

**Nirichhan Pratedan  
for establishment of  
new technical institutions  
for the academic year 2007-08**



**विज्ञान एवं प्राविधिकी विभाग**

Dept. of Science & Technology, Govt. of Bihar

**State Board Of Technical Education, Bihar  
4<sup>th</sup> Floor, Technology Bhawan, Bisveshraiya Complex  
Patna-800 015**

## IMPORTANT POINTS FOR ATTENTION OF THE EXPERT COMMITTEE

Approval for establishment of new institutions is granted by AICTE/DST, Bihar on the basis of the quality of academic and physical infrastructure created by an institution. This is to reiterate that the Council is committed to make the entire process absolutely transparent and objective. Your role in this regard is most critical. You are requested to holistically appraise the institution and fill in the necessary information in the format. AICTE/DST, Bihar solicits your co-operation in this regard and requests you to:

1. Study and understand the proforma in which the report of the visit is to be made.
2. Fill a separate report for each proposed institution (Engg. & Tech., Pharmacy, HMCT, Architecture, Stand alone MBA/ PGDBM / PGDM and MCA institution).
3. Examine all the documents submitted by the institution.
4. Scrutinize various records pertaining to purchase of computers, equipments, books and journals done by the institutions by checking the original vouchers/ bills, stock registers / ledgers and stamping on books and journals.
5. Countersign the last page of the ledgers/stock registers.
6. Take special care in verifying the facilities for the proposed institution in case other institutions / courses are also being run the same premises. AICTE/ DST, Bihar norms do not permit sharing of facilities.
7. Ensure that the location of the institution is the same as mentioned in the Letter of Intent provided to you.
8. Ensure copies of the documents as mentioned in Part-IV (B) have been appended to the report.
9. Collect a Video CD and photographs covering the entire physical infrastructure i.e. building, labs library, amenities, workshops etc. The photographs should be duly attested by the Chairman of the applicant Trust / Society.
10. Ensure that under no circumstances any column be left unfilled as the entire information solicited is extremely important for taking a final decision.
11. Complete the report (Part I to Part V) immediately on the completion of the visit.

---

\*Note : The physical information has to be filled up by the applicant (Part I to Part V) wherever details are to be furnished for the verification.

**(Check Box shall be ticked by Expert Committee)**

## PART- I Details of Application

**Discipline of new institution applied for (please tick ✓ whichever is applicable)**

Engg. & Tech.  Pharmacy  HMCT  App. Arts & Crafts  Architecture   
 Stand alone MBA  Stand alone MCA  PGDBM / PGDM

**Type of new institution applied for (please tick ✓ whichever is applicable)**

Govt.  Govt. Aided  Govt. Inst. (SFP\*)  Univ. Dept.  Univ. Dept. (SFP\*)   
 Deemed to be Univ.  Self-Financing Institution  \*(SFP-Self Financing Programme)

### Details of Applicant & Proposed Institution

|                       | Applicant | Proposed Institution |
|-----------------------|-----------|----------------------|
| <b>Name</b>           |           |                      |
| <b>Address</b>        |           |                      |
|                       | Pin       | Pin                  |
| <b>Ph.No.</b>         | (       ) | (       )            |
| <b>Fax No.</b>        | (       ) | (       )            |
| <b>Email ID</b>       |           |                      |
| <b>Website</b>        |           |                      |
| <b>Contact person</b> |           |                      |
| <b>Cell No.</b>       |           |                      |

**Details of Affiliating Board (Not applicable for PGDBM / PGDM):**

Name : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 Ph. No. : \_\_\_\_\_

**Track record of the applicant in terms of running**

**Educational institutions / industry**

---



---



---

Signatures of the Expert Committee Members

Any court case / mal practice case pending with AICTE/DST, Bihar with regard to proposed / existing institutions

---



---



---

**Details of proposed courses:**

| S. No. | Nomenclature of the Course | Proposed Annual Intake | Whether the Nomenclature of the course is permissible as per Norms (Yes/No) | Recommendations of the State Govt. |                    | Recommendations of the affiliating board. |                    |
|--------|----------------------------|------------------------|-----------------------------------------------------------------------------|------------------------------------|--------------------|-------------------------------------------|--------------------|
|        |                            |                        |                                                                             | Yes / No                           | Recommended intake | Yes / No                                  | Recommended intake |
| 1.     |                            |                        |                                                                             |                                    |                    |                                           |                    |
| 2.     |                            |                        |                                                                             |                                    |                    |                                           |                    |
| 3.     |                            |                        |                                                                             |                                    |                    |                                           |                    |
| 4.     |                            |                        |                                                                             |                                    |                    |                                           |                    |

