

# GUJARAT UNIVERSITY



## **Local Inquiry Committee Report for College/Institute Affiliation** (Programme covered under Arts, Commerce, Science, Education, Law Faculties)

As per-

1. Executive Council Resolution No. 2 (165) dated 16th July, 2010.
2. University Grants Commission [Affiliation of Colleges by Universities] Regulations, 2009 published in the Gazette of India, 20<sup>th</sup> February, 2010 and UGC, New Delhi letter No.F.1-7/2007 (CPP-I) dated 29<sup>th</sup> April 2010.
3. University Grants Commission [Affiliation of Colleges by Universities] (1st Amendments) Regulations, 2012 published in the Gazette of India, 26<sup>th</sup> March, 2012 and UGC, New Delhi letter No.F.1-7/2007 (CPP-I/C) dated 20<sup>th</sup> April 2012.

GUJARAT UNIVERSITY

Report of Local Inquiry Committee for Programme Covered Under Arts, Commerce, Science, Education, Law Faculties

XXth Month, YYYY

To,

The Registrar,  
Gujarat University,  
Navrangpura,  
Ahmedabad-380009 .

Subject: Report of Local Inquiry Committee for New/Renewal Ad-hoc/Permanent Affiliation of .....

Ref: Gujarat University Letter No. .... dated .....

Sir,

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

.....  
(College Code) (College Name)

on ....., at ..... am/pm to decide to grant/reject New/Renewal Ad-hoc/Permanent affiliation.  
(Date) (Time)

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

4		Member	Present / Absent
5		CPWD/PWD/University Engineer	Present / Absent
6		Member Secretary	Present / Absent

The following members of the Management and College/Institute were present during the visit and discussion was made with them.

Sr	Name of the Member	Designation
1		Chairman/President
2		Principal/Director
3		Vice-Principal/ Deputy Director
4		Registrar/Office Superintendent
5		
6		
7		
8		

**Annexure-I (Sr No. 1 to 29) (Attested Photocopies attached with Local Inquiry Committee Report)**

The following documents were furnished before the Local Inquiry Committee:

Sr	Document	Please Tick (√)
1	Deed of the Trust /Society/Non-Profit entity for examining whether the Institute is a Trust/ Society/Non-Profit entity or being run by a Trust/Society/Non-Profit Entity	
2	A Society Registered Under The Registration of Societies Act 1860 Through The Chairman or Secretary of Society or A Trust Registered Under The Charitable 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	Resolution of Trust /Society/Non-Profit entity for establishment of New Institute (New Proposal Only)	
4	Certificate <sup>3</sup> to be produced on the Bank Letter Head duly signed by the Bank Manager of the Branch where the applicant has bank account	
5	Land Conversion Certificate shall be obtained from the Competent Authority as designated by State Government / UT permitting the land to be used for educational purpose to establish a college, from the Competent Authority along with Topo sketch / Village Map indicating land Survey Numbers and a copy of road map showing location of the site of the Institution	
6	Building plan of the Institution should have been prepared by an Architect registered with Council of Architecture and approved by the Competent Authority as designated by State Government / UT.	
7	Certificate <sup>1</sup> to be produced on Advocate's Letterhead.	
8	Certificate <sup>2</sup> to be produced on letterhead of Architect registered with Council of Architecture.	
9	Wherever applicable, FSI / FAR certificate shall have been obtained from the Competent Authority as designated by concerned Municipal Corporation or the local authority that approves Building Plans, or the State Government / UT.	
10	Floor plans, sections and elevations of all proposed/existing buildings exclusively intended for use at the permanent site with a table clearly mentioning all rooms, with carpet area of each in sq. m., as specified in Instructional, Administrative and Amenities requirements certified by the Architect registered with the Council of Architecture. Safety and hygiene precautions ensured during partial occupation, if any, certified by the Architect registered with the Council of Architecture.	
11	A certificate by an architect giving details of sewage disposal system, barrier free environment and toilets created for physically challenged and all weather approach road.	
12	Building Plan and certificate of completion of the various structures housing the Institution including safety provisions at all floor.	
13	Land Use Certificate, 7/12 extract & NA Order	
14	Built Up Area Statement dully Signed By Architect	

