

INSPECTION REPORT

1. NAME OF THE INSTITUTIONS :
2. NAME OF THE CONTACT PERSON :
3. RESIDENTIAL ADDRESS
WITH PHONE NO :
4. INSTITUTION ADDRESS WITH
LOCATION PLAN LAND MARK :

PHONE Nos.

- II. INFRASTRUCTURE AVAILABLE :
1. NO.OF COMPUTERS WITH CONFIGURAION:
2. NAME OF THE CORRESPONDING
LEGAL SOFTWARES :
3. NO. OF PRINTERS - TYPE :
4. NO. OF GENERATORS- TYPE :
5. NO. OF A/C :
6. AREA UNDER COMPUTER LAB :
7. AREA UNDER THEORY CLASS ROOMS
AND ADMINISTRATIVE AREA :
8. TOTAL AREA :

NOTE: Receipts/ ownership paper/Lease Deed/ All documents to be verified by the Inspection Team with their attestation. The documents to be herewith enclosed.

III. COURSES APPLIED

COURSE CODE

NAME OF THE COURSE

IV. RECOMMENDATIONS

**V. NAME, DESIGNATION AND
SIGNATURE OF THE INSPECTION
TEAM :**

DATE:

1.

2.

3.

SCRUTINING COMMITTEE REPORT

DATE:

**NAME/DESIGNATION/SIGNATURE
OF THE SCRUTINING COMMITTEE
OFFICERS**

1.

2.

3.