****

**NAME AND ADDRESS OF THE COLLEGE**

**Application for Affiliation (Annual)**

**(Academic year 2022-2023)**

**COLLEGE DEVELOPMENT COUNCIL**

**MANONMANIAM SUNDARANAR UNIVERSITY**

**TIRUNELVELI – 627 012**

**1**

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**2**

 **MANONMANIAM SUNDARANAR UNIVERSITY**

**TIRUNELVELI – 627 012**

**Application for Affiliation (Annual) for the Academic Year \_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **1. College** |  |  |
| i. Name of the College  | **:** |  |
| ii. (a) Address of the site as approved  by the Govt. of Tamil Nadu (b) Present Address  | **:** |  |
| 1. Is the college functioning at the

above said-approved site?  | **:** |  |
| 1. Type of Institutions

 (please tick (√) the appropriate box) **:** |
| Government | Government Aided | Self Financing |
|  |  |  |
| 1. Is the college autonomous?
 | **:** |  |
| vi. Telephone Numbers  | **:** |  |
| vii. Fax Numbers  | **:** |  |
| viii. E-mail Id  | **:** |  |
| ix. Website address  | **:** |  |
| x. Year of establishment of the college | **:** |  |
| xi. Category of the College **:** (please tick (√) the appropriate box)

|  |  |
| --- | --- |
| **Non Minority** | **Minority** |
| **Linguistic** | **Religious** | **Others****(specify)** |
| **Malayalam** | **Telugu** | **Sourashtra** | **Christian** | **Muslim** | **Jain** |
|  |  |  |  |  |  |  |  |

 |

 xii. Number of Affiliated Programmes

|  |  |
| --- | --- |
| Programmes | No. of Programmes |
| Temporary | Permanent |
| UG |  |  |
| PG |  |  |
| M.Phil. |  |  |

Signature of the Principal

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|  |
| --- |
| **2. Trust / Society** (provide details in case of changes took place SECRETARYPHOTO in the Trust/Society after previous affiliation) |
| i. Name of the Trust / Society  | **:** |   |
| ii. Address of the registered office  | **:** |  |
| iii. Registration Number | **:** |  |
| iv. Date of registration  | **:** |  |
| v. Name of the Chairperson /  Secretary/Correspondent | **:** |  |
| vi. Names of the present executive  committee membersvii. Telephone numbers  - Office | **:****:** |  |
|  |  |  |
|  viii. Fax numbers  | **:** |  |
| ix. Mobile numbers  | **:** |  |
| x. E-mail  | **:** |  |

Signature of the Principal

4

|  |  |  |
| --- | --- | --- |
| **3. Principal** |  | Affix and Attestpassport size photograph |

|  |  |  |
| --- | --- | --- |
| **Name of the Principal**  | **:** |  |
| **Residential Address** | **:** |  |
| **Contact Nos.** | **:** | Landline : MobileEmail : |
| **Gender** | **:** | Male / Female / TG |
| **Community**  | **:** | OC / BC / MBC / SC / ST |
|  **: O** **PAN Number :** | **OC / B** |   | **Aadhaar Number**  | **:** |  |
| **Date of Birth and Age** | **:** |  |
| **Date of joining the present post** | **:** |  |
| **Date of Retirement** **Scale of pay** | **:****:** |  |
| **Present basic pay** | **:** |  |
| **Total salary** | **:** |  |

**I. Educational Qualifications: (completed only)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Programmes** | **Discipline** | **Specialization****Area** | **Year of Passing/ Award** | **Name of the College** | **Name of the University** | **% of Marks / Grades obtained** | **Class obtained** |
| **UG** |  |  |  |  |  |  |  |
| **PG** |  |  |  |  |  |  |  |
| **M. Phil.** |  |  |  |  |  |  |  |

**I.a. Additional Qualifications**

 **NET / SET : (Ref.No./Date/Copy to be enclosed)**

**II. a. Title of Ph.D. Thesis :**

 **b. Faculty /Discipline/Subject in which**

 **Ph.D. was awarded :**

**III. a. Details of Ph.D.scholars (completed):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Name of the Scholar** | **Register Number** | **Year of completion** | **Name of the University** |
|  |  |  |  |  |

**5**

**b. Details of Ph. D scholars (ongoing):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Name of the Scholar** | **Register Number** | **Date of Registration** | **Name of the University** |
|  |  |  |  |  |

**c. Details of Research projects:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Title of the Project** | **Name of the Funding Agency** | **Amount sanctioned** | **Amount Received** | **Project Period** |
|  |  |  |  |  |  |