**Details of the educational institutions being run in the same campus( if applicable).**

| Name & Discipline of the Institution | Whether approved by AICTE, If yes, |                       | Land area in acres | Built-up space in sqm | Sy.No. / Khasra No. |
|--------------------------------------|------------------------------------|-----------------------|--------------------|-----------------------|---------------------|
|                                      | Year of Ist Approval               | Year of Last approval |                    |                       |                     |
|                                      |                                    |                       |                    |                       |                     |
|                                      |                                    |                       |                    |                       |                     |
|                                      |                                    |                       |                    |                       |                     |
|                                      |                                    |                       |                    |                       |                     |
| <b>Total</b>                         |                                    |                       |                    |                       |                     |

Signatures of the Expert Committee Members

**Details of other applications submitted to the AICTE/DST, Bihar for the year 2007-2008 (if applicable).**

| <b>Discipline of the Institution applied for</b> | <b>Issue of LOI (Yes / No)</b> | <b>Land area in acres along with Sy.No. / Khasra No. earmarked for the said institution.</b> |
|--------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------|
|                                                  |                                |                                                                                              |
|                                                  |                                |                                                                                              |
|                                                  |                                |                                                                                              |
|                                                  |                                |                                                                                              |
|                                                  |                                |                                                                                              |

**Laboratories / workshops required for running first year classes as per the syllabus of the affiliating board (where ever applicable).**

- |    |    |    |
|----|----|----|
| 1. | 2. | 3. |
| 4. | 5. | 6. |
| 7. | 8. |    |

**Teaching faculty requirement for conducting first year classes as per the syllabus of the affiliating Board. (In case of PGDBM / PGDM programmes the teaching faculty requirement for conducting first year classes as per the programme structure submitted to AICTE may be given)**

| <b>S. No.</b> | <b>Subject</b> | <b>Workload</b> | <b>Number of faculty required</b> |                     |                 |
|---------------|----------------|-----------------|-----------------------------------|---------------------|-----------------|
|               |                |                 | <b>H.O.D.</b>                     | <b>Sr. Lecturer</b> | <b>Lecturer</b> |
| 1.            |                |                 |                                   |                     |                 |
| 2.            |                |                 |                                   |                     |                 |
| 3.            |                |                 |                                   |                     |                 |
| 4.            |                |                 |                                   |                     |                 |
| 5.            |                |                 |                                   |                     |                 |
| 6.            |                |                 |                                   |                     |                 |
| 7.            |                |                 |                                   |                     |                 |
| 8.            |                |                 |                                   |                     |                 |

Signatures of the Expert Committee Members

## PART- II

FOR THE OFFICE USE ONLY  
NOT TO BE FILLED BY APPLICANT

### DETAILS OF VISIT

Duration of Inspection: From \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM/PM on \_\_\_\_\_

### PARTICULARS OF THE EXPERT COMMITTEE

| S. No. | Name and Designation                          | Postal Address with Pin-code | Phone (Office & Res.)<br>Fax Mobile No. & Email |
|--------|-----------------------------------------------|------------------------------|-------------------------------------------------|
| 1.     |                                               |                              |                                                 |
| 2.     |                                               |                              |                                                 |
| 3.     |                                               |                              |                                                 |
| 4.     | (Representative of the concerned State Govt.) |                              |                                                 |
| 5.     | (Representative of the affiliating Board)     |                              |                                                 |
| 6.     | (Convener)                                    |                              |                                                 |

Signatures of the Expert Committee Members

**PARTICULARS OF THE APPLICANT INTERACTING WITH THE  
EXPERT COMMITTEE**

| S.No. | Name | Designation | Phone No. | Signature |
|-------|------|-------------|-----------|-----------|
|       |      |             |           |           |
|       |      |             |           |           |
|       |      |             |           |           |
|       |      |             |           |           |
|       |      |             |           |           |

**DECLARATION**

The report is unbiased, based purely on factual information as provided by the applicant and cross checked by the Committee through physical inspection.

