To,

The Registrar,
University of Pune,
Pune-411 007.

Sub: Report of the Local Inquiry Committee appointed.

Ref: Your letter No…………………………………. dt. ………………….

Sir,

With reference to your above mentioned letter, we the following members constituted into a Local Inquiry Committee which visited ………………………………… on ………………….

(Please write Name of the Institute) …………………………………………………………………………………

at ………………… a.m./p.m.

1. (Chairman)

2.

3.

4.

5.

The committee was received by the following members of the Management and others such as Head/Principal/Vice-Principal/Director:

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The committee was furnished with following documents:

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On examination of the various documents submitted to the committee and inspection of infrastructural, instructural and other facilities the committee has to report as under:

1. **Name of the Institute/ Research Centre**: .................................................................
   & **Address**: ............................................................................................................
   ..............................................................................................................................
   **Tel.No.** : ..............................................................................................................
   **Fax No.** : ..............................................................................................................
   **E-mail** : .................................................................................................................
   **Website** : .............................................................................................................

2. **Name of the Society**: .............................................................................................
   **administering the Institute/ Research Centre**: .....................................................

3. Whether the Management is registered under the Bombay Public Trust Act, 1950 (or Society registered under the Societies Registration Act, 1860)? If yes, please, state Registration No. and enclose attested copy thereof:

   **Registration No. & Date** : ....................................................................................

4. **Date & Year of Establishment**: ............................................................................

5. **University Recognition Letter** : ........................................................................
   **No. and Date** : ....................................................................................................

6. **Govt. permission letter No. & Date** :

   .............................................................................................................................

7. **Courses offered** : 1) ......................... 2) .........................
   3) ......................... 4) .........................
   5) ......................... 6) .........................
8. Present Status of the Recognition:  

9. Details of Student Enrolment during the Year 200 - 200 (Previous Academic Year):  

<table>
<thead>
<tr>
<th>Name of the Course</th>
<th>Sanctioned annual intake</th>
<th>Actual position</th>
<th>Admission in the year 200 - 200 (Previous Academic Year)</th>
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</table>

10. i) Whether the reservation is provided for the students for admission as per policy of the State Government/University? If so, please give details for each course.  

<table>
<thead>
<tr>
<th>Name of the Course</th>
<th>No. of students admitted from Reserved Category</th>
<th>Category</th>
</tr>
</thead>
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<td>SC ST DT NT OBC (A) (B) (C) (D)</td>
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ii) If No. of students admitted belonging to reserved category not upto reservation given to them please mention reasons for not filling reservation:  

iii) Extra Curricular Activities performed for the students such as Sports, Welfare, etc. (Please give details):

............................................................................................................................................................
............................................................................................................................................................
11. Tuition fee and other fees charged from the students during the year for each course:

<table>
<thead>
<tr>
<th>Name of the Course</th>
<th>Tuition fee charged during Previous Academic Year (Rs.)</th>
<th>Other fees</th>
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12. Time Table:

a) Total Working days in a Week: .................................................................

b) Duration of the First Term: from………………to………………

Second Term: from………………to………………

c) Total Teaching days for the course: ..........................................................

(Information of each course may be given separately).

d) Working hours of the office: ........................................................................

13. i) Course/Subjects for which:

1) Extension

2) Continuation of Recognition and

3) New Recognition applied for

<table>
<thead>
<tr>
<th>Extension</th>
<th>Continuation of Recognition</th>
<th>New Recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courses/Subjects</td>
<td>Courses</td>
<td>Subjects</td>
</tr>
<tr>
<td>a)</td>
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<td>b)</td>
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</tbody>
</table>
14. Details of the Head/Director of the Institute/Research Centre:
   a) Name of the Head/Director : .................................................................
   b) Qualifications : ..............................................................................
   c) Date of appointment : ......................................................................
   d) Appointment letter No. and date : ....................................................
   e) Scale of Pay : .................................................................................
   f) University Approval Letter No. and Date : ...........................................

