BHARATHIAR UNIVERSITY
Coimbatore – 641 046

Inspection Committee Report
Proforma II

1. **Name and Address of the Institution**

Name	
Address	
Phone	
Fax No.	
E mail	
Web site	

2. Name and Details of the inspection commission members

S. No	Name and address	Phone No	Mobile no/ Email
1.			
2.			
3.			
4.			

3. Date and Time of Inspection

4. Purpose of the inspection commission:

S. No.	Purpose	Name of the course(s)	Strength	
			Sanctioned	Requested
1	Starting of New courses			
2	Continuance of Provisional Affiliation (CPA)			

S. No.	Purpose	Name of the course(s)	Strength	
			Sanctioned	Requested
3	Permanent affiliation (PA)			
4	Permanent Increase in intake (PII)			

5. Details of the Full Time Teaching Faculty (Programme under consideration) (Please specify Adequate / Not Adequate wherever applicable)

S. No	Subjects	Number required	Number available	Remarks (adequate/not adequate)
	Languages-Part I			
	English			
	Core subjects			
	Allied			
	Others			

6. Details of Administrative / Technical // supporting Staff

S. No.	Category Staff	Remarks(adequate/not adequate)
1	Administrative Staff	
2	Technical Supporting Staff	
3	Supporting staff	

7. a. 3% of the post under teaching / non teaching category from Differently abled persons (GO.Ms.No.107 Hr.Edn. (E1) Dept dt.14.05.2015)

Yes		**No**	

b. 25% salary subsidy for Assistant Professors with visually impaired persons (GO.Ms.No.107 Hr.Edn. (E1) Dept dt.14.05.2015)

Yes		**No**	

8. Physical education Facilities

S. No.	Name of the facility	Availability	Remarks (adequate/not adequate)
1.	Director		
2.	Ground		
3.	Out door games		
4.	Indoor games		
5.	Gymnasium		
6.	Equipments		
7.	Instruments		
8.	Assisting staff		

9. Library facilities:

S. No	Facilities	Numbers available	Remarks (adequate/not adequate)
1.	Librarian		
	Library Assistants		
2.	Area of the library		
3.	Seating capacity of the library		
4.	Books-Number of titles		
5.	Books-Number of volumes		
6.	Journals / e Journals		
7.	Magazines		
8.	Computers- Net access		

10. Details of Laboratories (Floor space of the Lab with dimensions should be attached, work tables should be of standard size, furnish the time table of the lab separately) (35 Sq.Ft. per student)

S. No.	Name of the course	No. of students	Name of the Lab	Area of the Lab	Equipments available	Adequate/ Not adequate
1.						
2.						
3.						

11. Computer Facilities (for Computer Science practicals, the floor space should be 20 Sq.ft./student)

S. No.	Particulars	Available facilities		Adequate/ Not adequate	
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(s):				
	Printers				
	DVD Writers				
	Scanners				

	LCD Projectors		
6.	Internet Accessibility (in kbps & hrs)		
7.	Power backup(UPS)		
8.	Air Conditioner		

12. Class room facilities for the Proposed programme(s)

Particulars	Needed	Available	Adequate / Not adequate
Class Rooms			
Furniture			

13. Availability of other facilities:

S.No.	Parameter	Availability		
1.	Potable Water Supply (Drinking water for every staff room and each of the floor)			
2.	Ventilation and lighting (Norms: 4 tube lights and 2 fans in a class room)			
3.	Hostel	Boys		
		Girls		
4.	Toilet Facilities(Norms: one wash basin for every 100 staff and students, urinals for every 50 staff and students and toilets for every 50 staff and students separately for ladies and gents.		Gents	Ladies
		Wash Basin		
		Urinals		
		Toilets		
5.	Medical facilities			
6.	Reprographic facilities in the Institutions.			
7.	Barrier free environment for physically challenged.			
8.	Canteen			
9.	Transport			
10.	Generator			
11.	Rain water harvesting (GO.Ms.No.107 / 14.05.2015)			
12.	Solar power facility (GO.Ms.No.107 / 14.05.2015)			

14. Recommendations:

A) Starting of New courses:

S. No	Name of the Course(s)	Recommend/Not recommended	Strength
1			
2			
3			

B) Continuance of Provisional Affiliation:

S. No	Name of the Course(s)	Recommend/Not recommended
1		
2		
3		

C) Permanent Affiliation:

S. No	Name of the Course(s)	Recommend/Not recommended
1		
2		
3		

D) Permanent Increase in Intake:

S. No	Name of the Course(s)	Recommend/Not recommended	Strength	
			From	To
1				
2				
3				

15. **Conditional recommendations (if necessary):**

16. **Specific reasons for the denial of the requests:**

Date: .....

Place:.....

Name and Signature of the convener and

members of the inspection team