

**SATAVAHANA UNIVERSITY**

**KARIMNAGAR**

FORMAT FOR SUBMISSION OF INFORMATION TO THE INSPECTION COMMITTEE OF B.Ed./M.Ed./B.P.Ed. PROGRAMME FOR THE ACADEMIC YEAR 2025-26.

COLLEGE CODE: INSPECTION FEE DETAILS:

AMOUNT:17,500/- (THROUGH ONLINE MODE ONLY )

Whether compliance report submitted for the academic year 2024-25 YES/NO

(Enclose a copy of compliance along with Governing Body Signature)

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| **S.NO.** | **PARTICULARS** | **FACTS** |
| **General Information about the College** | | |
| 1 | Name of the College and code given by the NCTE |  |
| 2 | College Address |  |
| 3 | Mobile/ Telephone no. with STD code |  |
| 4 | Name, Address & Mobile No of the Secretary/ Correspondent and Principal |  |
| 1. Land Line No. |  |
| 1. Mobile No. |  |
| 1. Mail ID |  |
| 1. Whether the College is accredited by NAAC | Yes/ No; If yes, Grade: |
| 5 | Date, Month & Year of establishment |  |
| 6 | College permanent Address (As per NCTE recognition certificate) |  |
| 7 | Current Programmes offered by the institution    aa |  |
| 8 | Copy of the CD submitted to the NCTE and Photograph of the College Builidng |  |
| 9 | 1. Whether the college is running in the building, shown to the NCTE/RCI & to the earlier inspection committees of SU. |  |
| 1. If no, whether permission has been obtained for shifting the premises |  |
| 10 | Whether there are other Courses offered in the same building. If so, furnish the details |  |
| 11 | If minority – status of minority certificate, order no. and date (Enclose a copy) |  |

**Note:** Enclose details in separate sheets wherever it is required.

**Signature of the Principal Signature of the Secretary and Correspondent with Seal**

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| **S.NO.** | **PARTICULARS** | **FACTS** |
| **Society Details:** | | |
| 12 | Under which revenue division the society has been accorded permission for establishing the college |  |
| 13 | In which revenue division the college is functioning at present |  |
| 14 | Society Registration No. and Date |  |
| 15 | Names of the office bearers of the society (Provide a list with address/mobile.no./age/etc/ |  |
| 16 | Registered Byelaws of the society (Enclose a Copy). |  |
| 17 | Are there any changes in the name and status of the society (Pl.mention whether the society has undergone any changes since its establishment due to addition of new members etc.) |  |
| **Assets of the Institutions/ Society** | | |
| 18 | Is the Building Plan approved by the competent authority? If Yes, please provide details |  |
| a) Plinth area of the college building (in sq.mts) |  |
| b) Nature of the building (RCC roof/Sheds) |  |
| c) Room wise dimensions along with 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 building No.of Buildings: (Copies to be enclosed) |  |
| g) Any other courses/Colleges functioning in the same premises (If yes details to be furnished along with the permission letter from the competent authority) |  |
| **General Facilities:** | | |
| i) Prinicpal Room ( ) ii)Number of class rooms ( ) iii) Seminar Hall ( )  iv) Office Room ( ) v)Library/Reading room ( ) vi) Staff Room ( )  vii) Girls waiting Room ( ) viii)Drinking water facility ( ) ix) Parking space ( )  x)Separate Toilets for Girls/Boys/Staff ( ) xi) Separate Common rooms for Boys and Girls ( )  xii)Multipurpose play field ( ) xiii) store room ( ) xiv) Play ground ( )  xv) Architectural Barrier free facilities ( ) xvi) Multipurpose Hall ( )  xvii) Visitor’s Room ( ) xviii) Canteen ( ) | | |
| 19. a) Each class room shall be equipped with LCD Projector, Smart Board, internet Connection etc.  b) Seminar Hall shall have proper furnishing and equipment such as LCD Projector, Smart Board, P A System and Executive Chairs  c) Every Institute should have MOOCS facility Centre and Incubation Laboratory. | | |

