University of Pune, Pune.
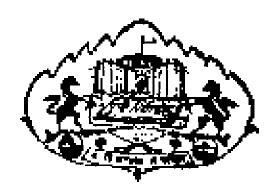
Local Inquiry Committee Report
(Courses covered under faculty of Engineering, Management, Pharmacy, Architecture etc.)

UNIVERSITY OF PUNE

Report of Local Inquiry Committee for Professional Courses

To,
The Registrar,
University of Pune,
GaneshKhind,
Pune – 411 007.

University of Pune
ID –

Date:

Sub: Report of Local Inquiry Committee for affiliation of ………………………………….
………………………………………………………………………..………………………………………………
… ………………………………………………………………………………………………….………………

Ref: University of Pune Letter No. …………………….… dated ……………………….

Sir,

With reference to your letter mentioned above, we the following members of **Local Inquiry Committee** visited the Institute,

……
(Name of the Institute & University ID)

on …………………………………. at ………………………………….
        (Date)   *(Time)*

Sr	Name of the Member	Designation	Status
1		Chairman	Present / Absent
2		Member	Present / Absent
3		Member	Present / Absent
4		Member	Present / Absent

The following members of the Management and Institute were present during the visit.

Sr	Name of the Member	Designation
1		Chairman / President
2		Director / Principal
3		Dy. Director/Vice-Principal
4		Registrar / Office Superintendent

The following documents were furnished before the committee:

Sr	Document	Please Tick (√)
1	Letter Of University of Pune Dated...............	
2	A Society Registered Under The Registration of Societies Act 1860 Through The Chairman or Secretary of Society or A Trust Registered Under The Charitable Trusts Act 1950 or Any other Relevant Acts Through The Chairman or Secretary of The Trust or A Company Established Under Section 25 of Companies Act 1956	
3	AICTE Approval Letter For the Academic Year	
4	Maharashtra Government Resolution For Recognition of Programs.	
5	List of LMC And Governing Body Members	
6	Attendance Register (Muster, Teaching & Non-Teaching)	
7	List of Teaching & Non Teaching Staff (As per prescribed Format)	
8	Roster, Teaching *(If Applicable)*	
9	Roster, Non-Teaching Staff *(If Applicable)*	
10	Last Three Years Advertisements For Recruitment *(If Applicable)*	
11	Salary Statements And Acknowledge Of Concerned Bank	
12	P.F. Returns (Form 6-A,3-A & Monthly P.F. Challan)	
13	Built Up Area Statement dully Signed By Architect	
14	Land Use Certificate, 7/12 extract & NA Order	
15	Summary of Library Details & Last Five Pages of Accession Register	
16	Summary of Equipment/Computer etc. & Last Three Pages of Dead Stock Register	
17	Balance Sheet with Audit Reports	
18	Academic Calendar For The Current Year	
19	NBA Accreditation Letter / Reaccreditation Letter No.	
20	College Covered Under 2(F) & 12(B)	
21	Pro-rata details *(If Applicable)*	
22	Fixed Deposit Receipts	
23	Last Year Affiliation Fees Receipt received from University of Pune *(If Applicable)*	

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

1. Name and Address of the Society / Trust

Name	
Address	
Taluka	
District	
Pin Code	
Phone No. With STD Code	
Fax No. With STD Code	
Email ID	
Web site	

2. Registration No. & Year :

....

3. Name and Address of the Institute / College.

Name	
Address	
Taluka	
District	
Pin Code	
Phone No. With STD Code	
Fax No. With STD Code	
Email ID	
Web site	

4. University of Pune ID/ AICTE ID/ DTE Code No.

UOP – ID													
AICTE – ID													
DTE - Code													

Annexure – II

5. Name and Designation of the Head of the Institution *(Principal / Director)*

Name		
Designation		
Qualification		
Experience		
Highest Degree		
Specialization		
Total Experience		
Date of Birth		
Phone No.	(O):	
	(R):	
	(M):	
E-Mail		
Whether approved by University of Pune		
If yes, please maintain the approval letter No		

6. Information on Establishment of the Institution

Year of Establishment	
Date on which first affiliation was accorded by the University	
Year of Commencement of the first batch	
Details of Last affiliation letter with year of approval	

6. (a) Continuation of Affiliation for AICTE approved Existing courses for the academic year: ....

A. Under Graduate *(If applicable)*

Sr.	Name of Course	Sanctioned Intake *(Year wise)*					Actual Admitted *(Year wise)*				
		1st	2nd	3rd	4th	Total	1st	2nd	3rd	4th	Total

B. Post Graduate *(If applicable)*

Sr.	Name of Course	Sanctioned Intake *(Year wise)*					Actual Admitted *(Year wise)*				
		1st	2nd	3rd	4th	Total	1st	2nd	3rd	4th	Total

6. (b) Name of R.T.I. Officer & Appellant officer.

