

NORTH – EASTERN HILL UNIVERSITY Shillong - 793 022

INSPECTION REPORT ON PROVISIONAL AFFILIATION TO SUBJECT(S) / COURSE(S) OF STUDY IN A NEW COLLEGE / INSTITUTION

[TO BE SUBMITTED BY THE INSPECTION TEAM TO DIRECTOR, CDC]

PIN:		Геl:	FAX:	Email:
			ng agency / author	rity concerned :
				Email:
	ers of the G		Management Co	mmittee of the college/institution
propo	sed to be us	ed in running th	e college [In cas athorities are re	g(s) / any other physical facilitie e of non – ownership of any of the equired to furnish 'no objection
	cate(s)' from	n the owner(s) ar	nd to be enclosed	with the report.]:
certifi (i)			nd to be enclosed at I no I no	
certifi (i) If	Whether the yes, Total area	e college / institu	ution is located at	
certifi (i) If (a) (b) (ii)	Whether the yes, Total area of Built – up Give a bri	e college / institu Yes of the site: area (attach site) ef report on the site	Ition is located at No Plan):	its own site? :
certifi (i) If (a) (b) (ii)	Whether the yes, Total area of Built – up Give a bri	e college / institu Yes of the site: area (attach site) ef report on the soject(s) / course(s)	plan):suitability of the s	its own site?:

6. The Academic Session from which admission is propose	ed to start:
7. Whether the college/institution has adequate infrastructu	ire?:
(i) Facilities inside the building(s):	

Type of Room	Number	Size	Adequate/not adequate*
Principal's / Director's Room		10000	4 (5)
Vice - Principal's / Deputy Director's Room			
Office Room			. 12
Common Room (staff)			
Students' Common Room (boys & girls)			
Toilet facilities (boys & girls / teaching staff)			
Library	BUCK		
Classrooms	with home	been ma	
Laboratory		Wife age	Ifan samme
Sports		and als	o to tance a la sellion
Any other Rooms			

(ii) Details of furniture:

Furniture	Number	Size
Classroom chairs		
Classroom tables		
Office and other chairs		
Office and other tables		
Almirahs / Cupboards / Racks		20
Laboratory furniture (please specify)	Thought the beauti	459
Library furniture (please specify)		
Any other items (please specify)		40.27

(iii) Details of laboratory equipments for the proposed college/institution (purchased / to be purchased): ------

(iv) Library: (enclose the list of books with title, author, publisher, year of publication, number of copies and accession number. List of books proposed to be purchased may also be attached): Books are adequate / not adequate

SI. Subject			Existing of books		itional No. ooks proposed	Remark	
					Ans	- 14	
(i) W	Whether a d	qualified Princi	pal / Dire	ector has been a	FF	trative): Yes No of appointment etc.	
Name	I	Designation	Age	Qualifica	ations Date	of Joining	
	n No (A			chara			
(ii) If y qua	Whether wes, procur	re details about s, experience, a	o the teac	thing posts hav	e been made? : s with age, the	☐ Yes ☐ No	
(ii) If y qua app	Whether yes, procur alifications	appointments to re details about s, experience, a	o the teac	thing posts hav	e been made?: s with age, the tc. and also pro	☐ Yes ☐ No ir academic cure copies of their	
(ii) If y qua app	Whether yes, procur alification pointment	appointments to re details about s, experience, a letters:	o the teac at names area of sp	ching posts hav of the teacher pecialisation, e	e been made?: s with age, the tc. and also pro	Yes No ir academic cure copies of their	
(ii) If y qua app	Whether yes, procur alification pointment	appointments to re details about s, experience, a letters:	o the teac at names area of sp	ching posts hav of the teacher pecialisation, e	e been made?: s with age, the tc. and also pro	Yes No ir academic cure copies of their	
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(ii) If y qua app Sl. No. dates If (iii)	Whether yes, procur alifications pointment Name s of joining no, when i) Whether yes, please	appointments to re details about s, experience, a letters: Designation g of regular tear are the appoint ra qualified Li	Age Chers ment probability about na	ching posts have of the teacher pecialisation, expecialisation. Specialisation oposed to be made as been appoint	e been made?: s with age, their tc. and also pro Qualification ade?: nted?: \(\sum \) Ye	Yes No ir academic ocure copies of their as Date of Joining*	
(ii) If y qua app Sl. No. dates If	Name Name No of joining No of joi	appointments to re details about s, experience, a letters: Designation g of regular tear are the appointment let appointment let	Age Chers ment probability about na	ching posts have of the teacher pecialisation, expecialisation. Specialisation oposed to be made as been appoint	e been made?: s with age, their tc. and also pro Qualification ade?: nted?: \(\sum \) Ye	Yes No ir academic ocure copies of their Date of Joining*	

(iv) Furnish information about Reserve Fund in fixed / term deposits scheme in a bank in favour of the college/institution: (Certificate form the bank to be attached)

Name of the Bank	Pass Book /Account No.	Amount

9. Any other observation(s):

- 10. Documents to be furnished:
 - (i) Registration under Societies Registration Act, 1860 [document to be enclosed]:
 - (ii) Constitution governing the College / Institution (please enclose a copy of the Constitution / MOU / Bye Laws):
 - (iii) 'No Objection Certificate' from the Headman of the locality where the College / Institution is located (to be enclosed):
 - (iv) 'No Objection Certificate' from the Government and Municipal Board / Local Bodies:

The convener of the inspection team should obtain and enclose a certificate from the sponsoring authority that the all the information provided by them about the proposed college/institution are correct.

Recommendations:

Notes: (please note that as per the provisions under the Ordinance OB - 6 the maximum period for which provisional affiliation could be recommended at any one time is three years.)

If provisional affiliation is recommended subject to certain conditions to be fulfilled by the college / institution, then the team should specify the following:

- (i) explicit conditions required to be fulfilled by the college / institution;
- (ii) the specific time period within which the conditions (as stated above) are required to be fulfilled by the college / institution.

Signatures of the members of the Inspection Team:

^{*} as per the provisions under the Regulation Nos. RB-4 and RB-6 under the Ordinance No. OB-6 ** as per the provisions under the Regulation Nos. RB-5 under the Ordinance No. OB-6