**d. Publications:**

 **IV. Academic Experience:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the College** | **Whether Govt/Aided/S.F.** | **Designation** | **Joining Date** | **Relieving Date** | **Experience** |
| **Years** | **Months** | **Days** |
|  |  |  |  |  |  |  |  |
| **Total** |  |  |  |

**V. Administrative/other Experience:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the Organisation** | **Designation** | **Nature of Work** | **Joining Date** | **Relieving Date** | **Experience** |
| **Years** | **Months** | **Days** |
|  |  |  |  |  |  |  |  |
| **Total** |  |  |  |

***Note - Principal eligibility is as per UGC norms***

Signature of the Principal

6

**4. Governing Council/College Committee** (Provide details, if changes took place after previous affiliation)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Name** | **Position** | **Educational Qualification** | **Telephone numbers** | **E-mail** | **Residential Address** |
| 1 |  | Chairperson |   |   |   |   |
| 2 |  | Members |   |   |   |   |
| . |  |   |   |   |   |
| . |  |   |   |   |   |
| . |  | University Representative |   |   |   |   |

**Note:** Enclose the copy of the Minutes of the recent Governing Council/College Committee meeting.

Signature of the Principal

**7**

**5. Planning and Monitoring Board**

| **Sl. No.** | **Name** | **Position (Chairperson/****Member)** | **Category** | **Educational Qualification** | **Telephone numbers** | **E-mail** | **Residential Address** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | Chairperson | Principal of the college |  |  |  |  |
| 2 |  | Member | Senior faculty member of the college |  |  |  |  |
| 3 |  | Member | Senior faculty member of the college |  |  |  |  |
| 4 |  | Member | University Representative |  |  |  |  |

**Note:** Enclose the copy of the Minutes of the recent Planning and Monitoring Board meeting.

Signature of the Principal

**\***

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**6 . i) Anti- Ragging Committee (UGC Norms)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name** | **Position (Chairperson/****Member)** | **Category**  | **Present Designation/****Occupation** | **Telephone numbers** | **E-mail** | **Residential Address** |
| 1 |  | Chairman | Principal |  |  |  |  |
| 2 |  | Member | Asst. Commissioner/ Police Inspector  |  |  |  |  |
| 3 |  | Member | Revenue / Taluk / Civil / Officers | - |  |  |  |
| 4 |  | Member | Official of NGO |  |  |  |  |
| 5 |  | Member | Representatives of parents |  |  |  |  |
| 6 |  | Member | Representatives of Students |  |  |  |  |
| 7 |  | Member | Representatives Non-Teaching |  |  |  |  |

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**6. (ii). Discipline and Welfare Committee (as per UGC Norms)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name** | **Position** | **Category** | **Present Designation/Department** | **Telephone Numbers** | **E-mail** | **Address** |
| 1 |  | Chairperson |  |  |  |  |  |
| 2 |  | Member |  |  |  |  |  |
| 3 |  | Member |  |  |  |  |  |
| 4 |  | Member |  |  |  |  |  |
| 5 |  | Member |  |  |  |  |  |
| 6 |  | Member |  |  |  |  |  |
| 7 |  | Member |  |  |  |  |  |
| 8 |  | Member |  |  |  |  |  |

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**7. i. Complaints cum Redressal Committee**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name** | **Category** | **Present Designation/****Department** | **Telephone numbers** | **E-mail** | **Address** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

***Norms for composition:***

* *50% of the committee should be represented by Women*
* *A third party either a NGO or an outside activist who is familiar with the issue of sexual harassment in work place*

**7. ii. Women’s Redressal Committee**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name** | **Category** | **Present Designation/****Department** | **Telephone numbers** | **E-mail** | **Address** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

* *Should be headed by a senior women member*
* *50% of the committee should be represented by women*
* *A third party either a NGO or an outside activist who is familiar with the issue of sexual harassment in work place*

 Signature of the Principal

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**8. Bank details of the College:**

1. **Savings Bank / Current Accounts**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Nature of Account****Savings Bank / Current account** | **Bank Name** | **Branch** | **Account number** | **IFSC Code** |
|  |   |   |   |  |  |
|  |   |   |   |  |  |
|  |   |   |   |  |  |
|  |   |   |   |  |  |

1. **Endowment in the College**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Created with** | **Amount (Rs.)** | **Deposited in the Bank (name)** | **Branch** | **FD No. and date** | **Date of maturity** |
|  | UGC |  |  |  |  |  |
|  | University |  |  |  |  |  |
|  | State Govt. |  |  |  |  |  |
|  | Others |  |  |  |  |  |