15	NCTE/BCI Approval Letter For the Academic Year .....( If required )	
16	Attendance Register (Muster for Teaching & Non-Teaching)	
17	Roster of Teaching Staff (If Applicable)	
18	Roster of Non-Teaching Staff (If Applicable)	
19	Last Three Years Advertisements For Recruitment (If Applicable)	
20	Salary Statements And Acknowledge Of Concerned Bank	
21	P.F. Returns (Form 6-A,3-A & Monthly P.F. Challan)	
22	Summary of Library Details & Last Five Pages of Accession Register	
23	Summary of Equipment/Computer etc. & Last Three Pages of Dead Stock Register	
24	Balance Sheet with Audit Reports	
25	NBA Accreditation Letter / Reaccreditation Letter No.	
26	College Covered Under 2(F) & 12(B) (If Applicable)	
27	Pro-rata details (If Applicable)	
28	Fixed Deposit Receipts	
29	Last Year Affiliation Fees Receipt received from Gujarat University (If Applicable)	

On examination of the various documents submitted to the committee and inspection of infrastructure, instructional and other facilities the Local Inquiry Committee has to report as under:

### 1. Affiliation Details

Affiliation Type	Affiliation for	Details
New/Renewal Ad-hoc/Permanent	New College/Faculty/Subject/Intake Increase	Affiliation Application No.: ..... Affiliation Application Date: ..... University Receipt No.: ..... University Receipt Date: ..... DD No. : .....

		DD Date: .....
		DD Amount: .....
		Bank Name: .....
		Branch: .....

**2. Local Inquiry Committee Formation Letter No. and Date:** .....

**3. 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	

**4. Registration No. and Year:** .....

**5. Name and Address of the Existing College/Institute run by the Society/Trust**

No.	College/Institute Name	Programme
1		

2		
3		
4		
5		
6		
7		
8		
9		

**6. Name and Address of the College/Institute (Existing/ Proposed)**

Name	
Address	
Taluka	
District	
Pin Code	
Phone No. with STD Code	
Fax No. with STD Code	
Email ID	
Web site	
Has Gujarat Government issued NOC?	Yes/No/Not Required

Has NCTE/AICTE/MCI/DCI/BCI/CCH recognized?	Yes/No/Not Required.
If applied in NCTE/AICTE/MCI/DCI/BCI/CCH, indicate date of application.	...../...../.....
ID Issued Gujarat University	
ID Issued by NCTE/AICTE/MCI/DCI/BCI/CCH/.....	

### 7. Members of the Management and College/Institute present during the visit and discussion

Sr	Name of the Member	Designation	Signature
1		Chairman/President	
2		Principal/Director	
3		Vice-Principal/ Deputy Director	
4		Registrar/Office Superintendent	
5			
6			

### 8. Name and Designation of Head of the College/Institute (Principal/Director)

Name	
Designation	
Qualification	
Experience	
Highest Degree	
Specialization	
Total Experience	



Date of Birth	
Phone No. with STD Code	(O): (R): (M):
Fax No. with STD Code	
Email ID	
Whether Approved by Gujarat University?	
If Yes, please mention the Approval Letter Number and Date	

### 9. Information on Establishment of the College/Institute. (Existing)

Year of Establishment	
Date on which first affiliation was accorded by the University and Letter No.	
Year of Commencement of the first batch	
Details of last affiliation letter with year of approval and Letter No.	