**Signatures: Applicant :**

Signatures of the Expert Committee Members

## PART- III

FOR THE OFFICE USE ONLY  
NOT TO BE FILLED BY APPLICANT

**Observations of the Expert Committee based on the documents furnished by institute and physical verification of facilities.**

### A. Land & land use

| Land Category* | Area required as per Land Category (acres) | Total Area Available (acres) | Shortfall, if any |
|----------------|--------------------------------------------|------------------------------|-------------------|
|                |                                            |                              |                   |

\* Document submitted as proof of land category (Please Specify): \_\_\_\_\_

Whether location of land is same as given in the LOI

 Yes

 No

(The land should not be rocky / marshy / low lying / prone to land slides / rain or flash floods).

#### Land Details (use separate sheet its required):

| Document No. & Date | Survey Number | Area in Acres |
|---------------------|---------------|---------------|
|                     |               |               |
|                     |               |               |
|                     |               |               |
|                     |               |               |
|                     |               |               |
| <b>Total</b>        |               |               |

Registration of land in the name of the Trust/Society/  
Applicant (Please tick ✓ whichever is applicable)

Sale Deed

Gift Deed  
(Irrevocable)

Govt. Lease

***Private lease for land is not acceptable. Period of Govt. lease should be a minimum of 30 years.***

Regn. Particulars: No., date and place : \_\_\_\_\_

Purpose & period of Lease (*if applicable*): \_\_\_\_\_

(Document pertaining to payment of lease money to be shown to Expert Committee).

#### **In case the land is not contiguous (Topo sketch / Khasra Plan may be attached)**

Number of plots \_\_\_\_\_

Area of the plot for academic use \_\_\_\_\_

Area of other plot (s) \_\_\_\_\_

Distance between plots in meters \_\_\_\_\_

Signatures of the Expert Committee Members

- Whether the land area for the proposed Institution is shared with other Institutions (if so, give details). \_\_\_\_\_

|           |        |
|-----------|--------|
| Exclusive | Shared |
|-----------|--------|

- Availability of clear demarcations of the institution either by a boundary wall or by a barbed wire fencing

|     |    |
|-----|----|
| Yes | No |
|-----|----|

- Whether Land Use Certificate for educational purposes has been issued by the Competent Authority for the entire land and is in order

|     |    |
|-----|----|
| Yes | No |
|-----|----|

- Availability of all weather approach road to the Institution

|     |    |
|-----|----|
| Yes | No |
|-----|----|

- Suitability of location and surroundings of land for an academic institution

|     |    |
|-----|----|
| Yes | No |
|-----|----|

- Whether the said piece of land is mortgaged to any other agency (If the answer is no, kindly secure an undertaking from the Trust/Society on a stamp paper)

|     |    |
|-----|----|
| Yes | No |
|-----|----|

- Availability of master plan for the whole campus indicating boundary of land and building of proposed institution (attach copy)

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**B. Building plan & Built up area**

- Whether Building Plan duly approved by the Competent Authority has been submitted

|     |    |
|-----|----|
| Yes | No |
|-----|----|

- Whether Building plan has survey nos. / identification of land on it

|     |    |
|-----|----|
| Yes | No |
|-----|----|

- Whether construction has been carried out as per the approved building plan

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**Details of the Built Up Area**

**Quality of construction (excellent / very good/ good / satisfactory / poor) in terms of**

- Plastering \_\_\_\_\_

- Painting \_\_\_\_\_

- Flooring \_\_\_\_\_

- Wood work \_\_\_\_\_

**Details of total Built-up Area**

| Particulars                | Requirements as per AICTE Norms | Available | Shortfall, if any |
|----------------------------|---------------------------------|-----------|-------------------|
| Instructional Carpet Area  |                                 |           |                   |
| Administrative Carpet Area |                                 |           |                   |
| Circulation and other Area |                                 |           |                   |
| Total                      |                                 |           |                   |

Note: Circulation and other areas include Toilets, Corridors, staircases, common areas etc.

Signatures of the Expert Committee Members

### Details of instructional area:

| Particulars      | Requirements as per AICTE Norms |              |            | Available |              |            | Shortfall, if any Area in Sqm. |
|------------------|---------------------------------|--------------|------------|-----------|--------------|------------|--------------------------------|
|                  | Number                          | Area of each | Total area | Number    | Area of each | Total area |                                |
| Classrooms       |                                 |              |            |           |              |            |                                |
| Tutorial Rooms   |                                 |              |            |           |              |            |                                |
| Drawing Hall (+) |                                 |              |            |           |              |            |                                |
| Computer Centre  |                                 |              |            |           |              |            |                                |
| Library          |                                 |              |            |           |              |            |                                |
| Lab. / Workshops |                                 |              |            |           |              |            |                                |
| <b>Total</b>     |                                 |              |            |           |              |            |                                |

(+) Studio Hall is required in case of Architecture and Town Planning institutions.

