திருவள்ளுவர் பல்கலைக்கழகம்
THIRUVALLUVAR UNIVERSITY
SERKKADU, VELLORE - 632 115

REPORT OF INSPECTION COMMISSION
FOR GRANT OF CONTINUATION OF PROVISIONAL AFFILIATION
(FOR THE EXISTING PROGRAMME)

1.	*a)* **Name and Permanent Address of the College** *(with phone number and email id)*	
	b) Name of the Principal *(Enclose copy of the Principal approval order issued by the University)*	
2.	**a) Name of the Trust / Organization** *(Address with phone number and email id)*	
	b) Name of the Chairman/Secretary	
3.	**Date and Time of Inspection**	
4.	**Details of Government Order** *(Enclose the Copy)*	

6. *Programme* **being conducted in the College / Institution**
   (Shift I / Shift II of the College / Institution Programme are to be shown separately)

| Sl. No | Name of the Programme offered | | | Number of seats sanctioned | Year of Commencement | Aided / Unaided |
	Degree and Branch of Study	Generic Specific / Allied	Application Oriented/ Elective			
Shift - I Programme						
a)						
b)						
c)						
d)						
e)						
f)						
Shift - II Programme						
a)						
b)						
c)						
d)						
e)						
f)						

(If space is not adequate, use a separate sheet)

7. Specify the category of college / institution:

Men / Women / Co-Education   *(Necessary proof to be enclosed)*

Reference No.: _____

_____

8. Programme(s) for which continuation of provisional affiliation is sought

A. Shift – I: Aided / Unaided
(Tick whichever is applicable)

Undergraduate Programme   [   ]

Sl. No.	Degree and Branch of Study	Medium of Instruction	Generic Specific / Allied	Elective/ application oriented subject	Language(s) offered
a)					
b)					
c)					
d)					
e)					

Postgraduate Programme

Sl. No.	Degree and Branch of Study	Medium of Instruction	Elective/ optional subjects
a)			
b)			
c)			
d)			
e)			

B. Shift – II : Aided / Unaided
(Tick whichever is applicable)

Undergraduate Programme   [   ]

Sl. No.	Degree and Branch of Study	Medium of Instruction	Generic Specific / Allied	Elective/ application oriented subject	Language(s) offered
a)					
b)					
c)					
d)					
e)					

Postgraduate Programme

Sl. No.	Degree and Branch of Study	Medium of Instruction	Elective / optional subjects
a)			
b)			
c)			
d)			
e)			

9. Laboratory space, equipment, ventilation for the proposed Programme(s): (commission's assessment and recommendations for additions / changes to be made if any. In case additional expenditure is required for equipment, please indicate the appropriate cost of such expenditure / name of the equipment and the time limit within which it must be procured and installed)

Sl. No.	Name of the Programme	No. of Students	Name of the Lab	Area of the Lab *(in sq.ft)*	Equipment Available	Recommendation
1.						
2.						
3.						
4.						
5.						

(Note: Laboratory space of 50 sq.ft. per student for main and 36 sq.ft. per student for allied and application oriented subjects are advisable. For class room 20 sq.ft per student for under graduate Programme. Language classes are also to be considered. A list of equipment and sketch plan of work benches, etc., be provided in an Annexure).

10. Existing Infrastructure Facilities

Particulars	Required (in Nos)	Already Available (in Nos)	Needed (in Nos)	Recommendations
Classroom				
Furniture				
HoD / Faculty Room				

11. A. Computer Facilities: *(Applicable for Computer based Programme)*

Sl. No.	Particulars	Available facilities		Required	
1.	No. of Computer terminals				
2.	Hardware Specification				
3.	No. of terminals of LAN/WAN				
4.	Relevant Legal Software	Application	System	Application	System
5.	Peripheral Printers				
	Scanners				
	LCD Projectors				
6.	Internet Accessibility (in 50 mbps)				
7.	Power backup (UPS)				

12. Library Facilities:

Sl. No.	Resources	Available (in Nos)	Required
1.	Librarian		
	Assistant Librarian		
	Library Assistants		
2.	Area of the Library (in sq.ft;)		
3.	Seating capacity of the Library		
4.	Books *(as per the syllabus)*		
5.	e-Book		
6.	Minimum two computers for OPAC *(Online Public Access Catalogue)*		
7.	Journal / e-Journals		
8.	Magazines / e- Magazines		
9.	Computers-Net access		

13. In case of **Shift - II Programme**, state the number of hours per day the college work, the commencement and closing hours.

14. The details of teaching faculty required for the programme offered for which continuation of provisional affiliation is sought: (as per workload)

Sl. No.	Name of the Programme	Number of teaching faculty required for Core / Allied / Elective /Application Oriented			Total number of teaching faculty		
		I year	II year	III year	Required	Already appointed	To be appointed
1.							
2.							
3.							
4.							
5.							

Recommendation:

_____

_____

_____

_____

_____

Signature of the Members / Subject Experts

1.

2.

3.

Signature of the Convener

Certificate

This is to certify that as per the guidelines of the University the details and particulars provided by the college are checked, verified and found correct.

Signature of the Inspection Commission Team

1.
2.
3.
4.
5.
6.
7.