Signature of the Principal

12

1. **i) Land Area details of the College** (in acres) **:**

 **Government of Tamil Nadu Norms:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Area in which site located** | **Minimum Requirement**  | **Deficiency, if any** |
| 1. | Within the Metropolitan Cities limit (Corporation) | 2 acres |  |
| 2. | Within the Municipal limit | 3 acres |  |
| 3. | Within the Town Panchayat/Village Panchayat limit | 5 acres |  |

**9. ii) Details of Land earmarked for the college:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Address of the Land and Survey Number** | **Area** | **Registration Number/ Name of the person/ Society** | **Date of registration** | **Deficiency,****If any** |
|  |   |  |  |  |  |

Signature of the Principal

13

1. **i) Details of Accreditation Status** (Proof to be enclosed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Name of the Institution** | **Accreditation by NAAC**  | **Inclusion under sections 2(f) and 12(B) of the UGC Act, 1956** |
| **Whether Accredited / Not Accredited** | **Cycle and** **Period of accreditation, if accredited** | **Letter No. and date** | **Section 2(f)** | **Section 12(B)** |
| **Included / Not Included** | **Letter No. and date, if included** | **Included / Not Included** | **Letter No. and date, if included** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**10. ii) Details of Assessment of Accreditation by other Agencies:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Programme / Programmes** | **Agency (AICTE/NBA/ISO etc.** | **Outcome**  |
|
|
|  |  |  |  |
|  |  |  |  |

 Signature of the Principal

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**11. Existing Affiliated Programmes**

**11.1. Sanctioned Strengthen and students Enrollment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Department** | **Program with Discipline** | **Year of introduction** | **Nature of affiliation****(Permanent/ Provisional)** |
|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 11.2**. Details of the Existing Programmes for variation of intake / Closure**

|  |
| --- |
| **Sanctioned Strength (SS) and Students Enrollment (SE) during the preceding three academic years** |
| **2019-2020** | **2020-2021** | **2021-2022** |
| SS | SE | SS | SE | SS | SE |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

11.3. State whether Closure / Reduction or increase in intake / Continuation of Provisional Affiliation is sought for the academic year

 2022-2023

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No. | Department | Program | Sanctioned Strength | Nature of Request \* | Reason |

* Mention the number of seats, if increasing or reducing the sanctioned strength is requested
* *Grant of approval from AICTE is mandatory for MBA / MCA programmes.*

Signature of the Principal

**15**

1. **Additional New Program(s) for which approval is sought for the academic year 2022-2023**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Program with Discipline** | **Strength Requested** | **SCAA limit** | **Whether the curriculum has been approved by SCAA****(Yes/No)** |
|   |    |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***Note:***

*The request for approval for additional programmes will be considered for the academic year 2022-2023 only if the following condition is satisfied:*

* 1. *Approved Syllabus and Curriculum should be available at the time of submitting the Application for Affiliation to the*

*University.*

Signature of the Principal

**16**

**13. 1 Students Diversity**

 **Students Diversity in Terms of Religion and Community:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Program** | **Total Students** | **Number of students**  | **Community** | **Nationality** |
| **Religion** | **Hindus** | **Muslims** | **Christians** | **Indian** | **NRI** | **Foreign** |
| **Hindus** | **Muslims** | **Christians** | **Others** | **SC** | **ST** | **MBC** | **BC** | **OC** | **FC** | **FC** |
| **B** | **G** | **TG** | **T** | **B** | **G** | **B** | **G** | **B** | **G** | **B** | **G** | **B** | **G** | **B** | **G** | **B** | **G** | **B** | **G** | **B** | **G** | **B** | **G** | **B** | **G** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**13.2** **Details of Persons with Disabled (PWD):**

 B - Boys, G – Girls, TG – Transgender, T – Total

**13 .3. Students Admission under minority quota (For Colleges awarded Minority Status )**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Program** | **Total Students** |
| **B** | **G** | **TG** | **T** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  |