### Suitability of Instructional area in terms of:

Furniture for professional courses: \_\_\_\_\_

Teaching aids (black board & audio visual aids): \_\_\_\_\_

### Adequacy of Administrative area

- Availability of furnished Principal office
- Availability of furnished staff room
- Availability of separate cabins in staff room for faculty
- Availability of furnished administrative staff office

|     |    |
|-----|----|
| Yes | No |
|-----|----|

|     |    |
|-----|----|
| Yes | No |
|-----|----|

|     |    |
|-----|----|
| Yes | No |
|-----|----|

|     |    |
|-----|----|
| Yes | No |
|-----|----|

### Details of circulation area and essential amenities – Availability of

- Permanent electrical connections (\*)
- Electric generator
- Water supply connection (\*)
- Proper drainage connection (\*)
- Canteen facility at functional stage
- Toilets (boys)
- Toilets (girls)
- Common room (girls)
- Common room (boys)

|     |    |
|-----|----|
| Yes | No |
|-----|----|

|     |    |
|-----|----|
| Yes | No |
|-----|----|

|     |    |
|-----|----|
| Yes | No |
|-----|----|

|     |    |
|-----|----|
| Yes | No |
|-----|----|

|     |    |
|-----|----|
| Yes | No |
|-----|----|

|     |    |
|-----|----|
| Yes | No |
|-----|----|

|     |    |
|-----|----|
| Yes | No |
|-----|----|

|     |    |
|-----|----|
| Yes | No |
|-----|----|

|     |    |
|-----|----|
| Yes | No |
|-----|----|

|     |    |
|-----|----|
| Yes | No |
|-----|----|

Signatures of the Expert Committee Members

- Hostel facility (#) (girls)  Yes  No If Yes, capacity
- Hostel facility (#) (boys)  Yes  No If Yes, capacity

(\* ) Expert Committee to verify documentary evidence.

(#) If no hostel facility is available, whether arrangements have been made for boarding and lodging of students in the vicinity of the institution, if yes mode of travel from the place of stay to the institution. \_\_\_\_\_

### Sharing of built up space

Whether the built up space is being shared with any other institution / programme in the premises, if so, whether the built-up space for the proposed institution has been clearly demarcated by vertical separation(give details).\_\_\_\_\_

### C. Computer facilities

| S. No. | Particulars                                           | Requirements as per AICTE Norms                               | Availability | Shortfall, if any |
|--------|-------------------------------------------------------|---------------------------------------------------------------|--------------|-------------------|
| 1.     | Number of computer Terminals (terminal–student ratio) | 1: 2 for MBA / MCA /PGDM / / PGDBM<br>1: 4 for others         |              |                   |
| 2.     | Hardware Specification                                | P-4 Processor                                                 | Yes/No       |                   |
| 3.     | Number of terminals on LAN/WAN                        | 50 percent of the number of terminals                         |              |                   |
| 4.     | Relevant legal Softwares                              | At least 2 System Software & 4 Application Software packages. |              |                   |
| 5.     | Peripheral (s)                                        | Printer to Computer Terminal ratio = 1: 10                    |              |                   |

- Whether the Computer facilities for the proposed Institution are being Shared with other institution, if so give details : \_\_\_\_\_  Exclusive  Shared

- Availability of vouchers and payment receipts indicating proof of purchase  Yes  No
- Whether entries have been made in the stock register (The Experts to kindly affix their signatures on the last page of Stock Register)  Yes  No

Whether the computer center is fully furnished.  Yes  No

Brand of computers & printers  Assembled  Branded (Name of brand) : \_\_\_\_\_

(All computers should be in operational stage / switched on at the time of inspection).

Signatures of the Expert Committee Members

### D. Laboratories / workshop

| Name of the Laboratories / Workshops required as per syllabus | Deficiencies in terms of equipment |
|---------------------------------------------------------------|------------------------------------|
|                                                               |                                    |
|                                                               |                                    |
|                                                               |                                    |
|                                                               |                                    |

Please verify bills vouchers & payment receipts for the purchased equipment.

