Report of the University Inspection Committee

Name of the College -

Year -



Tripura University

(A Central University)
Suryamaninagar-799022
Tripura West

REPORT OF THE INSPECTION COMMITTEE TO EVALUATE THE AFFILIATION/RE-AFFILIATION OF COLLEGE/INSTITUTION

Name of the College	Address of the College Phone Email	Date of Visit	Purpose of Visit
			i. Fresh Provisional Affiliation ii. Renewal of Affiliation iii. Permanent Affiliation iv. Affiliation for New Programmes v. Affiliation for starting PG programmes

Name of the Expert Members of the Inspection Committee (Constituted vide Notification No.dated.....):

Sl. No.	Name	Designation	Address & Phone/Email

Privileged Document

The submitted document is privileged for the primary use of intended parties, namely Tripura University and the Principal and recognized officials of the (......Name of the College.....). Its secondary use at any stage is the exclusive rights of the parties, here-in-above stated. Its wrongful or un-authorized use is forewarned.

The Visit and the Mandate of the Inspection Committee

The	Inspection	Committee	undertook	the	visit	of	the	(Name	of	the	College) (n
(Date & Tir	ne). Its n	nandate was	to e	xamin	e th	e fea	asibility of gra	ntin	g the	·		

The Findings

The following account is based on the information supplied by the Principal, (......Name of the College.....) and is also based on facts and figures that were physically verified by the members of the Inspection Committee.

Findings of the Inspection Committee

I. BACKGROUND OF THE COLLEGE WITH VISION, MISSION & OBJECTIVE

II. PROFILE OF THE COLLEGE

_			
1.	Name of the College		
2.	Address of the College		
	Phone		
	Email		
3.	Date of Establishment		
4.	Name of the Principal / Principal		
	(i/c)		
	Contact details		
5.	Date of last Affiliation		
6.	Duration of Affiliation		
7.	Recognition Under		
0	NIA A.C. A servedite til	V	NI.
8.	NAAC Accreditation	Yes	No
	(enclose copy)	Period of accreditation:	
		If not details of the	
		If not, details of the	
		application submitted to NAAC	
		NAAC	
		Not applicable	
9.	Details of	Yes	No
<i>)</i> .	Accreditation/Approval of other	Detail of	110
	Regulatory Bodies (enclose	accreditation/Approval:	
	copy)	accreditation/14pprovar.	
	Сору)		
		If not, details of the	
		application submitted to	
		the Regulatory Body	
10.	AISHE Code		
11.	Whether applied for NIRF. If		
	yes rank/rank band		

12.		egory of College overnment/Private)	
13.	Cat	egory of College	
	a.	Arts/Commerce/Science	
	b.	Engineering/Medical	
	c.	Education	
	d.	Others (Law, Physical Education etc.)	
	e.	Multi-faculty (give details)	
14	Esta Stat	ails of Trust (Name, Date of ablishment, Registration No., tus of Trust),	
		morandum of Articles of the iety	
	Вує	e-Laws of the Society	
	(if a	applicable)	

III. DETAILS OF EXISTING COURSE:

Sl	Name of the	Name of	Duration	Sanctioned	Recognizing	Affiliating
No.	Programme	the	of the	Strength	Body with order	Body with
	offered by	Subject	Course		No. (if	order No. (if
	the College				applicable)	applicable)

Other	details	pertaining	to	Accreditation/NOC/Approval	from	Government	/other
Regula	tory Bod	lies					
O	•						
	•••••	• • • • • • • • • • • • • • •	• • • • •	•••••		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •
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IV. STUDENT INFORMATION:

- (a) Student admission reservation policy (Category wise):
- (b) Total Student Strength (As on date)

Semester	General	SC	ST	OBC	EWS	Minority	Total
1 st							
2 nd							
3 rd							
4 th							

5 th				
6 th				
7 th				
8 th				
Total				

(c) Program wise student strength (As on date)

	1 st Y	Year	2 nd Y	Year	3 rd	Year	4 th Y	Tear
Name of the	Male	Female	Male	Female	Male	Female	Male	Female
Programme								
Total								

V. DETAILS OF LAND:

Total Land available (in acres/sq m)	
Total Constructed Area [in acres/ sq m]	
Plot No.	
Khasre No	
Revenue Circle	
Mouja	

VI. DETAILS ABOUT REGISTERED LAND DOCUMENTS

Certified copy of registered land document (Govt. Order,	
demarcation, LCC, LUC, LPCEC, Khatian, Trace map,	
land map)	
Approved Building Plan	
Site Plan	
Building Completion Certificate	
Building Safety Certificate	
Fire Safety Certificate	
Trust Deed (if applicable)	
Whether Building is disabled friendly	

VII. STAFF INFORMATION:

(a) Teaching Staff:

Sl	Name of the	Name of the Faculty &	Number of	Remarks
No.	Department	Designation	existing Faculty	

(b) Non-teaching Staff:

Sl	Name	Designation	Remarks
No.			

VIII. INFRASTRUCTURE FACILITIES:

	Number	Total Area/room in Sq. m
Administrative Block		
Principal Office		
Faculty/Staff Room		
Common Room		
Smart Class Room		
Counseling/ODL room		
Computer Room		
Conference Hall		
Library		
Reading Room		
Laboratories		
Canteen		
Store Room		
Other room (as required)		
	-	

IX. LIBRARY PROFILE

Sl. No.	Particular
1	Library Measurement
2	Reading Room Measurement and
	seating Capacity
3	No. of Text Books
3	No. of Reference Books
4	No. of Journals
	(National/International)
5	No. of Encyclopaedia
6	No. of Title Available
7	Other details, if any

Subject-wise breakup of Books			
Sl. No.	Subject	No	
1			
2			
3			
4			
5			
6			

7	
8	
9	
10	
11	
12	
13	
14	
15	

X. DETAILS OF LABORATORY FACILITIES AVAILABLE:

Name of the Department	Name of the	Number of instrument/equipment
	instrument/equipment	available

XI. DETAILS OF FURNITURE/OFFICE EQUIPMENTS:

Office/Branch/ Department/ Laboratory/ Others	Description of furniture /office equipments	Numbers

XII. DETAILS OF COMPUTER LABORATORY

Number of Computer Laboratory	Number of Computer available	Particulars of other accessories

XIII. CIVIC FACILITIES AND OTHER INFORMATION:

Sl.	Description	Whether available (Yes/No)
No.		
1	Playground	
2	Auditorium	
3	Conference Hall	
4	Canteen	
5	Separate Common Room exclusively for Girls	
6	Campus is differently abled friendly	
7	Grievance Redressal Mechanism	
8	Internal Complaint Committee	
9	Anti-Ragging Committee	
10	Campus Safety Management	
11	Fire Extinguishers	
12	Water Filter	
13	Water Cooler	
14	Water Reservoir	
15	Generator	

	Toilets	Male			
16		Female			
17	17 Sewerage				
18	Parking Facility				
19	Stock Register				
20	Other Details (if any)				
	INANCIAL DETAILS:				
TAN					
	of disbursement of				
Salary/					
Audit 1					
	her details				
7 my ot	nor details				
XVI. O	XVI. OBSERVATIONS OF THE INSPECTION COMMITTEE:				
XVII. SUGGESTIONS OF THE INSPECTION COMMITTEE:					
XVIII. RECOMMENDATION OF THE INSPECTION COMMITTEE:					

Member

Convenor

Signature of the Chairman