 Signature of the Principal

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**14. Faculty**- **Profile**

|  |  |  |
| --- | --- | --- |
|  N**ame of the Department**Affix and Attestpassport size photograph | **:** |  |
| **Name of the faculty member**  | **:** |  |
| **Present Designation** | **:** |  |
| **Residential Address** | **:** |  |
| **Contact Nos.** | **:** | Landline : MobileEmail : |
| **Gender** | **:** | Male / Female / TG |
| **Community**  | **:** | OC / BC / MBC / SC / ST |
| **PAN Number :** | **OC / B** |   | **Aadhaar Number**  | **:** |  |
| **Date of Birth and Age** | **:** |  |
| **Date of Joining the present post** | **:** |  |
| **Date of Retirement** **Scale of pay** | **:****:** |  |
| **Present basic pay** | **:** |  |
| **Total salary** | **:** |  |

**14.1. Particulars of Educational Qualifications: (Awarded only) Ref.No./Date/Copy to be enclosed**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Name of the Degree** | **Specialization** | **Year of Passing** | **Name of the College** | **Name of the University** | **% of Marks / Grades secured** | **Class obtained** |
| **UG** |  |  |  |  |  |  |  |
| **PG** |  |  |  |  |  |  |  |
| **Ph.D.** |  |  |  |  |  |  |  |

**14.1.1. Additional Qualification :**

 **NET / SLET :**

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**14.2. a. Title of Ph.D. Thesis :**

 **b. Faculty/Discipline/Subject in which Ph.D. was awarded :**

**14.3. Number of Ph.D scholars completed:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Name of the Scholar** | **Register Number** | **Year of completion** | **Name of the University** |
|  |  |  |  |  |

**14.4. Ph. D scholars under Guidance (University wise):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Name of the Scholar** | **Register Number** | **Date of Registration** | **Name of the University** |
|  |  |  |  |  |

**14.5. Research projects received from various funding agency:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **Title of the Project** | **Funding Agency** | **Period** | **Plan/Scheme** | **Amount** | **Completed** | **Ongoing** |
| **Sanctioned** | **Received** |
|  |  |  |  |  |  |  |  |  |

**14.6. Academic Experience:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the College** | **Govt/Aided/S.F.** | **Designation** | **Joining Date** | **Relieving Date** | **Experience** |
| **Years** | **Months** | **Days** |
|  |  |  |  |  |  |  |  |
| **Total** |  |  |  |

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**14.7. Administrative/other Experience:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the Organisation** | **Designation** | **Nature of Work** | **Joining Date** | **Relieving Date** | **Experience** |
| **Years** | **Months** | **Days** |
|  |  |  |  |  |  |  |  |
| **Total** |  |  |  |

**14.8. Other Relevant Information :**

It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty**

(Endorsement by the Principal)

**20**

**15. 1 Teaching staff details (Department wise):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No. | Name  | Designation | Qualifications | Date of Appointment | Date of Retirement |
| A | Under Graduate Programme |  |  |  |  |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| B | Post Graduate Programme |  |  |  |  |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| C | M. Phil. Programme |  |  |  |  |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |

**15.2 Library and Physical Education Department**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name**  | **Department** | **Designation** | **Qualifications** | **Date of birth and age**  | **Date of joining the present post** | **Date of Retirement** | **Scale of pay** | **Total emoluments** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

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**15. 3 Student Details (Department wise)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No. | Name  | Register Number  | Aadhaar Number | Contact Number |
| A | Under Graduate Programme |  |  |  |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| B | Post Graduate Programme |  |  |  |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| C | M. Phil. Programme |  |  |  |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

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**16. Non-Teaching Staff details**

**16.1. Technical staff:** (Department wise).

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name**  | **Department** | **Laboratory** | **Designation** | **Qualifications** | **Date of birth and age**  | **Date of joining the present post** | **Date of Retirement** | **Scale of pay** | **Total emoluments** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**16.2. Ministerial staff**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name**  | **Department /Section** | **Designation** | **Qualifications** | **Date of birth and age**  | **Date of joining the present post** | **Date of Retirement** | **Scale of pay** | **Total emoluments** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

 Signature of the Principal

**23**

**17. Laboratory: (**Programme-wise)

**17.1. Space:**

Name of the Department:

Lab Area : as per *UGC Regulations for affiliation 2009*  (20 sq.ft. per student)

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Name of the Laboratory** | **Carpet Area of the laboratory (sq.ft.)** |
|  |  |  |
|  |  |  |
|  |  |  |

**17.2. Laboratory Equipments :**

(Information shall be provided in the format given below for each laboratory, Program and Semester separately for the UG, PG & M. Phil programmes applied)

(Refer requirements of laboratory equipments in ***Manonmaniam Sundaranar University, Tirunelveli*** Website [***www.msuniv.ac.in***](http://www.msuniv.ac.in))

|  |  |  |
| --- | --- | --- |
| Department | **:** |  |
| Laboratory |  |  |
| Program & Discipline  | **:** |  |
| Semester | **:** |  |
| Laboratory Course | **:** |  |