### 10. Information on Affiliation of the College/Institute (Existing)

Sr	Academic Year	University Affiliation Letter No. and Date	Deficiency Reported by LIC	Deficiency Complied	Deficiency Remained	All Affiliation Conditions Satisfied? (Yes/No)
1						
2						

3						
4						
5						
6						
7						

**11. NAAC Accreditation Details (Provide Details of All Accreditation Attempts)**

Accreditation Attempt No.	Accreditation Year	Accreditation Status	NAAC Accreditation Letter No. and Date
1			
2			
3			
4			
5			

**12 (a). Whether has Governing Body been constituted?**

**Yes/No**

**12 (b). If Yes, mention last date of meeting: .....**

**12(c). If Yes, mention Constitution and Composition of the Governing Body**

Sr	Name and Address	Designation
1	Phone No. with STD Code.: Mobile No.: Email:	Chairman/President
2	Phone No. with STD Code.: Mobile No.: Email:	Managing Trustee/Secretary
3	Phone No. with STD Code.: Mobile No.: Email:	
4	Phone No. with STD Code.: Mobile No.: Email:	
5		

	Phone No. with STD Code.: Mobile No.: Email:	
6	Phone No. with STD Code.: Mobile No.: Email:	
7	Phone No. with STD Code.: Mobile No.: Email:	

**12 (d). Whether the Principal/Director is Ex-Officio Member on its Governing Body? Yes/No**

**13. Name of Public Information Officer and First Appellate Officer under the RTI Act, 2005**

Details	Public Information Officer	First Appellate Officer
Name		
Designation		
Qualification		
Phone No. with STD Code	(O): (R): (M):	(O): (R): (M):
E-mail		

**14. Whether College/Institute is Government/Aided/Un-Aided: Government/Aided/Un-Aided**





					Ad-hoc/Part-Time/ Visiting)				
1								Total:	UG: PG: MPhil: PhD:
2								Total:	UG: PG: MPhil: PhD:
3								Total:	UG: PG: MPhil: PhD:
4								Total:	UG: PG: MPhil: PhD:
5								Total:	UG: PG: MPhil: PhD:
6								Total:	UG: PG: MPhil: PhD:
7								Total:	UG: PG: MPhil: PhD:
8								Total:	UG: PG: MPhil: PhD:
9								Total:	UG: PG: MPhil: PhD:
10								Total:	UG: PG: MPhil: PhD:

**23. Registrar/Office Superintendent**

Name of the Registrar/Office Superintendent	
Qualification	
Date of Appointment	
Date of Joining	
Date of Birth	
Phone No. with STD Code	(O): (R): (M):
E-mail	

**24. Non-Teaching Staff Details**

Sr	Name	Category (SC/ST/ SEBC/ OTH/PH)	Designation (Permanent/Probation /Ad-hoc)	Qualification	Date of Joining	Pay Band, Grade Pay & Total Salary
1						Total:
2						Total:
3						Total:



4						Total:
5						Total:
6						Total:
7						Total:
8						Total:
9						Total:

**25. Supporting Staff Details (As per List Attached)**

Sr	Name	Category (SC/ST/ SEBC/ OTH/PH)	Designation (Permanent/Probation /Ad-hoc)	Qualification	Date of Joining	Pay Band, Grade Pay & Total Salary
1						Total:
2						Total:
3						Total:

4						Total:
5						Total:
6						Total:
7						Total:
8						Total:
9						Total:

## 26. Librarian

Name	
Qualification	
Experience	
Total Experience	
Date of Appointment	
Date of Joining	

Date of Birth	
Phone No. with STD Code	(O): (R): (M):
Fax No. with STD Code	
Email ID	
Whether Approved by Gujarat University?	
If Yes, please mention the Approval Letter Number and Date	

### 26 (a). Library Staff Details

Sr	Name	Category (SC/ST/ SEBC/ OTH/PH)	Designation (Permanent/Probation /Ad-hoc)	Qualification	Date of Joining	Pay Band, Grade Pay & Total Salary
1						Total:
2						Total:
3						Total:
4						Total:
5						Total:
6						Total:

7						Total:
8						Total:
9						Total:
10						Total:

### 26 (b). Library Facilities

Sr	Particulars	Availability
1	Total Area of the Library	
2	Seating Capacity of the Library	
3	Reprographic Facility	Yes/No
4	Working Hours of the Library	..... am/pm to ..... am/pm
5	Library Networking Facility	Yes/No
6	Usage Data of the Library (in terms of books issued to the faculty and staff etc)	
7	Annual Library Budget (percentage of annual student fee collected)	
8	Number of Computers in Library	
9	Local Area Network If Yes, mention Server Hardware Configuration	Yes/No Hardware Configuration:

	If Yes, mention Server Software Configuration	Software Configuration:
10	Internet Facility in Library	Yes/No
11	Reading Room	Yes/No
12		
13		
14		
15		

### 26 (c). Details of the Library Books

Sr	Program	Course	Total Number of Titles	Total Number of Volumes	Number of Journals	
					National	International
1						
2						
3						
4						
5						

### 27. Land Availability (Attach all the records)

Sr	Parameter	Details
1	Land Category	Metropolitan City/Other Area
2	Ownership in the name of the applicant Trust /Society/Non-Profit entity In case, the land documents are in vernacular language, notarized English translation of the documents shall be produced in addition.	Registered Sale Deed / Irrevocable Gift Deed (Registered) / Irrevocable Lease Deed (for a minimum period of 10 years))
3	Area Required as per Land Category (Acres) (As per the UGC [Affiliation of Colleges by	1.5 Acres/2.0 Acres/5.0 Acres



**28.(b) Land allotted to Proposed ( New) Institution:**

Sr. No.	Name of Proposed ( New ) Institution	Total land Allotted	Survey No. /Plot No.

**29. Building Availability (Attach all the records)**

Sr	Particulars for Each Unit	Area ( Length X Breadth ) (in Square Meters)
1	Class Room/ Tutorial Room/ Laboratory/ Drawing Hall/ Workshop/ Seminar Hall/ Computer Center/ Library/ Reading Room/ .....	Length: ..... Meter Breadth: ..... Meter Area: ..... Meter
2	Class Room/ Tutorial Room/ Laboratory/ Drawing Hall/ Workshop/ Seminar Hall/ Computer Center/ Library/ Reading Room/ .....	Length: ..... Meter Breadth: ..... Meter Area: ..... Meter
3	Class Room/ Tutorial Room/ Laboratory/ Drawing Hall/ Workshop/ Seminar Hall/ Computer Center/ Library/ Reading Room/ .....	Length: ..... Meter Breadth: ..... Meter Area: ..... Meter
4	Class Room/ Tutorial Room/ Laboratory/ Drawing Hall/ Workshop/ Seminar Hall/ Computer Center/ Library/ Reading Room/ .....	Length: ..... Meter Breadth: ..... Meter Area: ..... Meter
5	Class Room/ Tutorial Room/ Laboratory/ Drawing Hall/ Workshop/ Seminar Hall/ Computer Center/ Library/ Reading Room/ .....	Length: ..... Meter Breadth: ..... Meter Area: ..... Meter
6	Class Room/ Tutorial Room/ Laboratory/ Drawing Hall/ Workshop/ Seminar Hall/ Computer Center/ Library/ Reading Room/ .....	Length: ..... Meter Breadth: ..... Meter Area: ..... Meter
7	Class Room/ Tutorial Room/ Laboratory/ Drawing Hall/ Workshop/ Seminar Hall/ Computer Center/ Library/ Reading Room/ .....	Length: ..... Meter Breadth: ..... Meter Area: ..... Meter
8	Class Room/ Tutorial Room/ Laboratory/ Drawing Hall/ Workshop/ Seminar Hall/ Computer Center/ Library/ Reading Room/ .....	Length: ..... Meter Breadth: ..... Meter Area: ..... Meter
9	Class Room/ Tutorial Room/ Laboratory/ Drawing Hall/ Workshop/ Seminar Hall/ Computer Center/ Library/ Reading Room/ .....	Length: ..... Meter

