 PCs up to total intake of 1000. Further additional 25 PCs per intake of 1000):	
Medical & Counseling	
Notice Boards	
Public Announcement System	
Potable Water Supply	
Post & Banking/ATM	
Projectors in Classrooms	
Safety Provisions	
Sewage Disposal System	
Staff Quarters	
Telephone & FAX	
Transport Facility	
Vehicle Parking	
First Aid	

**14. Laboratory Details**

Sl No	Programme (1)	Level (2)	Course (3)	Building Number (4)	Building Name (5)	Name of Lab (6)	Yearly Budget (7)	Yearly Budget (Equipments) (8)	Investment till Date (Consumable) (9)	Research Lab (10)
1.										
2.										
3.										
4.										
5.										

**15. Library Books**

Programme (1)	Titles (2)	Volumes (3)	International Journals (4)	National Journals (5)	E-Journals (6)

**16. Library Facilities**

Date of Signature		Seal of Institute		Name & Signature of Director/Principal
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Date :



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MANDATORY DISCLOSURE - 1**

Working Hrs. (1)	E journal Subscription (2)	Annual Budget (3)	Area in Sqm (4)	Library Management Software (5)	Bar Code or RF Tab book handling (6)	Reprographic Facility (7)	Reading Room Capacity (8)

E-Journal Declaration	
The Institute hereby declares that it has subscribe for all the required E-Journals as mentioned in UGC Regulation 2014	Yes / No

**17. Computational Facility**

Legal System Software (1)	Legal Application Software (2)	Internet Bandwidth in mbps (3)	Internet Contention Ratio (4)	PC exclusively available to students (5)	PCs available in Administrative Office (6)	Number of PCs available in Library (7)	Number of PCs in language lab (8)	PCs available to Faculty Members (9)	Printers available to student (10)

**18. Hostel Facility**

Sl. no	Number of rooms having 1 bed/ room (area of room) (1)	Building Number (2)	Name of Building (3)	Number of rooms having 2 bed/room (area of room) (4)	Building Number (5)	Name of Building (6)	Number of rooms having 3 bed/room (area of room) (7)	Building Number (8)	Name of Building (9)	Number of rooms having 4 bed/room (area of room) (10)	Building Number (11)	Name of Building (12)
1.												
2.												
3.												
4.												
5.												

**19. (a) Financial Details**

Income from Central Government	
Income From State Government	
Income From Student Fees	
Income From Donations	
Income From UGC	
Income From Other Bodies	
Income From Other/ Internal Revenue	
Salary Teaching Staff	
Remuneration to Visiting/Guest:	
Salary Non-teaching Staff:	
Library	
Equipment	

Date of Signature		Seal of Institute		Name & Signature of Director/Principal
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Date :



**CHHATTISGARH SWAMI VIVEKANAND TECHNICAL UNIVERSITY, BHILAI.  
MANDATORY DISCLOSURE - 1**

Building Maintenance	
Other Expenditure	

**19 (b) Operational Funds**

Bank Name(1)	Account No. (2)	Bank Statement Date (3)	Cash Balance (4)

**20. Technical Campus Details**

Year (1)	Technical Campus Details (2)	Parent Institute Code	Parent Institute Name	Child Institute	Child Institute Name(6)

**21. Company/Industry Details**

Are you a Company/Industry wishing to set up a new Institute?:	
Type of Company/Industry:	
Is the company having Minimum 100 Cr Turnover for the last 3 years? (Attach supporting doc):	
Company/Industry PAN Number:	
Company/Industry TAN Number:	
Company/Industry Registered Address:	
Company/Industry Year of Registration:	

**22. Grants Received Details**

SI No	Name of Grant (1)	Year in which Grant was Sanctioned (2)	Sanctioned Letter Number(3)	Date of Sanctioned Grant(4)	Date of Receiving Grant(5)	Activity Related to Grant Conducted From(6)	Activity Related to Grant Conducted upto(7)	Submitted Final Utilization certificate (8)	Utilization certificate Reference Number (9)	Date of submission of Final Utilization Certificate (10)

**Grants Received Contd.**

SI No	Name of Grant(11)	Final Settlement of Grant(12)	Balance of Grant to be received from AICTE(13)	Balance of Grant to be Refunded to AICTE(14)	Remarks(15)

Date of Signature		Seal of Institute		Name & Signature of Director/Principal
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Date :





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**MANDATORY DISCLOSURE - 1**

**23.Ombudsman/Grievance Details**

Grievance Committee Appointment	
OMBUDSMAN Appointment	

**Ombudsman Appointment/Grievance Committee Details**

SI No	Committee Type (1)	Appointment Order reference Number(2)	Date of Appointment (3)	Name of the Committee Member (4)	Profession (5)	Address (6)	Associated With(7)	Mobile Number (8)	e Mail Address (9)	Fax No. (10)

**24.Anti-Ragging Related Details Provided by the Institute**

Constitution of Anti-Ragging Committee	
Constitution of Anti-Ragging Squad	
Affidavit obtained from all Students	
Appointment of Counselors	
Affidavit obtained from parents of all the students	
Affidavit obtained from students staying in Hostel	
Affidavit obtained from parents of students staying in Hostel	

**Anti-Ragging Committee/Squad Details**

SI No	Committee Type (1)	Appointment Order reference Number(2)	Date of Appointment (3)	Name of the Committee Member (4)	Profession (5)	Address (6)	Associate d With(7)	Mobile Number (8)	Fax No (9)	E Mail (10)

