

**B.Ed. Course** 

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#### **TELANGANA UNIVERSITY** DICHPALLY, NIZAMABAD - 503 322

# FORMAT FOR SUBMISSION OF INFORMATION TO THE INSPECTION COMMITTEE

## FOR THE ACADEMIC YEAR 2020-2021

DD.No.\_\_\_\_

Dt\_\_\_\_\_Amount of Rs.20,000/-

Whether compliance report submitted for the academic year 2019-20 Yes / No

SI.	Particulars	Facts				
No.						
I. General Information about the college						
1	Name of the College					
2	College present Address					
3	Mobile/Telephone no. with Std. Code					
4	Name, address & Tel. No. (with Std. Code)					
	of the Secretary / Correspondent and					
	Principal					
	a) Landline no.					
	b) Mobile no.					
	c) Mail ID					
	<ul> <li>d) Whether the College is accredited by NAAC</li> </ul>	Yes/No				
		If Yes, Grade				
5	Date, Month & Year of establishment					
6	Whether the College has shifted to its own premises after completion of (3) academic					
	years as per NCTE norms					
7	College permanent address					
8	Current programmes offered by the					
	institution 1.					
	2.					
	3.					
9	Permanent address as per the NCTE					
	recognition certificate					
10	Copy of the CD submitted to the NCTE and					
	photograph of the College Building					

Signature of the Principal Signature of the Secretary and Correspondent with seal

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	building, shown to the NCTE & to the					
	earlier inspection committees of TU.					
	(b). If no, whether permission has been					
	obtained for shifting the premises.					
12	Whether there are other Courses offered in					
	the same building. If so, kindly furnish					
	details					
13	If minority - status of minority certificate,					
	order no. and date (Enclose a copy)					
SOC	CIETY DETAILS :					
14	Under which revenue division the society					
	has been accorded permission for					
	establishing the college					
15	In which revenue division is the college					
	functioning at present?					
16	Society Registration No. and Date					
17	Names of the office bearers of the society					
	(Provide a list with address/ tel.no./ age/etc)					
18	Registered Byelaws of the society					
	(Please enclose a copy)					
19	Are there any changes in the name and					
	status of the society? (Pl. mention whether					
	the society has undergone any changes since					
	its birth / due to addition of new members /					
TT A	etc.)					
II. A	Assets of the Institution / Society					
20	Is the college situated in a rented / leased					
	building or own building?					
21	If leased premises, provide the following					
	details. (Enclose a copy)					
	a) No. & date of registered lease-deed					
	b) Period of lease					
	c) Area					
	d) Location and address					
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Signature of the Principal

Signature of the Secretary and Correspondent with seal

Note: Please enclose details in separate sheets wherever it is required

	<b>1</b>								
22	Is the Building Plan approved by the competent authority? If Yes, pleas details								
	a) Plinth area of the college by (in Sq.Mts)	uilding							
	b) Nature of the building (RC)	C							
	roof/Sheds)	C							
	c) Room wise dimensions alo	ng with							
		U							
	Floor wise details (in Sq. Mts) to be								
	enclosed.								
	d) Total plinth area available in the								
	college (in Sq.Mts).								
	e) Whether the College is running in								
	single building or multiple buildings								
	f) If running in more than one	running in more than one							
	building No. of Buildings: (Copies to be enclosed)								
	<ul> <li>g) Any other courses/Colleges Functioning in the same pren (If yes details to be furnished with the permission letter f competent authority)</li> <li>(like Junior Colleges, Diet Colleges)</li> </ul>	ed along from the							
23	General Facilities:								
	i) Principal Room ( ) ii) No	umber of <b>(</b>	Class Rooms ( ) ii	i) Seminar Hall ( )					
	iv) Office Room ( ) v) L	ibrary/Rea	ding room ( ) vi	i) Staff Room ( )					
	vii) Girls Waiting Room ( ) viii) Drinking Water Facility ( )								
	ix) Separate Toilets for Girls/Boys/	Staff (	)						
24	Laboratory Facilities:								
	<ul> <li>i) Natural Science Lab</li> <li>ii) Mathematics Lab</li> <li>ii) Social Studies Lab</li> <li>iii) Psychology Lab</li> <li>iv) Educational Tech.&amp; Ovi) Language Lab</li> </ul>	Comp. Edi	: A : A : A n. Lab : A	vailable/Not Available vailable/Not Available vailable/Not Available vailable/Not Available vailable/Not Available vailable/Not Available					
25	Library Facilities:								
	No. of titles	N	o. of volumes	Amount spent					
		Total No.	Added during 2019-20	During 2019-20					
		_							
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Signature of the Principal

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Note: Please enclose details in separate sheets wherever it is required

26	Details of salary paid. Acquaitance Register to be produced. Enclose Bank Statement	Maximum Salary/ Minimum Salary paid Paid through Cheque/Cash			
III. G	overning Body of the Society / Colle	ege			
27 a.	University nominee to the <b>Govern</b> of the college (provide name /ac designation / period of tenure detai	ddress /			
b.	<ul> <li>b. Governing Body meetings conducted so far with dates / schedule (Enclose a copy of some of the important resolutions made)</li> </ul>				
c.	University nominee to the Selection Committee (provide name/ address / designation / period of tenure details)				
28	Univ. Nominee as Subject Expert(provide name/ address / designation / period of tenure details)				
29	Time table indicating papers, teachers and project wise				
	Audit report for the financial year 2019-20 (copy to be enclosed)				

- **30.** Whether the College has provided the safeguard against fire hazard in all parts of the Building.
- 31. Whether the College has taken appropriate measures for prevention of ragging in any form, in the light of directions of Supreme Court of India.(Enclose the copy of the Committee constituted)
- **32.** Whether the College has uploaded the faculty information in the University website **www.telanganauniversity.ac.in** as per the Circular issued by this Office (**Enclose the copy of the same**)

Signature of the Principal

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Note: Please enclose details in separate sheets wherever it is required

SI. No.	Name of the Teaching Faculty	Designation	Qualification	Methodology	Date of Appointment	Type of Employment – Regular/Adhoc/ Contract	Pan Card No.	Aadhar Number	IFS Code of the Salary A/c	Account No.	Mobile No.

**33.** List of the teaching staff (2019-20) approved/Renewed by the Registrar, TU.

**34.** Furnish the details of faculty position for the year 2019-20 submitted to the NCTE (Copy to be enclosed)

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### **UNDERTAKING**

I, Mr.Mrs\_\_\_\_\_

S/o /D/o/W/o \_\_\_\_\_

Hereby declare that I am working as a Principal/Lecturer in

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COL	USU	UI.	Lu	ucation

I am not working in any other Government/. Private Institution(s). If the present information/declaration of mine is proved to be false, I am liable for any legal/administrative/disciplinary action as per norms. Further, I will continue my services in the above institution for the academic year \_\_\_\_\_

Name :

Date:

Signature

COUNTERSIGNED Secretary/Correspondent & Principal

#### DECLARATION

We hereby, declare that the information furnished in the application is correct and we are liable for any disciplinary action, if found otherwise. Further, we undertake to provide required accommodation / Laboratories and other necessary infrastructure required for running the B.Ed/M.Ed/B.Ed Spl.Edn College as per the NCTE/RCI/TU norms

Signature of the Principal

Signature of the Secretary and Correspondent with seal