	Room/.....	Breadth: ..... Meter Area: ..... Meter
10	Class Room/ Tutorial Room/ Laboratory/ Drawing Hall/ Workshop/ Seminar Hall/ Computer Center/ Library/ Reading Room/.....	Length: ..... Meter Breadth: ..... Meter Area: ..... Meter
11	Class Room/ Tutorial Room/ Laboratory/ Drawing Hall/ Workshop/ Seminar Hall/ Computer Center/ Library/ Reading Room/.....	Length: ..... Meter Breadth: ..... Meter Area: ..... Meter
12	Class Room/ Tutorial Room/ Laboratory/ Drawing Hall/ Workshop/ Seminar Hall/ Computer Center/ Library/ Reading Room/.....	Length: ..... Meter Breadth: ..... Meter Area: ..... Meter
13	Class Room/ Tutorial Room/ Laboratory/ Drawing Hall/ Workshop/ Seminar Hall/ Computer Center/ Library/ Reading Room/.....	Length: ..... Meter Breadth: ..... Meter Area: ..... Meter
14	Class Room/ Tutorial Room/ Laboratory/ Drawing Hall/ Workshop/ Seminar Hall/ Computer Center/ Library/ Reading Room/.....	Length: ..... Meter Breadth: ..... Meter Area: ..... Meter
15	Class Room/ Tutorial Room/ Laboratory/ Drawing Hall/ Workshop/ Seminar Hall/ Computer Center/ Library/ Reading Room/.....	Length: ..... Meter Breadth: ..... Meter Area: ..... Meter

### 30. Total Instructional Area (Carpet Area) in Square Meter

Particulars	For UG/PG	For Existing Intake			
		Numbers		Area	
		Required	Available	Required	Available
Class Rooms					
Tutorial Rooms					
Laboratories					
Drawing Hall					
Workshop					
Seminar Hall					
Computer Center					
Library and Reading Room					



Total					

### 30. Administrative/Amenities Area (Carpet Area) in Square Meter

Particulars	For Existing Intake			
	Numbers		Area	
	Required	Available	Required	Available
Principal/Director Office				
Board Room				
Office all Inclusive				
Department Offices				
Cabins for Head of the Departments				
Faculty Room				
Examinations Control Office				
Placement Office				
Central Stores				
Maintenance				
Security				
House Keeping				
Pantry for Staff				
Toilet (Staff-Male)				
Toilet (Staff-Female)				
Toilet (Boys)				
Toilet (Girls)				

Boys Common Room				
Girls Common Room				
Cafeteria				
Stationery Stores and Reprography				
First Aid cum Sick Room				
Parking				
Play Ground				

**31. Which Infrastructure is being shared with other Programme (s)**

.....

.....

.....

.....

**32. Computer Facility**

Sr	Program	Course	No. of Computers	Configuration	Peripherals with Configuration (Printers, Scanners, LCD Projector,
1					
2					
3					
4					
5					

**33. Local Area Network Details:**

.....

.....

.....

.....

**34. Internet Facility Details: (Please attach photostat copy of the Bill)**

Internet Service Provider	
Type of Connectivity	Leased Line/Broadband/Dongle/.....
Connection Type	Dedicated/Shared
Speed	..... MBPS
WiFi	Yes/No

**35. Investment on Equipment**

Sr	Department	Equipment Cost
1		
2		
3		
4		
5		

**36. Audited Balance Sheet Attached?****Yes/No****37. Fees being Charged**

Sr	Particulars	Fees
1	Tuition Fees	
2	Library Fees	
3	Gymkhana Fees	
4	WDC Fees	
5	Sport & Youth Welfare Fees	
6		
7		
8		
9		
10		
11	Total	

**38. Building Availability (Attach all the records)**

Sr	Parameter	Details
1	Whether Building is owned by Trust?	Yes/No
2	If Building is not owned by Trust? How it is available?	On Rent/ On Lease For How Many Years: Rent/Leased Details:
3		

4		
5		
6		
7		
8		
9		
10		
11		

### 39. 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 College/Institute	
10	Sewage Disposal	
11	Telephone and Fax	
12	General Notice Board and Departmental Notice Boards	
13	Medical and Counseling Facilities	
14	College/Institute Website	
15	First Aid Facility	

16		
17		
18		
19		
20		
21		
22		
23		

**40. Court Cases (So far) (Attach copies of Court Cases and Final/Interim Orders) (Attach Separate Sheet if required)**

Sr	Case Number	Petitioner V/s Respondent	Case Details	Case Status	Final/Interim Order
1					
2					