Details of equipments available given in Annexure**:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Name of the Equipment** | **No.of Equipments** | **No. of users per Batch** |

**Batch means 30 students for U.G./25 students for P.G.**

Signature of the Principal

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**18. Central Computing Facility**

**18.1. Area (in.sq.ft) :**

 **(Required Area) :** Minimum 2000 sq. ft. upto the strength of 1000 students

**18.2. Terminals and LAN / WAN connections:**

**(Required number of terminals:** **Terminal: Student**

 1:2 for UG Programmes

 1:2 for PG Programmes

 1:1 for M.Phil. Programmes

**18.3. Softwares available with license**

|  |  |
| --- | --- |
| Type of the Software | **Name of the Software** |
| System software  | 1. |
| 2. |
| Application software  | 1. |
| 2. |
| 3. |

**18.4. Network connectivity**

    Bandwidth **:**

    Number of nodes with Internet connection **:**

 Signature of the Principal

**25**

**19. Library**

**19.1. Area: (Carpet Area)**

|  |  |
| --- | --- |
| **Area required (sq.ft.)** | **Area available (sq.ft.)** |
|  |  |

 **(UGC Norms: 20 Sq.ft. per student)**

**19.2 Books (Provide details for each program)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Degree Program | No. of Titles Prescribed in the syllabus | No. of Titles Available | Total No. of Volumes Available |
|  |  |  |  |

**UGC Norms: (minimum 100 books per program)**

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**19.3. Journals (Refer UGC norms):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Name of the programme** | **No. of National journals** | **No. of International journals** |
| **Required** | **Available** | **Required** | **Available** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

No. of Online Journals subscribed

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Name of the programme** | **No. of National Journals**  | **No. of International Journals**  |
| **Required** | **Available** | **Required** | **Available** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 Signature of the Principal

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**20. Class Rooms in the College**

***As per UGC Regulations for Affiliation 2009***

# *Area (sq.ft) per student       Capacity*

 **15** *(sq.ft)* **UG – Non Lab : 64 UG – Lab : 48**

 **PG – Non Lab : 30 PG – Lab : 25**

**20.1. Name of the Block :**

 **Built area (in sq.ft) : Type of Roofing :**

 **Number of Class Rooms :**

 **Allotment of Class Rooms :**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Room Number/****Room Code** | **Class Room Carpet area (sq.ft.)** | **Allotted to which Dept.** | **Allotted to which program** | **Allotted to I/II/III year** | **Students strength** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| . |  |  |  |  |  |  |
| . |  |  |  |  |  |  |
| . |  |  |  |  |  |  |

 Signature of the Principal

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**21. Conference Hall (Provide details for each degree programme)**

**Number of Conference Halls**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Programmes** | **Name of the Conference Hall /Room Number** | **Carpet Area (in .sq.ft)** |
| **Required** | **Available** |
| 1 |  |  |  |  |
| . |  |  |  |  |

 Signature of the Principal

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**22. Other building space**

**22.1. Administrative Area**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Building space for** | **Carpet Area (in sq.ft)**  |
| **Required** | **Available** |
|  | Principal / Director office | 350 |  |
|  | Board Room | 220 |  |
|  | Office all inclusive  | 1600 / 3200 |  |
|  | Department offices | 100 per Dept. |  |
|  | Cabins for Head of Departments | 100 per Dept. |  |
|  | Faculty Rooms | 50 per faculty |  |
|  | Central Stores | 350 |  |
|  | Maintenance  | 100 |  |
|  | Security | 100 |  |
|  | Housekeeping | 100 |  |
|  | Pantry for staff | 100 |  |
|  | Examinations Control office | 350 |  |
|  | Placement office | 350 |  |
|  | NCC |  |  |
|  | NSS |  |  |
|  | YWD/RRC/YRC |  |  |

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**22.2. Amenities**

 **Carpet Area (sq.ft.)**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Building space for** | **Required for** |
|  |  | **One Program** **(sq.ft.)** | **More than one Program (sq.ft.)** | **Available (sq.ft.)** |
| 1. | Toilets (Ladies & Gents) | 1600 | 3800 |  |
| 2. | Boys Common Room | 75 | 100 |  |
| 3. | Girls Common Room | 75 | 100 |  |
| 4. | Cafeteria  | 1600 | 1600 |  |
| 5. | Stationery Store & Reprography | 100 | 100 |  |
| 6. | First Aid cum Sick room | 100 | 100 |  |
| 7. | Principal’s Quarters | 1600 | 1600 |  |
| 8. | Guest House | 350 | 350 |  |
| 9. | Sports Club / Gymnasium | 1100 | 2200 |  |
| 10. | Auditorium / Amphi Theater | 2700 | 4300 |  |