Name		
Designation		
Qualification		
Phone No.	(O):	(O):
	(R):	(R):
	(M):	(M):
E-Mail		

6. (c) Whether Institute / Colleges is Aided/ Un-aided :...........................

6. (d) Whether college in registered as a Minority Institute if yes, type of Minority Linguistic / Religious etc. :

....

7. Whether Local Managing Committee has been   **: YES / NO**
constituted as per Maharashtra University Act 1994.
and Date of last meeting   **:**

....
....

8. Whether Governing Body has been constituted   **:**
    and Date of last meeting   **:**

9. Academic Calendar of the Institute
      First Term   :
      Second Term   :

10. Details of First affiliation for existing courses:

A. Under Graduate *(If applicable)*

Sr.	Course	Year of affiliation	AICTE Approval No.	Government G.R. No.	University Affiliation Letter No.

B. **Post Graduate** *(If applicable)*

Sr.	Course	Year of affiliation	AICTE Approval No.	Government G.R. No.	University Affiliation Letter No.

11. New Course(s)/Increase in Intake to be affiliated for the academic year ……………………………………..

A. Under Graduate

Sr. No.	Name of Course	Intake				
		1st	2nd	3rd	4th	Total

B. Post Graduate *(If applicable)*

Sr. No.	Name of Course	Intake				
		1st	2nd	3rd	4th	Total

12. Course(s) under consideration for extension of affiliation of existing courses for the academic year …………………………

A. Under Graduate

Sr. No.	Name of Course	Intake				
		1st	2nd	3rd	4th	Total

B. Post Graduate *(If applicable)*

Sr. No.	Name of Course	Intake				
		1st	2nd	3rd	4th	Total

13. Faculty strength for the existing programmes (As per Prescribed Format)

Sr.	Course	Sanctioned Intake	Faculty Strength	
			Required	Approved Faculty

14. Registrar / Office Superintendent:

a	Name of the Registrar / O.S.	
b	Qualification	
c	Date of Appointment	
d	Date of joining	
e	Date of Birth	
f	Contact	
g	Email ID	
h	University Approval No. & Date	

14. (a) Non-teaching Staff Details *(As per List Attached)*

Sr.	Name	Designation	Qualification	Date of Joining

14. (b) Supporting Staff Details *(As per List Attached)*

Sr.	Name	Designation	Qualification	Date of Joining

15. Librarian:

a	Name of the Librarian	
b	Qualification	
c	Date of Appointment	
d	Date of joining	
e	Date of Birth	
f	Contact	
g	Email ID	
h	University Approval No. & Date	

15.(a) Library Staff Details *(As per List Attached)*

Sr.	Name	Designation	Qualification	Date of Joining

16. Library facilities

Sr.	Particular	Availability
01	Total area of the library	
02	Seating capacity of the library	
03	Reprographic facility	Yes / No
04	Working hours of Library	
05	Library networking facility	Yes / No
06	Usage data of the library (in terms of books issued to the faculty & students etc.)	
07	Annual library budget (% of annual student fee collected)	

16. (a) Details of the Library Books:

Sr.	Course	Total Number of Titles	Total Number of volumes	Number of Journals	
				National	International

17. Details of Computer Facilities:

Sr.	Courses	No of P-IV / Latest Configuration	Peripherals

18. Internet Facility Details:

19. Instructional Area (Carpet Area) in Sq.M.

(a) Existing Programmes (UG):
Number of Divisions = number of PG programs x 2 =

Particulars	For existing intake			
	Nos.		Area	
	Required	Available	Required	Available
Class Rooms				
Tutorial Rooms				
Laboratories				
Drawing hall				
Workshop				
Seminar Hall				
Computer Centre				
Library and Reading Room				
Total				

(b)   Existing Programmes (PG)
Number of Divisions = number of PG programs x 2 =

Particulars	For existing intake			
	Nos.		Area	
	Required	Available	Required	Available
Class Rooms				
Tutorial Rooms				
Laboratories				
Seminar Hall				
Computer Center				
Library and Reading Room				
Research Laboratory				
Total				

20. Administrative Area (Carpet Area) in Sq.M.

Particulars	For existing intake			
	Nos.		Area	
	Required	Available	Required	Available
Principal/Director Office				
Board Room				
Office all inclusive				
Department Offices				
Cabins for Head of Departments				
Faculty Rooms				
Examinations Control Office				
Placement office				
Central Stores				
Maintenance				
Security				
House Keeping				
Pantry for Staff				

21. Amenities Area (Carpet Area) in sqm

Particulars	For existing intake			
	Nos.		Area	
	Required	Available	Required	Available
Toilets (Ladies & Gents)				
Boys Common Room				
Girls Common Room				
Cafeteria				
Stationery Stores & Reprography				
First Aid Cum Sick Room				

