

Particulars to be furnished to the Secretary NCVT for the purpose of considering grant of affiliation of Institutes/Centers Training Scheme under the aegis of the National council of Vocational Training- Revised proforma for inspection report by standing Committee.

(Items not applicable may be deleted)

I General

1. Name and full postal address of the Institute/Centre
Indicating Taluk District and Pin Code
2. Name and address of the agency seeking affiliation.....
3. Date of establishment of the institute /centre.....
4. Date of last inspection by Standing Committee.....
5. Date of present inspection.....
6. Whether previously granted affiliation in any trade.....

If. So, particulars to be given as under:

Sl. No	Trade /Unite for which affiliation already granted				Year of start of session	DGE&T reference under which affiliation granted (State Directorate's ref. No. not be quoted)	Remarks	
	Trade	units						Total
		Ist Shift	Iind Shift	IIIrd Shift				
1	2	3	4	5	6	7	8	9

7. Whether permission has been obtained from the State Director for starting the Institute /Trade /UnitsYes /No
If so, indicate the reference of State Directorate.....
8. Year - wise trades and units for which affiliation is sought

Sl. No	Trade /Units for which affiliation sought				Year of their first admission	Remarks
	Trade	Unite			Total units	
		1 st Shift	II nd Shift	III rd Shift		
1	2	3	4	5	6	7

Note: All the pages of Annx. III should be signed by all the members of standing Committee duly stamped with date of signature.

II-STAFF

1. Principal /Head of Institute / Centre

- (a) Name of the Principal.....
- (b) Age of the Principal.....
- (c) Qualifications
 - Academic.....
 - Technical.....
- (b) Date of joining Institute.....
- (c) Scale of pay and Actual pay drawn

2. Administration and Ministerial Staff

Sl No.	Name of the staff member	Age	Designation	Qualification	Scale of Pay	Nature of Job handled
1	2	3	4	5	6	7

3. Details of Instructional and Supervisory Staff for the trades /units which have already been granted affiliation by the DGET.

Sl. No.	Name of the staff member	Designation	Technical qualification (Craftman Training Scheme (CTS) Apprenticeship Training Scheme(ATS)Trade/Br. Of Engg.)	Whether Trained under Crafts Instructor's Training Scheme (CITS)	Trade/Subject handled
1	2	3	4	5	6

4. Details of Instructional and Supervisory Staff for the trades /units for which affiliation is sought now.

Sl. No	Name of the staff member	Age	Designation	Trade subject handled	Scale of pay	Date of joining	Technical Qualification (CTS/ATS Trade.Br. Of Engg.)	Whether trained under CITS
1	2	3	4	5	6	7	8	9

III. ADMISSION (for the trade for which affiliation is sought)

1. Date of starting the session
2. Date of issue of notice calling for the application (attach notice or paper advertisement, pamphlets.....etc).....
3. Last date for receipt application fixed as per the notice
4. No. of applications received
5. Date by which the admission were completed and classes started
6. Trade wise number of trainees on-roll on the day of inspection.

(In case of pre- inspection, the admission position and standard of training should be given in the supplementary Report separately after start of session duly verified by te state Director or his nominee)

Sl. No	Trade	Number of Units			Total	Number of Trainees on-roll
		Ist Shit	IInd Shift	IIIRD Shift		
1	2	3	4	5	6	7

7. Criteria for admission of trainees
Whether on merit alone of other criteria :
8. A copy of the prospectus should be enclosed :
9. Whether the trainees admitted , fulfill the prescribed :

IV. INFRASTRUCTURE

1. The details of Tools, Equipment and Machinery required as per syllabi in the same serial order.

(to be given the following Performa separately for each trade)

Name of the trade(s)for which affiliation sought:

Total Number of Units : 1+1 No. of units in 1st Shift :

No. of units in2nd Shift :

No. of units in3rd Shift :

Sl. No	Name of the Tools, Equipment & Machinery as per syllabus	Number required for Instructor & Trainees for one unit as per DGE&T norms	Total (Units affiliated and sought affiliation	Total number actually available for all the units	Indicate shortage if any	% of availability (Item wise)
1	2	3	4	5	6	7