 Signature of the Principal

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**23. Hostels**

Distance between the location of the college and the city:

***Norms***

  *Carpet Area (sq.ft.)*

Triple Bedded room 220

Accommodation for 120 students is to be considered as one hostel unit

**23.1.Boys Hostel**

 ***Norms***

**23.1.1.Details**

1. **Boys Hostel Available : Yes / No**
2. **Hostel building** (please tick (√) the appropriate box)

|  |  |
| --- | --- |
| **Owned** | **Rental / Lease** |
|  |  |

1. **Location of the hostel** (please tick (√) the appropriate box)

|  |  |
| --- | --- |
| **Inside the campus** | **Outside the campus** |
|  |  |

1. **Distance between the College and the Hostel, if hostel is located outside College Campus** (please tick (√) the appropriate box)

|  |  |
| --- | --- |
| **Within 20 Km** | **Beyond 20 Km** |
|  |  |

**23.1.2. Space**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Block number** | **Carpet area of each room (sq.ft.)** | **Room capacity (a)** **(refer norms given above)** | **Number of rooms (b)** | **Capacity per Block****(c) = (a) x (b)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total |  |  |  |  |  |

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**23.1.3. Summary**

|  |  |
| --- | --- |
| **Total hostel capacity required for boys** **(refer norms given above)** | **Total hostel capacity available for boys** |
|  |  |

23.1.4.Other related Building /Hall/Room

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Particulars** | **Carpet Area (in sq.ft.)** |
| **Required per hostel unit of 120 students** | **Projected required area**  | **Available**  |
| 1. | Common Dining Hall | 2200 |  |  |
| 2. | Indoor games cum Common hall | 1600 |  |  |
| 3. | Medical room (for all hostels) | 550 | 550 |  |
| 4. | Canteen | 550 |  |  |
| 5. | Warden office | 200 |  |  |
| Additional four rooms of 100 sq.ft. each within the blocks |  |  |
| 6. | Guest rooms  | 200 (2 nos.) |  |  |
| Additional four rooms of 100 sq.ft. each within the blocks |  |  |
| 7. | Toilets | 800 |  |  |

 Signature of the Principal

 :

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**23.2.Girls Hostel**

 ***Norms***

**23.2.1.Details**

1. **Girls Hostel Available : Yes / No**
2. **Hostel building** (please tick (√) the appropriate box)

|  |  |
| --- | --- |
| **Owned** | **Rental / Lease** |
|  |  |

1. **Location of the hostel** (please tick (√) the appropriate box)

|  |  |
| --- | --- |
| **Inside the campus** | **Outside the campus** |
|  |  |

1. **Distance between the College and the Hostel, if hostel is located outside College Campus** (please tick (√) the appropriate box)

|  |  |
| --- | --- |
| **Within 20 Km** | **Beyond 20 Km** |
|  |  |

**23.2.2. Space**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Block number** | **Carpet area of each room (sq.ft.)** | **Room capacity (a)** **(refer norms given above)** | **Number of rooms (b)** | **Capacity per Block****(c) = (a) x (b)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total |  |  |  |  |  |

**23.2.3. Summary**

|  |  |
| --- | --- |
| **Total hostel capacity required for boys** **(refer norms given above)** | **Total hostel capacity available for boys** |
|  |  |

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**23.2.4. Other related Building/Hall/Room**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Particulars** | **Carpet Area (in sq.ft.)** |
| **Required per hostel unit of 120 students** | **Projected required area**  | **Available**  |
| 1. | Common Dining Hall | 2200 |  |  |
| 2. | Indoor games cum Common hall | 1600 |  |  |
| 3. | Medical room (for all hostels) | 550 | 550 |  |
| 4. | Canteen | 550 |  |  |
| 5. | Warden office | 200 |  |  |
| Additional four rooms of 100 sq.ft. each within the blocks |  |  |
| 6. | Guest rooms  | 200 (2 nos.) |  |  |
| Additional four rooms of 100 sq.ft. each within the blocks |  |  |
| 7. | Toilets | 800 |  |  |