**41. Anti-Ragging**

**41 (a). Anti-Ragging Help Line Number:** .....

**41 (b). Anti-Ragging Fax Number:** .....

**41 (c). Anti-Ragging Email ID:** .....

**41 (d). Warden of the Hostel:**

Name	Contact Address	Telephone Number	Fax	Email

**41 (e). Anti-Ragging Committee as per 6.3 (a) of “UGC Regulations on Curbing the Menace of Ragging in Higher Education Institutions, 2009” :**

Sr	Name of the Member	Designation
1		Chairman
2	Civil: Police:	Representative of Civil & Police Administration
3		Representative of Local Media
4		Representative of NGO involved in Youth Activities
5		Representative of Faculty Members
6		Representative of Parents

7	Fresher:  Senior:	Representative of Students

**41 (f). Anti-Ragging Squad as per 6.3 (c) of “UGC Regulations on Curbing the Menace of Ragging in Higher Education Institutions, 2009” :**

Sr	Name of the Member	Designation
1		Chairman
2		Member Secretary
3		Member
4		Member
5		Member
6		Member
7		Member
8		Member
9		Member
10		Member
11		Member

**41 (g). Mentoring Cell as per 6.3 (f) of “UGC Regulations on Curbing the Menace of Ragging in Higher Education Institutions, 2009” :**



Sr	Name of the Member	Designation
1		Chairman
2		Member Secretary
3		Member
4		Member
5		Member
6		Member
7		Member
8		Member
9		Member
10		Member
11		Member

**42. Women's Development Cell/Internal Complaint Committee (Attach Separate Sheet if required)**

Sr	Name of the Member	Designation
1		Chairman
2		Member Secretary
3		Member
4		Member
5		Member
6		Member
7		Member
8		Member

9		Member
10		Member
11		Member

#### 43. SC/ST Cell (Attach Separate Sheet if required)

Sr	Name of the Member	Designation
1		Chairman
2		Member Secretary
3		Member
4		Member
5		Member
6		Member
7		Member
8		Member
9		Member
10		Member
11		Member

#### 44. NSS Unit

Sr	Name of the Member	Designation
1		Chairman
2		Member Secretary
3		Member
4		Member
5		Member
6		Member

**Recommendation:**

The undersigned Committee unanimously recommends that:

.....  
 (College Code) ..... (College Name)

be granted/rejected **Continuation of Affiliation (Programme: .....**)  
 for the Academic Year ..... subject to the fulfillment of following conditions within **three months**.

**Terms and Conditions:**

Sr	Terms and Conditions
1	
2	

3	
4	
5	

The above conditions should be complied within the period of 3 (three) months and the Compliance Report be submitted to the University through the Chairman of the Committee.

**Reasons for Rejection:**

Sr	Reasons for Rejection
1	
2	
3	
4	
5	

6	
---	--

**Signature of the Committee:**

Chairman's Signature

Chairman's Name and Designation:

Chairman's Department/College/Institute Address:

(Member's Signature)

Member's Name and Designation:

Member's Department/College/Institute Address:

(Member's Signature)

Member's Name and Designation:

Member's Department/College/Institute Address:

(Member's Signature)

Member's Name and Designation:

Member's Department/College/Institute Address:

(Member's Signature)

Member's Name and Designation:

Member's Department/College/Institute Address:

**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 the

.....  
*(College Code)*

.....  
*(College Name)*

This Certificate is given on behalf of Local Inquiry Committee.

Chairman's Signature

Chairman's Name and Designation:

Chairman's Department/College/Institute Address:

(Member's Signature)

Member's Name and Designation:

Member's Department/College/Institute Address:

(Member's Signature)

Member's Name and Designation:

Member's Department/College/Institute Address:

(Member's Signature)

Member's Name and Designation:

Member's Department/College/Institute Address:

(Member's Signature)

Member's Name and Designation:

Member's Department/College/Institute Address:

Place: .....

Date: .....

