

# Savitribai Phule Pune University



## Local Inquiry Committee Report

**(For B.Ed./M.Ed./ B.A/B.Sc. B.Ed. / B.P.Ed./ M.P.Ed.  
courses run under NCTE Regulations, 2014)**

# Savitribai Phule Pune University

## Report of Local Inquiry Committee

To,

Savitribai Phule Pune University  
ID -

Date:

The Registrar,  
Savitribai Phule Pune University,  
Ganeshkhind, Pune-411 007.

Sub: Report of Local Inquiry Committee for Affiliation of .....

Ref: Savitribai Phule Pune University Letter No. .... dated .....

Sir,

With Reference to your letter mentioned above, we the following members of Local Inquiry Committee visited the Institute/College,

(Name of the Institute & University ID)

On .....at .....  
(Date) (Time)

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

Following members of the College were present during the visit.

Sr.	Name of the Members	Designation
		Chairman/President
		Director/Principal
		Dy. Director/Vice-Principal
		Registrar/Office Superintendant

**Annexure -1 (Sr. 1 to 24) (Attested Photocopies attached with LIC report)****The following documents were furnished before the committee:**

Sr.	Document	Please Tick ( √ )
1	Letter of Savitribai Phule Pune University Dated .....regarding constitution of local inquiry committee.	
2	A Society Registered Under the Societies Registration Act 1860 through the Chairman or Secretary of Society or A Trust Registered under the Bombay Public 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	NCTE Revised approval letter and old approval letter	
4	Maharashtra Government Resolution For Recognition of Programmes.	
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 duly 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	NAAC Accreditation Letter/Reaccreditation Letter	
20	College Covered Under 2(f) & 12(b)	
21	Pro-rata details	
22	Fixed Deposit Receipts	
23	Last Year Affiliation Fees Receipt received from Savitribai Phule Pune University	
24	Last year compliance letter	

**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	
Registration No. & Year	

## 2. Name and Address of the College

Name			
Address			
Taluka			
District			
Pin Code			
Phone No. with STD code			
Fax No. with STD code			
Email ID			
Web site			
Whether the College is for (tick in the box)	Boys <input type="checkbox"/> Girls <input type="checkbox"/> Co-Ed <input type="checkbox"/>		
Whether the College is a Minority College (In yes type the minority linguistic/Religious etc.)	<table border="1"><tr><td>Yes</td><td>No</td></tr></table> (Attach documentary proof issued by the Govt. concerned)	Yes	No
Yes	No		
Type of Management (tick the box)	(i) A Govt. aided institution <input type="checkbox"/> (ii) Non Aided institute <input type="checkbox"/> (Please attach supporting document)		
Whether Local Managing Committee has been constituted as per Section 85 of the Maharashtra Universities Act, 1994? If constituted Date of last meeting?			
Whether Governing Body has been constituted? If constituted Date of last meeting?			

**3. Savitribai Phule Pune University ID/NCTE Code**

SPPU-ID	
NCTE-Code	

**4. 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 and courses	
If any course is permanently affiliated mention the course name, intake and University letter no. and date of the Permanently affiliated course	

**5. Details of First time affiliation for existing program/course****A. Under Graduate (If applicable)**

Sr.	Course and intake	Year of affiliation	NCTE Approval No.	Government G.R. No.	University Affiliation Letter No.

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

Sr.	Course and intake	Year of affiliation	NCTE Approval No.	Government G.R. No.	University Affiliation Letter No.

