

Joint Director Regional Office:-

**Inspection Report for Establishment of New Degree Institutions (including Integrated Campus) for A.Y. 2010-11**

Name & Address of the Society/ Trust	
(a) Name & Address of the Inst. at permanent Site	
(b) Registration No. / Date	
(c) Chairman/Secretary Name & Contact Details	
(d) Proposed Institute with Intake of each Course	

S.No.	Parameters	Available	
1.	Proposed Institute located at (✓ appropriate society)	Mega Cities / Metro cities including State Capitals / Others	
2.	Availability of land in Acres with Survey No.		
3.	Whether Land is in the name of Trust?	{ Yes / No }	
4.	i) Whether Land is N.A.? If yes, give the name of sanctioning Authority.	{ Yes / No }	
	ii) Land use/conversion certificate ?	{ Yes / No }	
	iii) Whether Other Institutions are running in the same land? If yes, how many lands are earmarked for each course.	1.	
		2.	
3.			
4.			
5.	Whether Building plan is prepared by Registered (COA) Architect? If yes, give Registration Number	{ Yes / No }	
6.	i) Whether Building plan is approved by competent Authority ? If yes, give the name of sanctioning Authority & Letter Nos.	{ Yes / No }	
	ii) Total carpet area of the building (proposed )	_____ Sq.mts.	
	iii) What is the carpet area of the building ready to be used on all aspects ?	_____ Sq.mts.	
	iv) Whether other Courses are running in same building? If yes, name of the Courses & Area in Sqmt.	{ Yes / No }	

7.	Funds	F.D.R.	Bank Name & Address	Amount Rs.	FDR No.	Maturity Date
			<b>Total</b>			
		Saving / Current A/c	Bank Name & Address	Account No.	Amount	Balance as on

Remarks/Observation of the Committee :-

Signature of the Committee Members :-

( Jt. Director  
Technical Education,  
Regional Office. )