**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 the

.....  
(College Code)

.....  
(College Name)

I hereby certify that-

1. The Local Inquiry Committee (LIC) has verified all the papers and documents such as Salary Payment Records, PF Records etc. of the College/Institute as required by the University.
2. Out of available funds College/Institute will be depositing for various funds viz. Building Fund, Security Fund, Reserve Fund etc. accordingly.
3. The College/Institute has complied with all the provisions of the Gujarat University Act, 1949 and the provisions of Statutes, Ordinances, Regulations and Rules made there under as required under Sections of the Act.
4. The College/Institute has complied with all the provisions of the Gujarat University Act, 1949 and the provisions of Statutes, Ordinances, Regulations and Rules made there under as required under Sections of the Act.

This Certificate is given on behalf of Local Inquiry Committee.

Chairman  
Local Inquiry Committee

Place: .....

Date: .....

Important Instructions for the LIC Chairman and the Principal/Director of the concerned College/Institute:

1. Attach sheet wherever required.
2. All the columns in all the pages of the Performa must be filled in by the Local Inspection Committee.
3. It is mandatory for all the Local Inspection Committees to submit the report on this Performa Only.
4. The Local Inspection Committee/s is/are required to procure complete information from the Principal/Director/Management of the College/Institute, who in turn is/are, required to provide the columnised information to the Chairman of the Local Inspection Committee with all the supporting documents- duly certified for the information to be provided in the Performa.
5. Video Recording of the Local Inspection Committee's visit showing all the aspects of this Report of College/Institute shall be submitted on a DVD along with this Local Inspection Committee Report.

Points:

NCC/NSS/SCT Cell, Students Grievance Cell, Anti-Ragging Committee, Roaster Registers being maintained?, Take good points from NCTE/DCI/MCI/PCI/BCI/AICTE Regulations 2014

Local Inquiry Committee Report

Page .... of .....

Signature of Local Inspection Committee Members:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_



## FORMAT<sup>1</sup> on the letterhead of applicant body

### Resolution for establishment of New Institution

That the Trust / Society vide its executive meeting held on .....at ..... Vide item no. .... Have resolved that, <name of the trust / society> shall apply to Gujarat University for approval to start <name of the Institution> to offer .....education and shall allocate, land at <complete address with survey numbers, plot numbers> measuring ..... acres, earmarked for the proposed <name of the Institution> at <full address>

required funds for creation of carpet and built up area in <name of the Institution> at <address>, as required for proposed Institute namely, <name of the Institution>, and shall allocate required funds for procurement of equipments, furniture and other required entities for smooth functioning of the same. The tabular contact information is as follows.

Name	
Address	
Taluka	
District	
Pin Code	
Phone No. with STD Code	
Fax No. with STD Code	
Email ID	
Web site	

(Signature and name of Chairman / Secretary, Trust / Society),

(Designation),

(Name of the organization)

# CERTIFICATE<sup>1</sup>

## TO BE PRODUCED ON ADVOCATE'S LETTERHEAD

The copies of <Trust/Society> registration documents, land documents, land use certificate, land conversion certificate in respect of application submitted by <name & address of the applicant> who is an applicant for establishment of new Institution offering education programs were provided to me by <name & address of the applicant> for verification regarding their authenticity and appropriateness.

### P. Trust/Society Registration Documents:

Registration Certificate No.	
Date of Registration	
Registered at	
Registered under act	

- 1 I have verified the above-mentioned Trust/Society registration documents from the office of <Competent Authority>.
- 2 The above-mentioned Trust/Society registration documents are/are not registered at the office of <Competent Authority>.
- 3 The above-mentioned Trust/Society Registration Documents are /are not authentic.

### B. Land Documents:

Sr. No.	Document No.	Survey No.	Registration No. and Date	Land Area in acres
			Total Area (in acres)	

I hereby certify that:

- P. I have verified the above-mentioned land documents from the Sub Registrar Office <place>
2. The above-mentioned land documents are/are not registered at Sub Registrar Office <place>
3. The above-mentioned land documents are /are not authentic.
4. The above-mentioned land documents are / are not in the name of applicant.
5. The title of the land pertaining to the above-mentioned land documents is/ is not clear.

