**WEST BENGAL STATE COUNCIL OF TECHNICAL & VOCATIONAL EDUCATION AND SKILL DEVELOPMENT**

**“Karigori Bhavan”, 4th floor, Plot No B/7, Action Area-III, New Town, Rajarhat, Kolkata – 700160**

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**UNDERTAKING**

I do hereby declare that the following information furnished herein under by me in respect of present infrastructural and other facilities available with my **polytechnic**, namely, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for conduct of AICTE approved diploma/others courses with specified intakes, are true and correct to the best of my knowledge and any deviation, if found at any point of time in future, the affiliation shall be liable to be cancelled automatically.

**Signature with seal** of the

Date: Authorized Signatory (as per AICTE appeal)

**Virtual Inspection Report Guideline**

**( scan copy of this to be submitted)**

**(Academic Session: 2022 - 2023)**

1. **Date and purpose of virtual Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Name of the Polytechnic/Institute : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **About Organisation , Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(a) District**

**(b) Sub-Division**

**(c) Block/ Municipality/ corp.**

**(d) PIN**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Contact Nos. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Nos. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **E-mail Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Nearest Railway Station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Distance : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Km. (Approx.)**
4. **Nearest Police Station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

( i)Year of Establishment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(j)Type of the Organisation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Society/NGO/Trust)

1. Weekly Holiday(s) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Governing Body:**

(a)

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| --- | --- | --- | --- |
| Names of Gov. Body Members | Designation | Phone No | Email address |
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(b) Last date of Gov. Body Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(scan copy of resolution to be attached)

(c) Whether Council’s representative was present

In that meeting (Yes/No), Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Approval from AICTE (Yes/No) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(scan copy to be attached)

1. Whether Proposal submitted to AICTE

conforms with the actual facilities (Yes/No): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Scan copy to be attached)

1. Land Conversion(Use) Certificate (Yes/No) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Scan copy to be attached)

1. First Aid facility(Yes/No): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Officer (Yes/No): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Whether the Institute conduct any other course

Which is not affiliated by WBSCTE (Yes/No): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliating Body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission from AICTE for the course (Yes/No): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Scan copy to be attached)

1. Whether AICTE pay structure is given to all staff (Yes/No): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(scan copy of last three months pay roll with signatures of staff to be attached)

1. Whether following facilities are satisfactory (Yes/No):
2. Communication: \_\_\_\_\_\_\_\_\_\_\_\_ b) Power: \_\_\_\_\_\_\_\_\_\_\_\_\_ c) Drinking Water: \_\_\_\_\_\_\_\_\_\_

d) Institute’s own Transport facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Recreation facilities for Students & Staff;

Out-door: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In-door: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Hostel Facilities:
2. No of Boy’s hostel with accommodation capacity:

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1. No of Girl’s hostel with accommodation capacity :

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1. Whether electrical connections are safe? (Yes/No): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Any performance monitoring system for staff (Yes/No): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Departments :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Shift** | **Timings** | **Intake** | **Commencement**  **Year** |
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1. Any Part-Time Programme (Yes/No): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Infrastructural Facilities**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Facilities** | **Number** | **Size (ft X ft)** | **Area (sq ft)** | **Total Student Accommodation** |
| **CLASSROOMS** |  |  |  |  |
| **LABORATORIES** |  |  |  |  |
| **DRAWING ROOMS** |  |  |  |  |
| **LIBRARY** |  |  |  |  |
| **OFFICE** |  |  |  | NA |
| **TOILETS (MALE)** |  |  |  | NA |
| **TOILETS (FEMALE)** |  |  |  | NA |

1. **Computer Laboratory**:

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEMS** | **CONFIGARATION** | **NUMBER** | **YEAR OF PURCHASE** |
| **DESK TOP** |  |  |  |
| **PRINTER** |  |  |  |
| **UPS** |  |  |  |
| **SCANNER** |  |  |  |
| **INTERNET** |  |  |  |
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1. **Course Related Machines/Equipments:**

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| --- | --- | --- |
| **COURSE NAME WITH CODE** | **NAME OF THE MACHINES / EQUIPMENTS** | **NUMBER** |
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1. **Faculty Members**:

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| --- | --- | --- | --- | --- | --- |
| **DEPARTMENT** | **FACULTY NAME** | **ENGAGEMENT STATUS** | **ACADEMIC QUALIFICATION** | **PROFESSIONAL QUALIFICATION** | **EXPERIENCE IN YEARS** |
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1. **Faculty-Student Ratio (1 : 20):**

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| --- | --- | --- |
| **STANDARD NUMBER OF FACULTIES** | **ACTUAL NUMBER OF FACULTIES** | **DEFICIENCY, IF ANY** |
|  |  |  |

1. **Library Facility**:

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| --- | --- | --- |
| **COURSE NAME** | **NUMBER OF BOOKS** | **NUMBER OF MAGAZINES** |
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1. **Other Support Services (Photocopier/FAX/Telephone/etc.):**

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| --- | --- |
| **DESCRIPTION** | **NUMBER** |
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1. **Mandatory Requirements:**

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| **Sl. No.** | **Facilities** | **Availability** (Yes/No) | **Size/Number** (as applicable) |
| 1 | Stand Alone Language Laboratory |  |  |
| 2 | Potable Water supply and outlets for drinking water at strategic locations |  |  |
| 3 | Electric Supply |  |  |
| 4 | Backup Electric Supply |  |  |
| 5 | Sewage Disposal |  |  |
| 6 | Telephone and Fax |  |  |
| 7 | Xerox Machine |  |  |
| 8 | Vehicle Parking |  |  |
| 9 | Safety Provisions (including fire) |  |  |
| 10 | General Insurance for assets |  |  |
| 11 | Motorized Road |  |  |
| 12 | General & Departmental Notice Board |  |  |
| 13 | Grievance Redressal Committee |  |  |
| 14 | Anti-Ragging Committee |  |  |
| 15 | Drawing Hall for total approved intake |  |  |
| 16 | General Workshop |  |  |
| 17 | First aid, Medical and Counselling facilities |  |  |
| 18 | Training & Placement Cell |  |  |
| 19 | Internal Complaint Committee(ICC) |  |  |
| 20 | Sports facilities |  |  |
| 21 | Students Safety Insurance |  |  |
| 22 | Implementation of student Induction Programme |  |  |
| 23 | Waste Management and environment improvement measures to ensure a sustainable Green Campus |  |  |

1. **Videography and photography of the following**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Items** | **Yes/no** | **Remarks** |
| 1 | Name of the institute with logo |  |  |
| 2 | Building of the Institute |  |  |
| 3 | Classrooms |  |  |
| 4 | Laboratories |  |  |
| 5 | Computer lab along with desktop, printer, UPS, Scanner etc |  |  |
| 6 | Drawing Rooms |  |  |
| 7 | Library |  |  |
| 8 | Principal Office |  |  |
| 9 | Office |  |  |
| 10 | Toilets (Male) |  |  |
| 11 | Toilets (Female) |  |  |
| 12 | Course related machine/ Equipments |  |  |
| 13 | Language Laboratory |  |  |
| 14 | Potable Water supply and outlets for drinking water at strategic locations |  |  |
| 15 | Electric Supply |  |  |
| 16 | Backup Electric Supply |  |  |
| 17 | Sewage Disposal |  |  |
| 18 | Telephone and Fax |  |  |
| 19 | Xerox Machine |  |  |
| 20 | Vehicle Parking |  |  |
| 21 | Safety Provisions (including fire) |  |  |
| 22 | Motorized Road |  |  |
| 23 | General & Departmental Notice Board |  |  |
| 24 | Anti-Ragging awareness |  |  |
| 25 | General Workshop |  |  |
| 26 | First aid, Medical and Counselling facilities |  |  |
| 27 | Training & Placement Cell |  |  |
| 28 | Sports facilities |  |  |
| 29 | Waste Management and environment improvement measures to ensure a sustainable Green Campus |  |  |
| 30 | Hostel facilities if any |  |  |
| 31 |  |  |  |
| 32 |  |  |  |

1. **Additional Information (if any):**

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1. **Google Drive Links (\*) :**

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| --- | --- | --- |
| **Sl. No.** | **Description** | **Google Drive Link** |
| 1 |  |  |
| 2 |  |  |

* **Upload videos / photos in to google drive and create a “shareable link” with “anyone can view option”**
* **Paste the links in the above box.**

**Signature with seal** of the

Authorized Signatory (as per AICTE appeal)

**(NB:** Please, do not furnish incomplete or ambiguous information which may lead to delay in further action)