**Complaints Committee details constituted for prevention of sexual harrasment of working women at work places as per Vishakha guidelines laid down by the Hon'ble Supreme Court of India.**

SI No	Appointment Order reference Number(2)	Date of Appointment (3)	Name of the Committee Member (4)	Profession (5)	Address (6)	Associate d With(7)	Mobile Number (8)	Fax No (9)	E Mail Address (10)

Date of Signature		Seal of Institute		Name & Signature of Director/Principal
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Date :



**CHHATTISGARH SWAMI VIVEKANAND TECHNICAL UNIVERSITY, BHILAI.**  
**MANDATORY DISCLOSURE - 1**  
**DECLARATION**  
**BY THE PRINCIPAL/DIRECTOR OF THE INSTITUTE**

I, as the Head of the Institution, hereby declare:

- a) That, I have carefully gone through the UGC (Affiliation of colleges offering Technical Education by the University) Regulation 2014, and also the various provisions mentioned in it.
- b) That, I am fully aware of the data entered in respect of my institute in the Mandatory Disclosure – I.
- c) That, I am aware that there is no provision of correction of data, alteration of data, and appeal etc. for the application once submitted to the University.
- d) That, I am also aware that application for seeking affiliation to New Technical Institute, Extension of Affiliation, Increase/Reduction of intake, Addition of new courses, Dual Degree course, Integrated Course, Second Shift Programme, Part-time program, Change of site, Closure of course, Supernumerary Seats under PIO, NRI, Change of name, and Conversion of women institute into Co-ed institute, shall be processed as per relevant provisions enumerated in the UGC Regulation 2014.
- e) That, I am also aware that the institute is eligible for grant of affiliation to New Technical Institute, Extension of affiliation, Increase/Reduction of intake, Addition of new courses, Closure of course, supernumerary seats under PIO, NRI, Change of name, Dual Degree course, Integrated course, Second shift programme, Part-time program, Change of site, Conversion of women institute into Co-ed institute only on fulfillment of prescribed norms & requirements as mentioned in the UGC Regulation 2014.

Date of Signature		Seal of Institute		Name & Signature of Director/Principal
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Date :



CHHATTISGARH SWAMI VIVEKANAND TECHNICAL UNIVERSITY, BHILAI.

**MANDATORY DISCLOSURES - 2**

**1.Head of the Institute**

Surname	
First name	
Father's name	
Date of birth	
Doctorate degree	
Master's degree	
Bachelor degree	
Other qualifications	
Field of specialization	
Date of joining the Institute as head	
Appointment type (Regular/Contract)	
Exact designation	
Experience (T-R-I)	

**2.Faculty**

Sl. No (1)	Programme (2)	Course (3)	Faculty Type (UG/PG/Dip) (4)	First Name (5)	Surname (6)	Exact designation (7)	Date of Joining the institute (8)	Appointment type Univ. approved/Contract / P T (9)

**2.Faculty details contd.**

Doctorate (10)	Master's degree (11)	Bachelor degree (12)	Other qualification (13)

**3.Technical Staff**

Sl No (1)	Programme (2)	Course (3)	Level (4)	First Name (5)	Sur Name (6)	Date of joining the institute (7)	Doctorate Degree (8)	Master Degree (9)	Bachelor Degree (10)	Diploma (11)	Other Qualification (12)

Date of Signature		Seal of Institute		Name & Signature of Director/Principal	
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**CHHATTISGARH SWAMI VIVEKANAND TECHNICAL UNIVERSITY, BHILAI.**

**MANDATORY DISCLOSURES - 2**

**4.Admin & Library Staff**

Sl.no. (1)	First Name (2)	Last Name (3)	Date of joining the institute (4)	Doctorate Degree (5)	Master Degree (6)	Bachelor Degree (7)	Diploma (8)	Other Qualification (9)

**DECLARATION  
BY THE PRINCIPAL/DIRECTOR OF THE INSTITUTE**

I, as the Head of the Institution, hereby declare:

- a) That, I have carefully gone through the UGC (Affiliation of colleges offering Technical Education by the University) Regulation 2014, and also the various provisions mentioned in it.
- b) That, I am fully aware of the data entered in respect of my institute in the Mandatory Disclosure– 2.
- c) That, I am aware that there is no provision of correction of data, alteration of data, and appeal etc. for the application once submitted to the University.
- d) That, I am also aware that application for seeking affiliation to New Technical Institute, Extension of Affiliation, Increase/Reduction of intake, Addition of new courses, Dual Degree course, Integrated Course, Second Shift Programme, Part-time program, Change of site, Closure of course, Supernumerary Seats under PIO, NRI, Change of name, and Conversion of women institute into Co-ed institute, shall be processed as per relevant provisions enumerated in the UGC Regulation 2014.
- e) That, I am also aware that the institute is eligible for grant of affiliation to New Technical Institute, Extension of affiliation, Increase/Reduction of intake, Addition of new courses, Closure of course, supernumerary seats under PIO, NRI, Change of name, Dual Degree course, Integrated course, Second shift programme, Part-time program, Change of site, Conversion of women institute into Co-ed institute only on fulfillment of prescribed norms & requirements as mentioned in the UGC Regulation 2014.

Date of Signature		Seal of Institute		Name & Signature of Director/Principal	
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