



## Makhanlal Chaturvedi Rashtriya Patrakarita Evam Sanchar Vishwavidyalaya

### INSPECTION REPORT OF INSTITUTE FOR ASSOCIATION

**Kindly Note :**

- (1) The Part-I of the Inspection proforma is to be filled in and signed by the Head of the Institute and an authorized signatory of Society/Trust. It is to be verified by the Members of the Inspection Panel. They may give comments on the same. Separate sheets should be attached, wherever required.
- (2) The Part-II of the Inspection proforma is to be filled in by the Members of the Inspection Panel jointly and kept confidential.
- (3) The Institute must produce all the original documents for verification by the Inspection Panel, who will check all enclosures with their original documents and comment accordingly.
- (4) If any additional documents are to be submitted or there has been a change in status, after the submission of the application, these should be submitted separately.
- (5) The Members of the Inspection Panel should verify the infrastructure and facilities physically.
- (6) The Members of the Inspection Panel should see that all the entries, given in the proforma, are filled in properly. They should not rely merely on the entries filled in by the Institute.
- (7) The Members of the Inspection Panel must write their comments and recommendations, in the last part of the proforma. They must **clearly** indicate whether the applicant Institute is fulfilling the prescribed norms or not.

**PART-I**

**To be filled by the Applicant Institute and Verified by Inspection Panel**

<b>COURSES FOR WHICH APPLIED</b> (Please tick the appropriate course)	M.J.	<input type="checkbox"/>	MA(BJ)	<input type="checkbox"/>
	MA(APR)	<input type="checkbox"/>	MA(MC)	<input type="checkbox"/>
	MA(AVC)	<input type="checkbox"/>	MA(MMC)	<input type="checkbox"/>
	BJ (1 Yr.)	<input type="checkbox"/>	BLIS	<input type="checkbox"/>
	BJ (3 Yrs.)	<input type="checkbox"/>	BA(MC)	<input type="checkbox"/>
	B.Sc.(EM)	<input type="checkbox"/>	PGDM	<input type="checkbox"/>

		Comments of Inspection Panel	
<b>(1)</b>	(a) Name of the Governing Society/Trust/: Company running the Institute _____		
	(b) Name of President/Chairman : _____ Contact No. with STD code : _____ Mobile No. _____		
	(c) Name of Secretary _____ Contact No. with STD code : _____ Mobile No. _____		
	<b>(2)</b>	(a) Name of the Institute: _____	
		(b) Postal Address of the Institute with pin code: _____	
		(c) Contact No. with STD Code: _____	
(d) Fax No.: _____			
(e) E-mail Address: _____			
(f) Website Address if any: _____			
<b>(3)</b>	(a) Name of the Head of the Institute: _____		
	(b) Qualifications: _____		
	(c) Residential address: _____		
	(d) Contact No. with STD code : _____ Mobile No. _____		
	(e) E-mail Address: _____		

**Signature**  
**Head of Institute**

**Signature**  
**President/ Secretary**

**The above entries are verified by me**

**Signature of Inspection Panel Member -1**

**Signature of Inspection Panel Member -2**

**Name :** .....

**Name :** .....

(4) (A) If the Institute was associated with Makhanlal Chaturvedi Rashtriya Patrakarita Evam Sanchar Vishwavidyalaya before this application, give following details:-

**Comments of  
Inspection Panel**

(a) Association Number : \_\_\_\_\_

(b) Year of first association : \_\_\_\_\_

(c) Courses permitted : \_\_\_\_\_

Course	Year of Association	Seats Sanctioned	Actual Admissions	Percentage of pass- outs in last exam	
M.Sc.(CS)					
M.Sc.(IT)					
B.Sc.(IT)					
BCA					
PGDCA					
DCA					

(B) Working Hours of office: \_\_\_\_\_

(C) Teaching Days : \_\_\_\_\_

(D) Teaching Hours Per Day: \_\_\_\_\_

(E) Is Faculty Attendance Register available? : \_\_\_\_\_

(F) Is Student Attendance Register available? : \_\_\_\_\_

**Signature  
Head of Institute**

**Signature  
President/ Secretary**

**The above entries are verified by me**

**Signature of Inspection Panel Member -1**

**Signature of Inspection Panel Member -2**

**Name : .....**

**Name : .....**

**(5)(A) Computer Facilities available at the institute:****(Encl. No- -----)**

S.No.	Item	Units	Vouchers			Comments of Inspection Panel
			Number	Date	Amount (Rs.)	
1.	Computer System Specification/ Configuration					
2	Total Number of Computer Systems in working conditions					
3.	Number of Systems on LAN					
4.	Relevant Legal Software					

**(B) Peripherals :****(Encl. No- -----)**

S.No.	Item	Units	Vouchers			Comments of Inspection Panel
			Number	Date	Amount (Rs.)	
1.	<b>Printers</b>					
	(i) Laser					
	(ii) Dot Matrix					
	(iii) Ink-Jet					

**(C) Internet Facilities:****(Encl. No- -----)**

		Comments of Inspection Panel
1.	Internet-Accessibility (in Kbps & hrs) : _____	
2.	No. of Computers on which Internet Facility is available : _____	

**Signature**  
**Head of Institute**

**Signature**  
**President/ Secretary**

The above entries are verified by me

Signature of Inspection Panel Member -1

Signature of Inspection Panel Member -2

Name : .....

Name : .....

