



**CHHATTISGARH SWAMI VIVEKANAND TECHNICAL
UNIVERSITY, BHILAI.**

FORMAT

INSPECTION REPORT

Name of the Institute _____

Date of Visit _____

INSPECTION REPORT

Seeking Affiliation

- i) New Technical Institute
- ii) Extension of affiliation to existing institute
- iii) Increase in Intake / Additional Course in 1st and/or 2nd shift
- iv) Introduction of 2nd shift / part time programs

NOTE:

- (a) Every page of report needs to be signed by the member of inspection committee.**

- (b) All Annexure be made on the applicant's letter heads and duly authenticated by the authorized signatory of applicant or by the head of college.**

- (c) Inspection Committee is requested to submit the report of inspection committee on the very next day to the date of inspection**

Provide Fee details under the different heads

- i) New Technical Institute
- ii) Extension of affiliation :
- iii) Increase in Intake :
- iv) Introduction of 2nd shift / part time programs
- v) Adding course (s) 1st and 2nd shift :

4. Endowment Fund mandatory requirement

Total Intake of the Institute	Total Amount as per norms to be deposited (in form of FDR)

Norms:

Intake Capacity	
200	10-00
50	01-00

Status: (deposited/ not deposited)

5. Names of the Inspection Committee members:

Sl. No.	Name	Designation	Signature with Date
1		Chairman	
2		Member	
3		Member	

6. Name & Designation of the Management

Representative(s) present:

[Chairman / Vice Chairman / Secretary / Director/Principal]

PART - II

INSTITUTIONAL DETAILS

1. Details of the Institute

Name and Address of the Institution	
Year of establishment	
Location	Permanent / Temporary Site
Phone with STD code	
Fax with STD code	
e-mail	
Web address	http://

2. Type of Technical Institution (Tick ✓ whichever is applicable)

- i. State Govt ii. Govt. Aided iii. Self Financing (Minority)
iv. Self Financing (Non-Minority) v. Any other (specify)

3. Details of the Society/Trust (In case of Self-Financing Institution)

Name of Society/Trust	
Year of establishment	
Address	PIN:
Phone with STD code	
Fax with STD code	
e-mail	
Name of Chairman/Director	
Profession of Chairman/Director	
Address of Chairman/Director	
Telephone No. of Chairman/Director	Land line: Mobile No:

4. Details of Principal

Name	
Qualifications	
Date of birth and Age	
Residential address	
Phone – Office (with STD code)	Residence Mobile
Fax(with STD code)	
e-mail	
Appointment	Regular / Adhoc
Is Ratified by CSVTU?	

5. Governing Council

Is Principal the Member Secretary of the GC?	
Is a full-time faculty member included as member of the GC?	
No. of times the GC met during the last academic year	
Dates on which GC meetings were held during previous academic year	
Have GC proceedings been recorded in the Register?	

6. Finance

Is Balance Sheet of last year available in institute's record ?	
Is Audited Report of last year available in institute's record ?	
Is the budget for the last year available in institute's record ?	
Is the budget, as approved by GC, for the current year available in institute's record ?	
Is the Stock Register Maintained?	

PART - III

PREVIOUS INSPECTION COMMITTEE VISIT REMARKS

1. Previous Inspection Committee's remarks and the extent of Compliance by present Inspection Committee: (Provide information as enclosure in **Annexure - 1**)

Sl No.	Deficiencies communicated after previous inspection	Extent of compliance Complied/Not Complied/Partially complied
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

PART - IV
INFRASTRUCTURE

1. LAND Details (in Acres) :

Programme	Land Category (Rural/ Other than Rural)	Area required as per Land Category (Acres)	Total Area available (Acres)	Short falls, if any	
				Area in Acres	Percentage

(A) Administrative areas:-

Particulars	Available			Requirement as per AICTE Norms	Shortfall	
	Number of Rooms	Area of each Rooms (m2)	Total Carpet Ares (m2)		Area	percentage
Principal Room						
Faculty Rooms						
Cabins for Head of Deptt.						
Board Room						
Office all inclusive						
Central Store						
Maintenance						
Security						
Housekeeping						
Pantry for staff						
Examination Control Office						
Placement office						