- Mention the laboratory / workshop not available but otherwise required as per syllabus.

---



---

- Availability of Laboratory / workshop facilities for the proposed Institution (if shared, give details: \_\_\_\_\_).  Exclusive  Shared
- Whether laboratories and workshop possess relevant equipment as per the 1st year syllabus.  Yes  No
- Whether equipment procured are at the operational stage  Yes  No
- Availability of vouchers and payment receipts indicating proof of purchase  Yes  No
- Availability of Stock Register of equipment (The Experts to kindly affix their signatures on the last page of Stock Register).  Yes  No
- Brand of Equipment  Local

### E. Faculty

- Whether advertisement has been issued by the Society/Trust for the appointment of teaching faculty. If yes,

Date of advertisement : \_\_\_\_\_

Name of the newspaper (s) : \_\_\_\_\_

Circulation status      Local       Regional       National

- Whether the selection committee meeting for appointment of staff has been conducted. (Kindly check the list of candidates applied, called and appeared for interview and proceedings of the selection comm. meeting)  Yes  No
- Whether all papers related to advertisement/ recruitment / identification of faculty were made available to the expert committee.  Yes  No

Signatures of the Expert Committee Members

- If yes, whether they are satisfactory as per norms  Yes  No
- Whether faculty is identified and consent for joining the institution is obtained from the entire faculty  Yes  No
- Whether full time Principal has been appointed  Yes  No

**Particulars of the Head of the Institution appointed**

(a copy of the one page Bio-Data to be submitted to the Expert Committee)

Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Qualification with field of specialization: \_\_\_\_\_

Experience number of years: \_\_\_\_\_

Employment status prior to present appointment:

Name of Institution: \_\_\_\_\_

Designation & Pay scales: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Whether the Principal / Director appointed / identified is meeting AICTE norms in terms of qualification, experience, age etc.  Yes  No

**Details of the Full-Time, Faculty appointed / identified (Use separate sheet if required)**

| Sl. No. | Subject | Workload | Requirement | Identified / Appointed | Designation | Shortfall if any |
|---------|---------|----------|-------------|------------------------|-------------|------------------|
|         |         |          |             |                        |             |                  |
|         |         |          |             |                        |             |                  |
|         |         |          |             |                        |             |                  |
|         |         |          |             |                        |             |                  |
|         |         |          |             |                        |             |                  |
|         |         |          |             |                        |             |                  |
|         |         |          |             |                        |             |                  |
|         |         |          |             |                        |             |                  |
|         |         |          |             |                        |             |                  |

Total No. of faculty appointed / identified: \_\_\_\_\_

Professor : Appointed \_\_\_\_\_ Identified \_\_\_\_\_ Total \_\_\_\_\_  
 Asst. Professor : Appointed \_\_\_\_\_ Identified \_\_\_\_\_ Total \_\_\_\_\_  
 Lecturers : Appointed \_\_\_\_\_ Identified \_\_\_\_\_ Total \_\_\_\_\_

Signatures of the Expert Committee Members

## Details of the Supporting technical Staff appointed / identified

| Sl. No. | Supporting Staff (Designation) | Requirements as per Norms | Availability |            |       | Shortfall, if any |
|---------|--------------------------------|---------------------------|--------------|------------|-------|-------------------|
|         |                                |                           | Appointed    | Identified | Total |                   |
| 1.      |                                |                           |              |            |       |                   |
| 2.      |                                |                           |              |            |       |                   |
| 3.      |                                |                           |              |            |       |                   |
| 4.      |                                |                           |              |            |       |                   |
| 5.      |                                |                           |              |            |       |                   |

The institution is required to provide details as per the format provided in Part IV of the report under list of Annexures. The same may be verified and countersigned by the Expert Committee. The Principal and other identified / appointed staff should be available at the time of visit.

## F. Library

| Particulars                                   | Requirements as per AICTE Norms | Availability | Shortfall, if any |
|-----------------------------------------------|---------------------------------|--------------|-------------------|
| Number of titles of books *                   |                                 |              |                   |
| Number of volumes of books                    |                                 |              |                   |
| Number of journals (National + International) |                                 |              |                   |

\* Expert committee should ascertain the availability of titles of books as per the syllabus. Books and Journals, which are not found relevant for the courses, should not be included in the above table. All the books should be stamped and arranged as per accession number provided in the stock register.