 Signature of the Principal

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**24. Sport Facilities**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Description** | **Details** |
| 1 | Total area of the play ground |  |
| 2 | Details of the outdoor games available |  |
|  |
|  |
|  |
| 3 | Details of the Indoor games available (also mention the total area allocated for each game in sq.ft.) |  |
|  |
|  |
|  |
| 4 | Details of gymnasium available |  |
|  |
|  |
|  |
| 5 | Fund allotted for sports per year |  |

 Signature of the Principal

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**25. Training and Placement Cell**

**25.1 Details of the members of the Placement Cell**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Name** | **Designation** | **Department** |
|  |  |  |  |
|  |  |  |  |

**25.2 Details of Training Programmes organized**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the Programme** | **Period /Date** | **No. of Participants** | **Sponsorship** |
|  |  |  |  |  |
|  |  |  |  |  |

**25.3. Facilities available**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Name of the Facility** | **Available (Y/N)** |
| 1 | Conference hall |  |
| 2 | Interview room |  |
| 3 | LCD projector |  |
| 4 | Audio visual facilities |  |

 Signature of the Principal

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**26. Associations**

**26.1.** Is Alumni Association functioning in the college? Y / N

**26.2.** If yes, mention its Name and Registration No.

**26.3**. Details of the last THREE meetings of the Alumni Association

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No** | **Date** | **No.of Aluminous Participated** | **Significant Outcome** |
|  |  |  |  |

**26.4.** Is Parents Teachers Association functioning in the College ? Y / N

 **26.5.** Details of the last THREE meetings of Parents-Teachers Association

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No** | **Date** | **No.of Participants** | **Significant Outcome** |
|  |  |  |  |

**27. Other Amenities**

**27.1. Health Centre**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the Staff** | **Designation** | **Qualifications** | **Specialization** | **Experience** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**27.1.1. Description of facilities and equipments available in the Health Centre**

 Signature of the Principal

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**27.2. Others**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Amenity** | **Available (Y / N)** |
| 1. | Drinking water facility |  |
| 2. | Electric Supply  |  |
| 3. | Generator (min. 25 KVA) |  |
| 4. | Sewage Disposal |  |
| 5. | Telephone facility |  |
| 6. | Vehicle parking stand |  |
| 7. | Website |  |
| 8. | Barrier free built Environment for disabled |  |
| 9. | Safety Provisions (Fire and others) |  |
| 10. | General Insurance for assets |  |
| 11. | All weather approach road |  |
| 12 | Notice Boards |  |
| 13 | Public announcement System |  |
| 14 | ERP for student – Institution, Parent interaction  |  |
| 15 | Transport facilities for staff and students |  |
| 16 | Bank / Extension counter facility / Post |  |
| 17 | CCTV Security |  |
| 18. | LCD in class rooms |  |
| 19. | Group Insurance for Employees |  |
| 20 | Group Insurance for Students |  |
| 21 | Staff Quarters |  |
| 22 | Rain Water Harvesting Structures |  |
| 23 | Facilities for Differently abled |  |
| 24 | Internet Facility |  |

Signature of the Principal

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**28. Maintenance of Registers and Records**

| **Sl. No.** | **Name of Register / Record** | **Is it** **maintained?** **(Y / N)** |
| --- | --- | --- |
| 1. | Department wise faculty profile |  |
| 2. | Department wise Non-Teaching Staff Profile |  |
| 3. | Register of attendance and assessment record (program wise) |  |
| 4. | Attendance for teaching and non-teaching staff |  |
| 5. | Advertisement for recruitment of faculty members |  |
| 6. | Minutes of the meeting of Staff Selection Committee |  |
| 7. | Appointment / offer letters issued to faculty members |  |
| 8. | Joining report of staff members |  |
| 9. | Students Profile (program wise) |  |
| 10. | Academic performance record of students (program wise) |  |
| 11. | Record of student projects (UG, PG , M.Phil & PhD) |  |
| 12. | Register of Students attendance (program wise) |  |
| 13. | Record of scholarships / fellowships / financial assistance for students |  |
| 14. | Book of Transfer certificate (including counterfoils) |  |
| 15. | Copy of Regulations, curriculum and syllabi (program wise) |  |
| 16. | Record of Research / Consultancy / Extension activities (Department wise) |  |
| 17. | Record of Achievements, Award and Recognition (Department wise) |  |
| 18. | Master Time Table and Academic Calendar |  |
| 19. | Accession register for library |  |
| 20. | Stock register for equipments |  |
| 21. | Stock register for consumables & Non-Consumables |  |
| 22. | Stock register for furniture |  |
| 23. | Stock register for tools and plants |  |
| 24. | Minutes of the meetings of the Governing council/College Committee of the college |  |
| 25. | Minutes of the meetings of the Planning and Monitoring Board |  |
| 26. | Minutes of the meetings of the Registered Society / Trust of the college |  |
| 27. | Year-wise audited statement of accounts of the College in the format specified by the University |  |
| 28. | Cash book of the College |  |
| 29. | Acquaintance register |  |
| 30 | Fee receipt books (including counterfoils) |  |
| 31 | Funds position / bank certificates / FDR copies to indicate financial stability |  |