**Note:** Enclose details in separate sheets wherever it is required.

**Signature of the Principal Signature of the Secretary and Correspondent with Seal**

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| **S.NO.** | | **PARTICULARS** | **FACTS** |
| **20. Laboratory Facilities (B.Ed./M.Ed.)** | | | |
| **Curriculum Lab** | | | |
| i) Natural Science Lab | | | Available/Not Available |
| ii) Mathematics Lab | | | Available/Not Available |
| iii) Social Studies Lab | | | Available/Not Available |
| iv) Psychology Lab | | | Available/Not Available |
| Art and Craft Resource Centre  Health and Physical Education Resource Centre (including Yoga Education) | | | Available/Not Available  Available/Not Available |
| v) ICT Resource Centre | | | Available/Not Available |
| vi) Language Lab | | | Available/Not Available |
| **21. Laboratory Facilities (B.P.Ed.)** | | | |
| i) Educational Technology Lab | | | Available/Not Available |
| ii) Anatomy, Physiology & Health Education Lab | | | Available/Not Available |
| iii) Human Performance (Exercise Physiology) Lab | | | Available/Not Available |
| iv) Physiotherapy, Athletic Care and Rehabilitation Lab | | | Available/Not Available |
| v) Sports Psychology Lab | | | Available/Not Available |
| **22. Equipments (B.P.Ed.)**   |  |  |  |  | | --- | --- | --- | --- | | **Equipment** | **Available/ Not Available** | **Adequate/Inadequate** | **Equipment to be added** | | Sports and field equipments |  |  |  | | Athletic event equipment |  |  |  | | Sports and games material |  |  |  | | Equipment for indigenous activities |  |  |  | | Gymnastics Apparatus |  |  |  | | | | |
| **23. Library Facilities:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **No.of Titles** | | **No.of Volumes** | | **Amount Spent** | | Total no. | Added during 2024-25 | Total no. | Added during 2024-25 | During 2024-25 | |  |  |  |  |  | | | | |
| 24 | Details of salary paid (Enclose Bank Statements) | | Bank account |
|  | Salary details( Acquittance Register to be produced) | | Maximum salary/ Minimum Salary paid |

**Note:** Enclose details in separate sheets wherever it is required.

**Signature of the Principal Signature of the Secretary and Correspondent with Seal**

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| **S.NO.** | **PARTICULARS** | **FACTS** |
| 25 | No.of Governing Body meetings conducted during the academic year 2024-25 |  |
| 26 | Time table indicating papers, teachers and project wise |  |
| 27 | Parent teacher association |  |
| 28 | Alumni association of the College |  |
| 29 | Does the institution taken extension and community participation programme (provide details) |  |
| 30 | Audit report for the financial year 2024-25 (copy to be enclosed) |  |
| 31 | Whether the College has provided the safeguard against fire hazard in all parts of the Builiding |  |
| 32 | 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) |  |

**33. List of the teaching staff for the year 2024-25**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S.No. | Name of the Teacher/ Designation | Date of Birth | Methodology | Qualification | Univ.where studied | Division & Percentage | Experience | Nature of Appointment | |
| Thorugh SU Selection Committee | Management |
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| Total No.of Faculty Members | Male (Out of Total Faculty Members) | Female (Out of Total Faculty Members) |
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**B.Ed.:** For a Unit of 50 students Faculty required is 8 (1+7); For two units (50+50) students Faculty required to 16 (1+15).

**M.Ed.:** For a Unit of 50 students Faculty required is 10 (2+2+6)

**34.**Furnish the details of faculty position for the year 2024-2025 submitted to the NCTE (Copy to be enclosed)

**Signature of the Principal Signature of the Secretary and Correspondent with Seal**

**35.**

**UNDERTAKING**

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

S/o,D/o,W/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby

Declare that I am working as a Principal/ Lecturer in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College of Education from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I am not working in any other Government/Private Institution(s) even on part-time basis. 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: **Signature**

Date: COUNTER SIGNED

Secretary/Correspondent & Principal

**36.**

**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./B.P.Ed./M.Ed. College as per the NCTE/RCI/Government/SU norms.

**Signature of the Principal Signature of the Secretary and Correspondent**

**with seal**