**(D) LABORATORY / EQUIPMENTS REQUIRED**

S.No.	Item	Units	Vouchers			Comments of Inspection Panel
			Number	Date	Amount (Rs.)	

**(i) Audio Equipments:**

Digital Voice Recorder					
Satellite Radio					
Microphone with amplifier and sound boxes					
Audio NLE workstation					

**(ii) Audio Visual Equipments:**

Colour TV set					
DVD Player					
3CCD Digital Video Camera					
Digital Still Camera (10 mega pixel or above)					

**(iii) Equipments requirement for Studio of the (MA(BJ)/M.Sc.(EM)/B.Sc.(EM) Programme**

Acoustically designed Audio Studio (well equipped with digital audio recording and editing system)					
Acoustically designed Video Studio with facility for News Reading					
3CCD Digital Video Camera for Broadcast Quality Production 02 Nos.					
Digital Still Camera Min. 10 Mega Pixel 2 Nos.					
Digital Voice Recorder 2 Nos.					
T.V. Lighting instruments Min. 6 Nos.					
DVD Player 2 Nos.					
Digital VCR DV Format 1 No.					
Professional Video Camera Tripods					
Arid / Final cut pro / matrix non linear editing work station					

**Signature**  
**Head of Institute**

**Signature**  
**President/ Secretary**

**The above entries are verified by me**

**Signature of Inspection Panel Member -1**

**Signature of Inspection Panel Member -2**

**Name :** .....

**Name :** .....

(6) **Building Details :** (a) Is it hired building/owned building : \_\_\_\_\_ (Encl. No- -----)

S.No	Specification of Room	Actual Dimension and Area in Sq. ft.	Is it marked in certified map. Please tick (✓)		Comments of Inspection Panel
			Yes	No	
1.	Class Rooms (Please indicate all the rooms available in the premises with respective usage, in the map also)	C1.	Yes	No	
		C2.	Yes	No	
		C3.	Yes	No	
		C4.	Yes	No	
		C5.	Yes	No	
		C6.	Yes	No	
		C7.	Yes	No	
2.	Library	L1.	Yes	No	
		L2.	Yes	No	
3.	Laboratory	P1	Yes	No	
		P2	Yes	No	
4.	Director's Room	D1	Yes	No	
5.	Faculty Room	F1	Yes	No	
6.	Office Room/Reception	R1	Yes	No	
7.	Toilets for Boys	T1	Yes	No	
8.	Toilets for Girls	T2	Yes	No	
	<b>Total Built-up Area (Sq.ft.)</b>				
9.	Others Built-up Area (Give Details)	O1.	Yes	No	
		O2.	Yes	No	
		O3.	Yes	No	

**Signature**  
Head of Institute

**Signature**  
President/ Secretary

The above entries are verified by me

**Signature of Inspection Panel Member -1**

**Signature of Inspection Panel Member -2**

**Name :** .....

**Name :** .....

**(7) (A) Principal/ Director:- (Encl. No- -----)**

S. No.	Name of Principal/ Director	Designation	Qualifications and Specialization	Date of Joining	Years of Experience	His Signature	Presence during Inspection	Comments of Inspection Panel
1								

**(B) Faculty Details : (Encl. No- -----)**

S. No.	Name of Faculty	Designation	Qualifications	Date of Joining	Years of Experience	His Signature	Presence during Inspection	Comments of Inspection Panel
1								
2								
3								
4								
5								
6								
7								

No. of Qualified Faculty present during inspection : \_\_\_\_\_

**(C) Supporting Staff: (Encl. No- -----)**

S. No.	Name of Lab & Supporting Staff	Designation	Qualifications	Date of Joining	Years of Experience	Comments of Inspection Panel
1						
2						
3						
4						
5						
6						
7						

**Signature  
Head of Institute**

**Signature  
President/ Secretary**

**The above entries are verified by me**

**Signature of Inspection Panel Member -1**

**Signature of Inspection Panel Member -2**

**Name : .....**

**Name : .....**

**(8) Courses of any other University/ Institution being conducted by the Institute (if any). (Encl. No-----)**

S. No.	Name of the Courses being conducted	Affiliation/Associating body (Give name of the University/ Govt. Body/Institution)	Seats sanctioned	Duration of the Course (years)	Comments of Inspection Panel
1.					
2.					
3.					

**(9) LIBRARY:**

**(Encl. No- -----)**

**Comments of Inspection Panel**

(a) Total Number of Books in the Library

\_\_\_\_\_

(b) Number of Computer related books in the Library

\_\_\_\_\_

(c) Whether Accession Register maintained

Yes                  No

(Enclose photocopy of first and last page)

(d) Number of Computer related magazines/Journals being subscribed

\_\_\_\_\_

**(10) FINANCIAL STATUS OF THE INSTITUTE**

**(Encl. No- -----)**

Current operation funds (Rs.)

:

\_\_\_\_\_

(Attach attested photocopy of Bank statement/ Passbook/Audited Accounts)

**(11) What is the proposed Total Fees of the Institute Per Semester**

M.J.	.....	MA(BJ)	.....
MA(APR)	.....	MA(MC)	.....
MA(AVC)	.....	MA(MMC)	.....
BJ (1 Yr.)	.....	BLIS	.....
BJ (3 Yrs.)	.....	BA(MC)	.....
B.Sc.(EM)	.....	PGDM	.....

**Signature  
Head of Institute**

**Signature  
President/ Secretary**

**The above entries are verified by me**

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**Signature of Inspection Panel Member -2**

**Name :** .....

**Name :** .....