 Signature of the Principal

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**29. Certificates**

The **originals** of the following are to be produced for verification at the time of inspection to the inspection committee members (**copies need not be enclosed along with application for the existing affiliated colleges).** The new colleges should submit a copy of the following documents duly attested by the Chairman of the Trust along with their application:

| **Sl.****No.** | **Certificate** | **Available****(Y / N)** |
| --- | --- | --- |
|  | Village field map / Field measurement book sketch |  |
|  | College site map / plan. |  |
|  | Existing building plan\* |  |
|  | Building sketch [details of Rooms, Laboratories, Stores, Library etc. for all the floors]\* |  |
|  | Building plan proposed. |  |
|  | Irrevocable Trust Registration Deed.\* |  |
|  | Documentary proof for ownership of lands exclusively earmarked for the College.\* |  |
|  | Legal opinion from not below the rank of the Govt. Pleader on the ownership of land and extent of coverage.\* |  |
|  | Land use Certificate from an appropriate authority (RDO) and Land conversion certificate from the Directorate of Town & Country planning. |  |
|  | **#** Certificate under Section 37 (B) of Tamil Nadu Land Reforms (Land fixation and Ceiling) Act, 1961. |  |
|  | **#** State Government permission for starting the College. |  |
|  | Documents showing the financial viability of the college [details of financial budgeted revenue and expenses statements (Current year)]. |  |
|  | Composition of the Governing council/College Committee.\* |  |
|  | Audited statement of accounts of the college for the past three years. |  |
|  | Certificates for fire/boiler/electrical safety from competent authorities.\*\* |  |
|  | Certificate from Health Inspector.\*\* |  |
|  | Certificate from PWD Superintendent Engineer for the structural stability of the building\*\* |  |
|  | Building and equipment insurance certificate\*\*. |  |

# The application for affiliation will be considered without prejudice to the rights of the University requiring the production of certificate under Section 37B of Tamil Nadu Land Reforms (LC) Act 1961 and the permission of the Government to establish the college subject to the verdicts of the Hon’ble High Court of Madras [W.A.M.P. No.5740 of 2002].

\* Existing affiliated Colleges shall enclose a copy, if there are changes after the previous affiliation process.

\*\* Existing affiliated Colleges shall enclose copies of the recent dated certificates, if the period of previous certificates (???) expired.

 Signature of the Principal

**30. Inspection/Processing / Consideration / Permanent Affiliation fee**

Details of Inspection/Processing/Permanent Affiliation Fee for Existing Affiliation of courses: (The D.D. has to be enclosed with the application)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl.No. | Courses for which affiliation is sought for the years | Inspection fee per course | Processing fee per course permanent affiliation | Number of Course(s) | Total amount (Rs**)** |
| 1. | Existing affiliated course(s) | Rs.10,000/- | Rs. 40,000/- (S.F) |  |  |
| 2. | New course | Consideration fee per courseRs.14,000/- |  |  |  |
| Grant Total |
| D.D. No.:-------------------------------------- Date ------------------------------Name of the Bank & Branch:-----------------------------------------------------------------*( The D.D. to be drawn in favour of ‘The Registrar, Manonmaniam Sundaranar University, Tirunelveli-627 012’ payable at Tirunelveli)* |

Signature of the Principal

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**31. Declaration by the Management**

I, Thiru. / Tmt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son / daughter of Thiru. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on behalf of the Trust, viz., \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that the particulars furnished in the application are correct to the best of my knowledge. No programme(s) / program(s) will be started and students admitted without the prior approval / affiliation of UGC / NBA / Manonmaniam Sundaranar University, Tirunelveli for the academic year concerned and all the original documents related to the particulars given in the application will be produced at the time of inspection and whenever called for.

**Chairman / Secretary**

(Name in Capital Letters)

 Seal

Place:

Date:

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