15. Teaching Faculty/Guide Information : .................................................
    (Exclusively appointed for the Institute/Research Centre)

<table>
<thead>
<tr>
<th>Category of Staff</th>
<th>Name of the staff appointed</th>
<th>Full Time/ Part Time/ Visiting/ C.H.B.</th>
<th>Teachers appointed from Reserved Category (Pl. Give details)</th>
<th>Date of Appointment</th>
<th>University Approval Letter No. and Date</th>
<th>University Approval as Guide letter No. &amp; date :-</th>
</tr>
</thead>
</table>

A) Professors or equivalent
   1.
   2.
B) Associate Professors or equivalent
   (Readers)
   1.
   2.
   3.
c) Assistant Professors or equivalent

1. 
2. 
3. 
4. 
5. 

Please furnish details of publication and impact made by the staff & student and during previous academic year, including citation index

A)* Professors

1. 
2. 
3. 

b) Associate Professors (Readers)

1. 
2. 
3. 

C) Assistant Professors

1. 
2. 
3. 
4. 
5. 

__________________________________________________________

(Please attach separate sheet if necessary)

16. Librarian:

a) Name : .................................................................................................................. 

b) Qualifications : ........................................................................................................

c) Date of Appointment: ..............................................................................................
d) University Approval : ……………………………………………………………………………………..

Letter No. and Date  ……………………………………………………………………………………..

e) Scale of Pay  : ……………………………………………………………………………………..

17. Teachers appointed from Reserved Category (P1. give details) :

…………………………………………………………………………………..

…………………………………………………………………………………..

…………………………………………………………………………………..

18. a) : Whether roster is prepared and maintained  :  YES/NO

b) If roster is prepared
    Whether it is checked by Asstt. Commissioner,  :  YES/NO

19. Non-Teaching Staff appointed exclusively for the Institute :

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Scale of Pay</th>
<th>Category</th>
<th>Appointment Letter No. and Date</th>
<th>Details of provident fund Account</th>
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<tbody>
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</table>
20. Building:

<table>
<thead>
<tr>
<th>Rooms/Office</th>
<th>Area in Sq.ft. as per AICTE’s Norms</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Director’s Office</td>
<td></td>
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<tr>
<td>b) Class Rooms:</td>
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<tr>
<td>No. 1</td>
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<td>No. 2</td>
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<td>No. 3</td>
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<td>No. 4</td>
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<tr>
<td>c) Seminar Hall</td>
<td></td>
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<tr>
<td>d) Student’s Common Room</td>
<td></td>
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<tr>
<td>1) Gent’s Common Room</td>
<td></td>
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<tr>
<td>2) Ladies Common Room</td>
<td></td>
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<tr>
<td>e) Library &amp; Reading Room</td>
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<tr>
<td>f) Staff Room</td>
<td></td>
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<tr>
<td>g) Computer Laboratory</td>
<td></td>
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<tr>
<td>h) Gymkhana Facilities</td>
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</tr>
</tbody>
</table>

21. Land (Details be furnished): .................................................................

22. Library Facilities: ..............................................................................

a. No. of Books as on : .................................................................

b. Total Cost as on : Rs. .............................................................

c. Yearly Purchase cost : Rs. ...........................................................

23. Journals and Periodicals:

a. No. of Journals and Periodicals : ..............................................

b. No. of e-Journals and Periodicals : ...........................................

c. Yearly subscription : Rs. ...........................................................


a) Details of Computers, Hardware, Software & Internet facilities
   (Please, give details of the existing facilities)

b) No. of Terminals and Type of Computer:
   (Hardware/Software : Original Licensed Copies)
   (Please, give details; if required enclose separate sheet)

c) No. of overhead projectors, Slide projector, T.V. V.C.R., L.C.D. Projector
25. Details of Laboratory Facilities:

26. Seminars, Workshops, Tests conducted by the Institute/Research Centre:

(Detailed information be furnished):

27. Whether proper record of Internal Assessment is maintained

(Detailed information be furnished):

28. Funds:

1. Whether Maintained as per the University rules: (Please be furnished as under)

   a. Building Fund- Rs. __________________________

   b. Reserve Fund- Rs. __________________________

   c. Deficit Fund- Rs. __________________________

   d. Library Fund- Rs. __________________________

2. Name of the Bank Receipt

   a. ................................................................. ........................................

   b. ................................................................. ........................................

   c. ................................................................. ........................................

   d. ................................................................. ........................................

3. Whether the Hostel Facilities are provided for Students:

   (Please, give details)

29. Local Managing Committee (Whether constituted under the Section 85 of the Maharashtra Universities Act, 1994): Yes/No

a) Names of the Members of the Local Managing Committee:

   1. President/Chairman

   2. 