2. Give details of Raw -material purchased for each separately in the following Performa

Name of the trade :

Total No. of units :

Total amount spent during the previous year:

Sl. No.	Name of the Item	Quantity Purchased	No. & date of purchase order	Address of Supplier	Date of Supply	Cost	Number & date of DD/Cheque or cash receipt
1	2	3	4	5	6	7	8

3. Power Supply

- (a) Date of connection
- (b) Whether three phase current supplied
- (c) I Required K.W.
- (d) II. Available K.W.

Sl No.	Name of Trade	Maximum no. of Units in one Shift	Power supply required as per norms	Power supply available in the Institute

4. Details of Accommodation at the Institute

- (a) Are the three separate work shops and theory lecture rooms for each trade: Yes/No.

- (b) Details of accommodation for workshop /class rooms.

(to be given in the following proforma)

- (i) Accommodation for Workshop /Classroom

Sl .No.	Name of the trade	Maximum no. of units in one shift only	Workshop			CLASS ROOM Actually available (Sq. Mt)
			Required as per DGET norms (Sq. Mt)	Actually available (Sq. Mt.)	Shortage (If any)	

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- (ii) Total accommodation (sq.meters) required as Per DGE&T Norms for the whole Institute (covered area) :
- (iii) Actual accommodation (Covered area) Available (Sq.meters) :
- (iv) Shortage , if any (Sq. Meters) :
- (v) Total land area provided for the Institute :
- (vi) Whether own or rented building (enclose proof Of ownership/lease deed) :
- (viii) Duration on Lease and date of expiry of lease :
- (ix) Whether attested copy of site plan and lay -out Of the entire institute attached :
(Actual dimensions of each room should be indicated)

5. Other facilities such as Technical Library, Dispensary, recreational, audio visual aids and sports facilities are available. (list to be furnished separately.)

V. STANDARD OF TRAINING

i) Coverage of syllabus on the date of inspection

Sl .No .	Name of the subject	No. of weeks to be completed on day on inspection		No. of weeks actually completed		% of coverage
		I year	II Year	I Year	II year	
	1. Theory 2. Practical 3. W/S Cal& Science 4. Engg. Drg. 5. Social Studies.					

ii) No. of tests conducted upto the date of inspection

First Year		Second Year	
Weekly	Monthly	Weekly	Monthly

iii) * Assessment of records maintained by Instructors Very Good/Good/Satisfactory

(iv)* Assessment of records maintained by Trainees Very Good/Good/Satisfactory

(v) Total amount spent on raw- materials trades-wise so far

Sl. No.	Trade	Amount
1	2	3

vi) Average amount spent on raw- material trade - wise per month per trainee

Sl. No.	Trade	Average amount spent per month per trainee
1	2	3

vii) No. of units of Electricity consumed from the date of starting of training classes.....

viii) No. of units of Electricity consumed per month per trainee

ix) Result of All India Trade conducted in last two years trade wise.

Sl.No.	Name of the trade	Year of AITT	No. of trainees appeared	No. of trainees passed out
1	2	3	4	5

x) Name of External Examiners if appointed

xi) a) No. National Trade Certificate issued to passed out trainees, so far

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b) No. National Trade Certificate yet to be issued

xii) a) Total no. of trainees passed out.....

b) No. passed out trainees known to have secured jobs.....

VI) PREVIOUS INSPECTION AND RECTIFICATION OF DEFICIENCIES

1. Date of last inspection by Standing Committee

2. Defects pointed out by the previous Committee

3. Action taken to rectify defects.....

4. Any other relevant information which the Institute would like to bring to the notice of the Standing Committee.....

The documentary Proof for all Tools & Equipments & machinery, Power Supply and space are produced before the Standing Committee and certified that to the best of my knowledge and belief, the information furnished above is correct.

**Signature Name and designation of the Secretary/
Principal/Correspondent of the Institute**

Place:

Date :