(B) Instructional area

Particulars	Number of rooms				Total Carpet Area			
	Requirem ent as per AICTE norms	Availabl e in the institutio n	Shortfalls, if any		Require ment as per AICTE norms	Availabl e in the institutio n (Sqm)	Shortfall, if any	
			Number	Percenta ge			Area in (Sqm)	Percentage
Class rooms (UG)								
Class rooms (PG)								
Tutorial Rooms								
Laboratory								
Research Laboratory								
Drawing Hall								

1. Signature _____ 2. Signature _____

3. Signature _____

Signature of Principal/Director _____

Seminar Hall								
Computer Centre								
Library & Reading Room								
Workshop								
Total Carpet Area								

(C) Amenities Area:-

Particulars	Number of rooms				Total Carpet Area			
	Requirement as per AICTE norms	Available in the institution	Shortfalls, if any		Requirement as per AICTE norms (Sqm)	Available in the institution (Sqm)	Shortfall, if any	
			Number	Percentage			Area in (Sqm)	Percentage
Toilets (Ladies & Gents)								
Boys Common Room								
Girls Common Room								
Cafeteria								
Stationary Store								
First Aid cum sick room								
Total Carpet Area								

(D) Other Amenities

Particulars	Availability (Yes/No)	If yes (area in sqm)
Principal's quarter (Desirable)		
Guest House(Desirable)		
Sports / Gymnasium (Desirable)		
Auditorium / Amphitheater (Desirable)		
Boys Hostel(Desirable)		
Girls Hostel(Desirable)		

(E) Circulation Area:.....

[25% of Sum of (A), (B) (C) & (D)]

(F) Total Floor Area = Sum of (A), (B), (C) (D) & (E).....

1. Signature _____ 2. Signature _____

3. Signature _____

Signature of Principal/Director _____

PART – V
FACULTY INFORMATION

NOTE: FOR “R”(REQUIRED), PLEASE REFER AICTE APPROVAL PROCESS HANDBOOK 2023-2024

I) Faculty: (For BE)

First Year (I & II Sem)

First Year Intake _____

Sl. No.	Course	Professor			Associate Professor			Assistant Professor			Total		
		R	A	S	R	A	S	R	A	S	R	A	S
1	Chemistry												
2	Physics												
3	Maths												
4	English												
5													
6													
7													
8													
9													
10													
Sub Total													

R = Required as per AICTE norms, A = Available S= Short fall (%) = $\frac{(R-A)}{R} * 100$

II) Faculty: (For B E Courses-IIInd year onwards/ and other UG Courses)

Sl. No	Course	Intake capacity	Year of Commencement	Professor			Associate Professor			Assistant Professor			Total		
				R	A	S	R	A	S	R	A	S	R	A	S
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
Sub Total															

1. Signature _____ 2. Signature _____

3. Signature _____

Signature of Principal/Director _____

III) Faculty – PG Courses

Sl. No	Course	Intake capacity	Year of Commencement	Prof			Associate Professor			Assistant Professor			Total		
				R	A	S (%)	R	A	S (%)	R	A	S (%)	R	A	S (%)
Sub total															

R = Required, A = Available S= Short fall (%) = $\frac{(R-A)}{R} * 100$

IV) Faculty: (For Diploma Courses- I & II Semester)

First Year Intake_____

Sl.No.	Course	Intake capacity	Lectures		
			R	A	S
1					
2					
3					
4					
5					
Sub Total					

V) Faculty: (For Diploma Courses)- II nd year onwards

First Year Intake_____

Sl.No.	Course	Intake capacity	Year of commencement	Total No. of Students	HoD			Lecturer			Total		
					R	A	S	R	A	S	R	A	S
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
Sub Total													

R = Required, A = Available S= Short fall %= $\frac{(R-A)}{R} * 100$

PART – VI
LIBRARY AND COMPUTING FACILITIES

1. LIBRARY Facility:

Sl. No.	Particulars	Requirement as per norms	Availability	Shortfalls, if any	
				Number	Percentage
1	Number of titles of the books				
2	Number of volumes of the books				
3	Number of Journals (National/International)				
4	Reading Room Seating				
5	E-Journals				
6	Reprography Facility				