### ▪ Availability of Library facilities for the proposed Institution

• Whether the Library is fully furnished

• Whether Photocopier machine is available in the Library

• Whether the Stacking and Seating Area is adequate

• Whether full-time librarian has been appointed (if yes)  
Qualification \_\_\_\_\_ Pay Scales \_\_\_\_\_

• Whether the titles of books available are relevant to the syllabus

• Availability of vouchers and payment receipts indicating proof of purchase

• Whether books and journals have been procured, stamped and entered in the Accession Register (The Experts to kindly affix their signatures on the last page of Accession Register)

| Exclusive | Shared |
|-----------|--------|
| Yes       | No     |
| Yes       | No     |
| Yes       | No     |
| Yes       | No     |
| Yes       | No     |
| Yes       | No     |
| Yes       | No     |
| Yes       | No     |

Signatures of the Expert Committee Members

## G. Funds

- Whether the applicant has opened a bank account in the name of the Society/Trust for the proposed institution.  
Total Operational funds available: \_\_\_\_\_  Yes  No
- Availability of the funds as per norms.  Yes  No
- Availability of funds for the proposed institution  Exclusive  Shared

## H. ADDITIONAL FACILITIES:

- Principal's Quarters  Yes  No
- Quarters for faculty  Yes  No
- Guesthouse  Yes  No
- Parking facility  Yes  No
- Digital library  Yes  No
- Medical facilities (part time medical officer)  Yes  No
- Insurance facilities (Medi-claim + Accident Insurance)  Yes  No
- Provision for Bank / Extension counter  Yes  No
- Provision for Post office  Yes  No
- Provision for Telephone Booth  Yes  No
- Gymnasium / Indoor / Outdoor stadium  Yes  No
- Sports facilities  Yes  No
- Whether rainwater-harvesting facility has been provided in the institution.  Yes  No

Signatures of the Expert Committee Members

## PART- IV (A)

### Check list of original documents to be submitted by the institution before the Expert Committee for verification

1. Whether Proof of Society registration and Memorandum of Association have been verified: Yes  No
2. Whether the following land related documents have been verified :
  - Proof of land category Yes  No
  - Sale deed / gift deed / lease deed in the name of the Applicant Yes  No
  - Topo sketch / Khasra Plan. Yes  No
  - Land Use Certificate. Yes  No
  - Mutation documents from tehsildar / competent authority. Yes  No
3. Whether the Master Plan for the whole campus has been verified: Yes  No
4. Whether the Approved building plan has been verified Yes  No
5. Whether the following Computer related and lab facilities have been verified:
  - Bills / vouchers indicating proof of purchase of software and Hardware and other lab equipments. Yes  No
  - License for software purchased. Yes  No
  - Stock registers of equipments purchased. Yes  No
  - Payment of bills and mode. Yes  No
6. Whether syllabus of the concerned board has been verified. Yes  No
7. Whether the cash book / fund documents have been verified. Yes  No
8. Whether the Audited statement of accounts of the Society/ Trust for last three years have been verified. Yes  No

Signatures of the Expert Committee Members

9. Whether the following documents for the library have been verified:

- Bills / vouchers indicating proof of purchase of books and Journals. Yes  No
- Stock registers / ledgers where entries have been made. Yes  No
- Payments made for books and journals. Yes  No
- Accession register for library books. Yes  No

10. Whether the documents related to permanent electrical connection have been verified Yes  No

11. Whether the Proof of permanent potable water supply connection has been verified. Yes  No

12. Whether the proof of proper drainage connection has been verified. Yes  No

13. Whether the contents of the CD \* submitted by the institution are matching with the actual facilities of the institution. Yes  No

Signatures of the Expert Committee Members

## PART- IV (B)

### List of documents to be furnished by institution duly verified by the Expert Committee and also to be annexured with the Report:

1. Affidavit on a stamp paper of Rs. 10/- stating that the land and building has not been mortgaged to any agency.
2. Photographs covering the entire physical infrastructure i.e. building, labs library, amenities, workshops etc. The photographs should be duly attested by the Chairman of the applicant Trust / Society.
3. Joining report and one page bio data of the head of the institution along with the photocopy of certificates regarding date of birth, degrees at UG, PG and Doctorate level.
4. Copies of advertisement inviting applications (along with circulation status of newspapers).
5. List of candidates applied, called and attended the interview.
6. Composition and proceedings of the selection committee.
7. Copies of the appointment letters.
8. One page Bio data with pass post size photograph of the identified / appointed faculty members alongwith consent of joining.
9. Video CD\* (Compatible with "Windows Media Player") indicating the complete physical infrastructure i.e. building, labs library, amenities, workshops etc.