   3. 

G:\LIC Research Format.docxD.
b) No. of Meetings held during the Academic Year: ...........................................

30. i) **Observations and suggestions about the course and academic programme run by the Institute/Research Centre**

   1. ..............................................................................................................................

   2. ..............................................................................................................................

   3. ..............................................................................................................................

   4. ..............................................................................................................................

   5. ..............................................................................................................................

   6. ..............................................................................................................................

   7. ..............................................................................................................................

   8. ..............................................................................................................................

   9. ..............................................................................................................................

  10. ..............................................................................................................................

ii) **Deficiencies found by the committee:**

   1. **Staff:**

      a. ............................................................................................................................

      b. ............................................................................................................................

      c. ............................................................................................................................

      d. ............................................................................................................................

   Principal/ Member-Secretary
2. Building :
   a. ..............................................................................................................
   b. ..............................................................................................................
   c. ..............................................................................................................
   d. ..............................................................................................................

3. Library :
   a. ..............................................................................................................
   b. ..............................................................................................................
   c. ..............................................................................................................
   d. ..............................................................................................................
   e. ..............................................................................................................

4. Academic excellence (Workshops, Seminars, Conferences etc.) (During last Year):
   a. ..............................................................................................................
   b. ..............................................................................................................
   c. ..............................................................................................................
   d. ..............................................................................................................

5. Financial Position :
   ..............................................................................................................
   ..............................................................................................................
   ..............................................................................................................

6. Other terms and conditions: ...........................................................................
   ..............................................................................................................
   ..............................................................................................................

7. Details of previous L.I.C. Visit
   a. : Date of Visit :
   b. : Compliance Report :
       (enclosed xerox copy of the compliance report)
31. Recommendations:

I) The Institute/Research Centre be not granted Continuation of Recognition/Extension due to following reasons:

a. ..............................................................................................................................
b. ..............................................................................................................................
c. ..............................................................................................................................
d. ..............................................................................................................................
e. ..............................................................................................................................
f. ..............................................................................................................................
g. ................................................................................................................................

II) The Institute/Research Centre be granted Continuation of Recognition/Extension for the following courses for the period of One Year/Two Years/Three Years i.e. from ...........to........... subject to the fulfillment of following terms and conditions:

<table>
<thead>
<tr>
<th>Name of the Course</th>
<th>Contribution of Recognition/Extension</th>
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<td>a) ..................</td>
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Terms and Conditions:

i) ..............................................................................................................................

ii) ..............................................................................................................................

iii) ..............................................................................................................................

iv) ..............................................................................................................................

v) ..............................................................................................................................

vi) ..............................................................................................................................
I hereby undertake that –

i) The Institute/Research Centre has constituted a separate Local Managing Committee (LMC) as required under Section 85 of the Maharashtra Universities Act, 1994 and – meetings of the LMC were held during the year __________,

ii) The emoluments including allowances that are required to pay to the teachers and other employees of the College/Institution are and shall be in accordance with the grades and allowances as per the rules. All the appointments of teachers and other employees are strictly made in accordance with the rules and regulations,

iii) All the necessary facilities are provided to the students.

iv) All the necessary funds such as Building Fund, Security Fund, etc. are deposited in the Scheduled Bank…………… as directed by the University,

v) The institute has complied with all the provisions of MUA, 1994 and provisions of Statutes, Ordinances, Regulations and Rules made in this behalf by the University from time to time.

Place : __________________       Principal/Director

Date : __________________       Institute :

Seal

Appendix ‘A’
CERTIFICATE

I hereby certify that –

i) the Local Inequity Committee (LIC) has verified all the papers and documents such as Salary Payment Record, P.F. Record, etc. of the Research Centre /Institute as required by the University,

ii) the Research Centre /Institute has also deposited various funds, Security Fund, Reserve Fund, etc. accordingly,

iii) the Research Centre /Institute has complied with all the provisions of Maharashtra University Act, 1994 and the provisions of Statutes, Ordinances, Regulations and Rules made there – under as required under section 81 of the Act.

This certificate is given on behalf of Local Inquiry Committee.

Place : ________________

Date : ________________

Chairman,
Local Inquiry Committee