List of E-Journals and their payment receipt as Annexure _____

2 COMPUTING Facility (Central computing Facilities)

Sl. No.	Particulars	Requirement as per norms	Availability	Shortfalls, if any	
				Number	Percentage
1	Number of PCs				
2	Printers				
3	No of Terminals on LAN/WAN				
4	Relevant Legal Software (System s/w and App. s/w)				
5	PCs configuration details				

PART – VII

AMENITIES AND OTHER ESSENTIAL AND DESIRABLE INFORMATION

1. Amenities (Essential)

S.No	Particulars	Availability (YES/NO)	Observations of Inspection Committee
1	Stand alone language laboratory. This lab shall have 25 computers for every 1000 students		
2	Potable water supply and outlet for drinking water at strategic locations		
3	Electric supply		
4	Sewage disposal		
5	Telephone and fax		
6	Vehicle Parking		

1. Signature _____ 2. Signature _____

3. Signature _____

Signature of Principal/Director _____

7	Institution website with mandatory disclosure		
8	Barrier free built environment for disabled and elderly persons as per the guidelines/standards by CPWD, Ministry of Urban & Employment, Govt. of India		
9	Safety provisions including fire and other calamities		
10	Digital Library with multimedia facility/Internet surfing in reading room		
11	Classification of books in the Library as per standard		
12	Availability of NPTEL facility in the library		
13	General insurance provided for assets against fire, burglary and other calamities		
14	Motorised Road		
15	General Notice boards and Departmental Notice boards		
16	First Aid, Medical and counseling Facilities		
17	Establishment of Grievance Redressal Committee and appointment of OMBUDSMAN		
18	Constitution of Anti-Ragging Committee		
19	Constitution of Anti-Ragging Squads		
20	Constitution of Committee for preventing anti-sexual harassment at the workplace		
21	Meeting records of above three committees		

1.b Desirable Information:

Sl. No.	Details	Availability (YES/NO)	Observations of Inspection Committee
1	Alumni Association		
2	Industry Institute Interaction		
3	Placement and Training		
4	Back up Electric supply		
5	ERP Software		
6	Transport facility		
7	Post/Bank facility/ATM		
8	CCTV System		
9	LCD Projector in Class-room		
10	Staff quarters		
11	Display of courses and approved intake		
12	Public announcement system at strategic locations		
13	Group insurance for the employees & Insurance for students		
14	Display of courses and approved intake in the institute at the entrance of the institute		

1. Signature _____ 2. Signature _____

3. Signature _____

Signature of Principal/Director _____

PART - VIII
STUDENT INFORMATION

(a) ADMISSION TO VARIOUS COURSES

Last 5 years for Diploma and UG courses (Last 3 years for PG courses)

Sl. No.	Programme (Dip/UG/PG)	Course Name	Y-5		Y-4		Y-3		Y-2		Y-1		Overall Ratio: A/I
			Intake	Admitted	I	A	I	A	I	A	I	A	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

(b) Entrance Examination Rank for previous year admitted students

Sl. No.	Course	First Rank	Last Rank
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

(c) No. of students placed by the Institute through its Placement Cell in the previous academic year: (Enclose details in **Annexure - _____**)

(d) Sports, University Ranks, Extracurricular achievements, Technical paper presentations: (Enclose details in **Annexure - _____**)

1. Signature _____ 2. Signature _____

3. Signature _____

Signature of Principal/Director _____

PART - IX

UNDERTAKING BY MANAGEMENT & PRINCIPAL

Undertaking by the Management:

On behalf of the Institution we undertake

1. to abide by the Rules and Regulations specified by AICTE and the University and also Notified by the AICTE / University from time to time
2. to submit to the University all necessary details regarding any change in the constitution and membership in the management and the staff of the Institution
3. to abide by the conditions stipulated by the University at the time of according approval for Affiliation
4. to acknowledge that all the details provided ,including those in application for affiliation and annexure, are correct and true to our knowledge and belief.

We also hereby declare that “The institute is not having affiliation with any other University”

5. to fulfill all mandatory requirements; if failed, the affiliation may not be granted/or can be cancelled.
6. If provided informations are found incorrect, affiliation may get cancelled and penalty will be imposed.

Signature with Date
Chairman/Secretary of the Institution

Signature with Date
Principal