*Note: \* The institution will be required to hand over three copy of CD covering complete details (beginning from the approach road onwards) regarding building, labs, Computers, library, amenities, workshops and all other infrastructural facilities etc. to the Expert Committee along with the inspection request / fee for the institution. The CD will be viewed by the Expert Committee before the commencement of the Visit and would be submitted alongwith the Expert Committee report to the AICTE.*

10. Details of the Full-Time Faculty, Supporting Staff, Administrative Staff appointed / identified as per the following formats (attach separate sheets for each items)

- i. Details of Full Time Teaching Faculty appointed/identified

| Sl. No. | Name of faculty | Department | Designation | Qualification | Experience | Pay Scales offered | Rate of DA & other benefits offered | Gross Salary |
|---------|-----------------|------------|-------------|---------------|------------|--------------------|-------------------------------------|--------------|
|         |                 |            |             |               |            |                    |                                     |              |

Signatures of the Expert Committee Members

ii. Details of the supporting technical staff appointed / identified

| Sl. No. | Name of Staff | Department | Designation | Qualification | Experience | Pay Scales offered | Rate of DA & other benefits offered | Gross Salary |
|---------|---------------|------------|-------------|---------------|------------|--------------------|-------------------------------------|--------------|
|         |               |            |             |               |            |                    |                                     |              |

iii. Details of the Administrative Staff appointed / identified

| Sl. No. | Name of Staff | Office in which placed | Designation | Qualification | Experience | Pay Scales offered | Rate of DA & other benefits offered | Gross Salary |
|---------|---------------|------------------------|-------------|---------------|------------|--------------------|-------------------------------------|--------------|
|         |               |                        |             |               |            |                    |                                     |              |

Signatures of the Expert Committee Members

## PART- V

FOR THE OFFICE USE ONLY  
NOT TO BE FILLED BY APPLICANT

### I. SUMMARY OF OBSERVATIONS

|         | Applicant (Trust/Society/State Govt. / University etc.) | Name of the Proposed Institution (as mentioned in original application) |
|---------|---------------------------------------------------------|-------------------------------------------------------------------------|
| Name    |                                                         |                                                                         |
| Address |                                                         |                                                                         |
|         | Pin                                                     | Pin                                                                     |

**Specific observations of the Expert Committee on the following parameters:**

| Parameters                                            | Comments |
|-------------------------------------------------------|----------|
| Adequacy & suitability of Built-up space              |          |
| Furniture / Teaching Aids for the professional course |          |
| Computer facilities                                   |          |
| Laboratories & Workshop                               |          |
| Faculty                                               |          |
| Library                                               |          |
| Additional facilities                                 |          |

**Major Strengths & Weaknesses of the institution observed by the Expert Committee**

#### Strengths

- 1.
- 2.
- 3.

#### Weaknesses

- 1.
- 2.
- 3.

**Any other observation /Comments of the Expert Committee on suitability of the Institution**

---

---

Signatures of the Expert Committee Members

|                |                                                                |                                                                                |
|----------------|----------------------------------------------------------------|--------------------------------------------------------------------------------|
|                | <b>Applicant (Trust/Society/State Govt. / University etc.)</b> | <b>Name of the Proposed Institution (as mentioned in original application)</b> |
| <b>Name</b>    |                                                                |                                                                                |
| <b>Address</b> |                                                                |                                                                                |
|                | Pin                                                            | Pin                                                                            |

**RECOMMENDATIONS OF THE EXPERT COMMITTEE:**

**Recommended**

| <b>S.No.</b> | <b>Course(s)</b> | <b>Intake</b> | <b>Period of approval</b> |
|--------------|------------------|---------------|---------------------------|
| 1            |                  |               |                           |
| 2            |                  |               |                           |
| 3            |                  |               |                           |
| 4            |                  |               |                           |

**Not Recommended**

**Reasons for Not Recommending:**

|                        |
|------------------------|
| 1.<br><br>2.<br><br>3. |
|------------------------|

**Signature of the Expert Committee members**

**Recommendations of the EC-Sub Committee:**

**Approval of the Competent Authority:**