**6. Details about the program/course (According to Revised order as per NCTE Regulations, 2014)**

Sr.	Name of the course	level of the course (UG/PG)	NCTE Code	Unit and intake	Medium of Instruction

**7. Continuation of Affiliation/Natural Growth for NCTE approved Existing courses for the academic year.....**

**A. Under Graduate (If applicable)**

Sr.	Name of Course	Sanctioned Intake(Year wise)					Actual Admitted (year wise)				
		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Total	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Total

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

Sr.	Name of Course	Sanctioned Intake(Year wise)					Actual Admitted (year wise)				
		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Total	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Total

**8. New Course (s)/Increase in intake to be affiliated for the academic year .....**

**A. Under Graduate (If applicable)**

Sr.	Name of Course	Intake				
		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Total
	-----					
	-----					

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

Sr.	Name of Course	Intake				
		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Total
	-----					
	-----					

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

**A. Under Graduate (If applicable)**

Sr.	Name of Course	Intake				Total
		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	
	-----					
	-----					

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

Sr.	Name of Course	Intake				Total
		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	
	-----					
	-----					

**10. Academic Calendar of the Institute/College**

Courses	Academic Year	First Term	Second Term

**11. (a) Name and Designation of the Head of the College ( Principal)**

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

**11. (b) Faculty strength for the existing programmes (As per Prescribed Format)**

Sr.	Course	Sanctioned Intake	Faculty Strength		
			Required	Faculty Available	Approved Faculty
1					

**11.(c) Teaching Staff Details (As per List Attached)****12. (a) Name R.T.I. Officer & Appellate Officer**

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

**12. (b) Registrar/Office Superintendent:**

Name of the Registrar/O.S.	
Qualification	
Date of Appointment	
Date of Joining	
Date of Birth	
Phone No.	
E-mail	
University Approval No. & Date	

**12.(c) Non-teaching Staff Details ( As per List Attached)**

Sr.	Name	Designation	Qualification	Date of Joining

**12.(d) Supporting Staff Details ( As per List Attached)**

Sr.	Name	Designation	Qualification	Date of Joining



**13. (a) Librarian:**

Name of the Librarian	
Qualification	
Date of Appointment	
Date of Joining	
Date of Birth	
Contact	
E-mail	
University Approval No. & Date	

**13.(b) Library Staff Details ( As per List Attached)**

Sr.	Name	Designation	Qualification	Date of Joining

**14.(a) Library Facilities**

Sr.	Particular	Availability
1.	Total area of the library	
2.	Seating capacity of the library	
3.	Reprographic facility	
4.	Working hours of Library	
5.	Library networking facility	
6.	Usage data of the library (in terms of books issued to the faculty)	
7.	Annual library budget (% of annual student fee collected)	

**14. (b) Details of the Library Books:**

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

**15. Details of Computer Facilities:**

Sr.	Courses	No. of PC's	Latest Configuration	Peripherals

**16. Internet Facility Details:****17.(a) Details of Website of the Institution/College:**

Name of the URL: www.

**17.(b) Whether all essential information is on the Institution/College website :**

## 18. Land and Building

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

<b>(A)</b>	<b>Land ( Enclose necessary documents) if as per NCTE Regulations, 2014</b>	
(i)	Institution is in possession of its own land and building (mention Yes/No)	
(ii)	Area of the land in possession (In sq.mtr.)	
<b>(B)</b>	<b>(B) Building (if as per NCTE Regulations, 2014)</b>	
(i)	Date of approval of the Building plan by the competent authority/State Govt.	
(ii)	Date of completion of construction of the building, if already completed	
(iii)	If construction of the building is not complete, the likely date of completion of construction	
(iv)	Name and address of the competent authority	
(v)	Whether completion certificate obtained from the competent authority	
(vi)	Whether building disabled- friendly as per relevant laws.	
(vii)	Whether fire safety norms are being followed.	
(viii)	Total Built up area (In sq. meter) (In sq. ft.)	<input type="text"/> <input type="text"/>

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

(a) Existing Programmes (UG):

Number of Divisions= One class room for every 50 students required

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

(b) Existing Programmes (PG)

Particulars	For Existing intake			
	Nos.		Area	
	Required	Available	Required	Available
Class Room				
Tutorial Rooms				
Laboratories				
Drawing Hall				
Workshop				
Seminar Hall				
Computer Centre				
Multipurpose Hall				
Library and Reading Hall				
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 Department				
Faculty Rooms				
Examinations Control Office				
Placement Office				
Central Stores				
Maintenance				
Security				
House Keeping				
Pantry for Staff				