22. Investment on Equipment (Department wise)

Sr. No.	Department	Equipment Cost

23. Audited Balance sheet attached   Yes / No

24. Fees: As per Shikshan Shulka Samittee, Govt. of Maharashtra.

Adhoc Fees : *(for newly established Institutes / Colleges)*

1	Adhoc Fees	
2	Development Fees	
3	Other Fees	
	Total	

Interim Fees :

1	Tuition Fees	
2	Development Fees	
3	Other Fees	
	Total	

Final Fees :

1	Tuition Fees	
2	Development Fees	
3	Other Fees	
	Total	

25. Land Availability

Land Category (Rural/ District Head Quarter/ State Capital/ Metropolitan city)	Area required as per Land Category (Acres)	Total Area available (Acres)

(a) Whether the said land is demarcated by fencing/ boundary wall for the institution *(Tick ✓ appropriate box)*   **Yes** ☐   **No** ☐

(b) Whether the land is contiguous *(Tick ✓ appropriate box)*   **Yes** ☐   **No** ☐

26. Other facilities

Sr.	Parameter	Availability
1	Language Laboratory	
2	All Weather Approach Road	
3	Potable Water Supply	
4	Electrical Generator	
5	Digital Library	
6	Parking facilities	
7	Medical facilities	
8	Insurance facilities	
9	Reprographic facilities in the Institutions.	
10	Sewage Disposal	
11	Telephone and FAX	
12	General Notice Board and Departmental Notice Boards	
13	Medical and Counseling Facilities	
14	Institution web site	
15	First Aid facility	

27. Court cases? If any? give details?

………..

………..

……….

………..

Recommendations:

The undersigned committee unanimously recommends that :

....

(Name of the Institute & University ID)

be granted **Continuation of Affiliation (** *Course Name* **)** for the Academic Year ………………...

subject to the fulfillment of following conditions within **three months**.

Terms & Conditions:

1...

2...

3...

4...

5...

6...

7...

8...

The above conditions should be complied within the period of 3 months and the Compliance Report be submitted to the University through the Chairman of the Committee.

(Name & Designation of the Chairman)   Institute Address - Chairman

(Name & Designation of the Member) Institute Address - Member	**(Name & Designation of the Chairman)** Institute Address – Member	**(Name & Designation of the Member)** Institute Address - Member

NO RELATION CERTIFICATE

This is to certify that, no member from the **Local Inquiry Committee** has any relation with the Teaching, Non-Teaching staff members and Management of ....

(Name of the Institute & University ID)

This Certificate is given on behalf of LIC.

(Name & Designation of the Chairman) Institute Address - Chairman	
(Name & Designation of the Member) Institute Address - Member	**(Name & Designation of the Chairman)** Institute Address – Member	**(Name & Designation of the Member)** Institute Address - Member

Place:

Date:

C E R T I F I C A T E

Institute / College Name: ………………………………………………………………………………………….

University of Pune ID: ………………………………..………………………………………………….

I, hereby certify that –

    i.   The Local Inquiry Committee (LIC) has verified all the papers and documents such as Salary Payment Record, PF Record etc. of the college/ institute as required by the University.

    ii.   Out of available funds Institute will be depositing for various funds viz. Building Fund, Security Fund, Reserve Fund etc. accordingly.

    iii.   The College/ Institute has compiled with all the provisions of Maharashtra Universities Act 1994 and the Provisions of Statutes, Ordinance, Regulation & Rules made there under as required under Section 81 of the Act.

This certificate is given on behalf of Local Inquiry Committee.

Chairman
Local Inquiry Committee

Place:

Date:

[Print on Institute / College Letter Head]

UNDERTAKING

I hereby undertake that-

(i)   The Institute has constituted a separate Local Managing Committee (LMC) as required under Section - 85 of the Maharashtra University Act, 1994 and – meetings of the LMC were held during the year ………………, as well as Women's Grievance Committee, Reservation Grievance Committee, etc.

(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 allowances as per the rules. All the appointments of teachers and other employees are strictly made in accordance with 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, ……………………………….., Branch……………………….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.

(Name of the Director/Principal)
Director/Principal
Name of the Institute

Place :   Seal:
Date :

Teaching Staff Information – Branch wise
(Print on Landscape A4 size paper)

13	Teaching Faculty Information (**First Shift**): *(Exclusively appointed for the Institute)* –						
A Sr	Post	Name of the Staff	F.T. / P.T./ Visiting /C.H.B.	Teachers appointed from reserved category	Date of Apt / Joining	University approval Letter No. & date	University Recognition Letter No. & Date
1	2	3	4	5	6	7	8

13	Teaching Faculty Information (**First Shift**): *(Exclusively appointed for the Institute)*					
B Sr	Post	Name of the Staff	Pay Scale	Subject taught	Weekly Workload	Details of Provident Fund Account
1	2	3	4	5	6	7

Supporting Staff Details (Branch wise)
(Print on Landscape A4 size paper)

Sr.	Name	Designation	Qualification	Experience	Date of Joining