

Name of Institute : _____

Teaching Staff (Regular only) (For U/G)

(Designation: Professor/Reader/Lecturer)

Appendix - A-01

S.No.	Name	Date of Birth (DD/MM/YY)	Academic Qualification	Specialization	Date of appointment	Designation	Department	Category				Total teaching experience	Pay scale	Remark if any
								Gen.	SC	ST	OBC			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Certified that the entries in Columns 1 to15 are as per the records in the College/Institution and that the regular teacher in the college, receiving AICTE approved pay scale plus usual allowance. It is further certified that regular teacher has been appointed in the College/Institution through a dully constituted selection committee.

Date.....

Signature of theDirector/ Principal
(Seal of Instt.)

N.B. **Incomplete form will not be consider.**

Name of Institute : _____

Teaching Staff (On Contract /Part time/Visiting only) (For U/G)

(Designation: Professor/Reader/Lecturer)

Appendix - A-03

S.No.	Name	Date of Birth (DD/MM/YY)	Academic Qualification	Specialization	Date of appointment	Designation	Deptment	Category				Total teaching experience	Status (Contractual/ Part time/ Visiting.)	Pay (Rs/Month)
								Gen.	SC	ST	OBC			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Certified that the entries in Columns 1 to 15 are as per the records in the College/Institution and that the regular teacher in the college, receiving AICTE approved pay scale plus usual allowance. It is further certified that regular teacher has been appointed in the College/Institution through a duly constituted selection committee.

Date.....

Signature of the Director/ Principal
(Seal of Instt.)

N.B. Incomplete form will not be consider.

Name of Institute :

Level-wise/Category-wise Teaching Staff in Institution.
Total Number of Teachers at Present

Appendix - A-05

Level of post	Required Strength as per AICTE norms	No. of filled posts	Out of Total filled posts							
			Regular Appointment (Category & Genderwise)							
			Male				Female			
			General	SC	ST	OBC	General	SC	ST	OBC
U/G Level										
Principal										
Professor										
Reader										
Lecturer										
P/G Level										
Principal										
Professor										
Reader										
Lecturer										

Out of Total filled posts							
Contractual Appointment (Category & Genderwise)							
Male				Female			
General	SC	ST	OBC	General	SC	ST	OBC

Out of Total filled posts							
Part time/ Guest Faculty (Category & Genderwise)							
Male				Female			
General	SC	ST	OBC	General	SC	ST	OBC

Certified that the entries in Columns are as per the records in the College/Institution and that the regular teacher in the college, receiving AICTE approved pay scale plus usual allowance. It is further certified that regular teacher has been appointed in the College/Institution through a dully constituted selection committee.

Date.....

Signature of the Director/ Principal
(Seal)

N.B. Incomplete form will not be consider.

Name of Institute:

Appendix -B - 01

Student Enrolment (Admission) Branch-wise (in U/G+P/G)

Academic year 20 - 20 (Give the detail of academic year 2010-2011)

S.No,	Level of Courses	AICTE	Year	Total
		Approved		Admission
		Intake		
A	Name of Under Graduate Course (UG)			
B	Name of Post Graduate Course (PG)			
C	N0. of Research Scholar			
	Grand Total			

Date.....

Signature of Director/ Pricipal
(Seal of Instt.)

Name of Institute:

Student Enrolment Branch-wise (in U/G+P/G)

Academic year 2010-2011 (Consolidated)

Appendix -B - 02

S.No,	Level of Courses	Total Number of Student				
		First Year	Second Year	Third Year	Fourth Year	Fifth Year (B.Arch.)
A	Name of Under Graduate Course (UG)					
B	Name of Post Graduate Course (PG)					
C	N0. of Research Scholar					
	Grand Total					

Date.....

Signature of Director/ Pricipal
(Seal of Instt.)

(Seal of Instt.)

Name of Institute:

Appendix - F- 03

Academic performance of preciding academic year 20..... (based on result of June exam.)

S.No.	Discipline	Year	Number of Students appeared	Pass Out Percentage
1		1st Year		
		2nd Year		
		3rd Year		
		4th Year		
		Total		
2		1st Year		
		2nd Year		
		3rd Year		
		4th Year		
		Total		
3		1st Year		
		2nd Year		
		3rd Year		
		4th Year		
		Total		
4		1st Year		
		2nd Year		
		3rd Year		
		4th Year		
		Total		
5		1st Year		
		2nd Year		
		3rd Year		
		4th Year		
		Total		

Date : / /

Signature of Director/ Pricipal
(Seal of Instt.)

Name of Institute:

Appendix G -02

Information Regarding Licensed Software Purchased in the Institution

S. No.	Name of the Software	Version	No. of Users	License No.	Cost in Rs.	Remark

Appendix G - 03

Information Regarding open source Software in the Institution

S. No.	Name of the Software	Version	No. of Users	License No.	Cost in Rs.	Remark

Date : / /

Signature of Director/ Pricipal
(Seal of Instt.)

Name of Institute:

Appendix - H - 01

Details of Staff Quarters

Type	Total built-up area in Sq.M (m2)	Total No. of Staff Quarters	Staff Quarter alloted to			
			GEN	SC	ST	OBC

Date : / /

Signature of Director/ Pricipal
(Seal of Instt.)

Name of Institute:

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Appendix H - 02

Students Hostel

(In Institute Campus and/or Maintained by Institute)

Type	No. of Hostels	Intake Capacity	Total No. of Hostel Residents	Out of Total No. of Hostel Residents Number belonging to SC/ST/OBC		
				SC	ST	OBC
Men's Hostel						
Women's Hostels						

Date : / /

Signature of Director/ Pricipal
(Seal of Instt.)