## 21. Amenities Area (Carpet Area) in Sq.m

Particulars	For Existing intake			
	Nos.		Area	
	Required	Available	Required	Available
Toilets (Ladies & Gents)				
Boys Common Room				
Girls Common Room				
Cafeteria				
Stationary Stores & Reprography				
First Aid Cum Sick Room				
ICT Resource Centre/Educational Technology (ET)				
Curriculum Laboratory				
Art and Craft Resource Centre				
Health and Physical Education Resource Centre ( Including Yoga Education)				
Multipurpose playfield				
Psychology lab				
Science lab				
Music Room				
Any other Room/Hall				

## 22. 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	

13	Medical and Counseling Facilities		
14	Institution Web site		
15	First Aid facility		
16	Biometric Machine		
17	Safeguard against fire hazards		
18	CCTV		
19	Hostel:	Boys	
		Girls	
20	Availability of Sports Facility:		
	• Indoor games		
	• Outdoor games		
21	Basic facilities for handicapped		

### 23. List of practice teaching schools and their distance from college:

### 24. Investment on Equipment (Department wise)

Sr. No.	Department	Equipment cost

### 25. Audited Balance Sheet attached

Yes/No

### 26. Fund

Details of the Endowment fund (self-financed institutions/programs)

Amount of Endowment Fund	
Fixed Deposit Receipt Number	
Duration of the FDR (Minimum five years)	
Date of issue	
Name of the Nationalized Bank	
Full Address	
Phone number	
Copy of the FDR has been enclosed	

Particulars of the reserve fund (to be filled in the case of self-financed institutions/programs)

Amount of Reserve Fund	
Fixed Deposit Receipt Number	
Duration of the FDR (Minimum five years)	
Date of issue	
Name of the Nationalized Bank	
Full Address	
Phone number	
Copy of the Fixed Deposit Receipt has been enclosed	

**27. Fees: As per Shikshan Shulka Samittee, Govt. of Maharashtra****Ad-hoc Fees: (for newly established institutes/Colleges)**

1	Ad-hoc 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	

**28. Only for B.P.Ed. Course**

Sr. No.	Particulars	Area ( Sq.m.)
1	Anatomy, Physiology and Health Education Lab (Enclose the list of Equipments)	
2	Human Performance Lab (Enclose the list of Equipments)	
3	Physiotherapy, Athletic care and Rehabilitation Lab (Enclose the list of Equipments)	
4	Sports Psychology Lab (Enclose the list of Equipments)	

**Sports and field Equipment  
(Enclose the list of following Equipments)**

**Athletics**

**Sports and Games**

- Badminton
- Basketball
- Cricket
- Football
- Hand ball
- Hockey
- Kho-Kho
- Lawn Tennis
- Volley ball
- Weight Lifting

**Equipments for Indigenous Activities**

**Gymnastic Apparatus**

**Arrangement for Games and Sports**

Sr. No.	Number of Playgrounds	Length in meter	Breadth in meter	Area in sq.mt.

**29. Court cases If any? Give details.**

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### 30. Observations:-

#### A) Teaching Staff:-

1. Date of appointment of the Principal and particulars about the approval received from the Savitribai Phule Pune University for last five academic years?

2. Ratio of approved staff, as per NCTE Norms.

a) Year: - 2015-16  
2014-15  
2013-14  
2012-13  
2011-12  
2010-11

➤ Staff:

#### **For B.Ed. :**

One Unit	Two Units	Yes	No
1+6+3	1+12+3		

(One Principal+6 Perspectives in Education/Pedagogy Subjects+3 Health and Physical Education/Fine Arts/Performing Arts (Music/Dance/Theatre))

\* The faculty position listed under different subject categories may teach course(s) in the Teacher Education Programme across curricular areas specified, and can cater to both foundation and pedagogy course(s). If the students' strength for two years in one hundred (with one basic unit) only, the number of faculty shall be reduced to 8.

Number of Available Staff \_\_\_\_\_

#### **For M.Ed.**

M.Ed. ( one unit)	Yes	No
Two Professors		
Two Associate Professors		
Six Assistant Professors		

\* The faculty members shall be appointed to cover all the core and specialized areas given in the curriculum. The Principal of a college offering M.Ed. programme shall be in the rank and scale of professor.



- After giving affidavit to NCTE about staff, how many approved/qualified teaching staff is identified?
- If Principal and staff are appointed then,
  - a) Whether appointment orders have been given? If issued then give the details about the same?
  - b) Whether their names are on the muster?
  - c) Are they getting their salary through Nationalized Bank?
  - d) Whether workload is specified?
  - e) Is it verified by documents?
- Summary about staff:-

#### **B) Non Teaching Staff:**

- Whether proper and sufficient non teaching staff is appointed by college?
- Are they working actually?
- Whether their salary is paid through nationalized Bank and college account? If yes then give the particulars.

#### **C) Academic functioning of college.**

#### **D) Compliance of terms and conditions laid down by the LIC Committee for last three academic years.**

#### **E) Internal Moderation performance of college for last three academic years.**

#### **F) Information Regarding Vishaka Committee.**

#### **F) Overall observation and status of the College.**

**Recommendation:**

The undersigned committee unanimously recommends that :

.....  
(Name of the College/Institute and University ID)

be granted Continuation of Affiliation (Course Name and Intake) for the Academic year.....  
subject to the fulfillment of following conditions

**Terms & Conditions:**

- 1 .....
- 2 .....
- 3 .....
- 4 .....
- 5 .....
- .....
- .....
- .....

<b>(Name &amp; Designation of the Chairman)</b> Institute Address-Chairman		
<b>(Name &amp; Designation of the Member)</b> Institute Address-Member	<b>(Name &amp; Designation of the Member)</b> Institute Address-Member	<b>(Name &amp; Designation of the Member)</b> 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.

<b>(Name &amp; Designation of the Chairman)</b> Institute Address-Chairman		
<b>(Name &amp; Designation of the Member)</b> Institute Address-Member	<b>(Name &amp; Designation of the Member)</b> Institute Address-Member	<b>(Name &amp; Designation of the Member)</b> Institute Address-Member

Place:

Date:

**CERTIFICATE**

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 complied with all the provisions of Maharashtra Universities Act 1994 and the provisions of Statutes, Ordinance, Regulations & Rules made there under as required under Section 81 of the Act.

This Certificate is given of 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 Universities 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/College 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.
- (vi) The Management will strictly follow all the conditions and norms prescribed by NCTE from time to time, and will conduct the programme in all respect and submit itself to inspection by the NCTE as required at any time
- (vii) In the event of non-compliance by the .....(Name of the College/Institute) with regard to the norms and standards and any other condition laid down/prescribed by the NCTE and the affiliating body from time to time, the NCTE or affiliating body or a person authorized by it will be free to take all necessary measures for effecting withdrawal of its recognition or permission, without consideration of any other issue, and that all liabilities arising out of such a withdrawal would solely be that of the Institution/Management.

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

Seal:

Place:

Date:

**Format:**

## Teaching Staff Information

(Print on Landscape A4 size paper)

11B Teaching Faculty Information (Exclusively appointed for the College/Institute)							
Sr. No.	Post	Name of the Staff	F.T./P.T./Visiting/C.H.B	Teachers appointed from reserved category	Date of Appointment/Joining	University approval Letter No. & Date	University Recognition Letter No. & Date
1	2	3	4	5	6	7	8

11B Teaching Faculty Information (Exclusively appointed for the College/Institute)						
Sr.No.	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

(Print on Landscape A4 size paper)

Sr. No.	Name	Designation	Qualification	Experience	Date of Joining