6. The applicant is / is not in lawful possession of the land pertaining to the abovementioned land documents.

C. Land Use Certificate:

Letter No.	
Letter dated	
Issued by	
Extent of Land	

I hereby certify that:

- P. The competent Authority to issue the Land Use Certificate respect of Land under reference and for the Institution mentioned above is .....
- 2. It has / has not been approved by the competent authority.
- 3. I verified the above-mentioned land use certificate from the Office of <Competent Authority>.
- 4. The above-mentioned land use certificate is / is not authentic.
- 5. It has been / not been issued for the full extent of Land.

D. Land Conversion Certificate:

Letter No.	
Letter dated	
Issued by	
Extent of Land	

I hereby certify that:

- P. The competent Authority to issue the Land Use Certificate respect of Land under reference and for the Institution mentioned above is .....
- 2. It has / has not been approved by the competent authority.
- 3. I verified the above-mentioned land use certificate from the Office of <Competent Authority>.
- 4. The above-mentioned land use certificate is / is not authentic.
- 5. It has been / not been issued for the full extent of Land.

Signature of the \_\_\_\_\_

Seal / Stamp of the

Advocate

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advocate

Name of the  
Advocate

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Practicing at

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Registration No.

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Date

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Place:

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**CERTIFICATE<sup>2</sup>**  
**TO BE PRODUCED ON LETTERHEAD OF**  
**ARCHITECT REGISTERED WITH COUNCIL FOR ARCHITECTURE**

The copies of approved site plan & building plans in respect of application submitted by <name & address of the applicant> who is an applicant for establishment of new Institution <name of the Institutions> at <address> were provided to me by <name & address of the applicant> for verification regarding their authenticity and appropriateness.

Details of Site Plan & Building Plans

Plans approved by	
Approval Number	
Date of Approval	

I hereby certify that:

1. The competent authority for approving the site plan and building plans of an educational Institute at the site mentioned above is .....
2. I have verified the above-mentioned site plan & building plans from the office of <Competent Authority>.
3. The above-mentioned site plan & building plans have/have not been approved by the competent authority.
4. The above-mentioned site plan & building plans are /are not authentic.
5. Construction of building admeasuring with the following details has been completed in all respects as per the approved building plan.

Sr. No.	Room No	Room type (mention Class room / Lab / Toilet, etc. )	Carpet area (in sqft)	Completion of Flooring	Completion of Walls and painting	Completion of Electrification and lighting

*Signature of the Architect* \_\_\_\_\_ Seal \_\_\_\_\_

Name of the Architect \_\_\_\_\_

Registration No \_\_\_\_\_

Date : \_\_\_\_\_ Place : \_\_\_\_\_

**CERTIFICATE<sup>3</sup>**  
**TO BE PRODUCED ON THE BANK LETTERHEAD DULY SIGNED BY THE**  
**BANK MANAGER OF THE BRANCH**  
**WHERE THE APPLICANT HAS BANK ACCOUNT**

The copies documents pertaining to the funds position i.e. the bank statement and/or Fixed Deposit Receipts in respect of application submitted by <Name & address of the applicant> who is an applicant for establishment of new Faculty / Institution <Name of the Institution> at <address>) were provided to me by <name & address of the applicant>for verification regarding their authenticity and appropriateness.

**P. Bank Statement**

Name of the Account Holder	
Account Number	
Name & Address of the Bank	

It is certified that,

1. I verified the above-mentioned bank account from <name & address of bank>.
2. The above-mentioned bank account is in the name of .....
3. The above-mentioned bank account is /is not authentic.
4. The balance in the above-mentioned bank account as on today, i.e. <dd/mm/yyyy> is Rs. ....

**B. Fixed Deposits**

Sr. No.	FDR Number	Date of Deposit	Date of Maturity	Amount	Name & Address of Bank
		Total Amount			

It is certified that,

1. I have verified the above-mentioned FDRs from our Branch / Bank.
2. The above-mentioned FDRs are / are not in the name of the applicant under reference mentioned above.
3. The above-mentioned FDRs are / are not authentic.

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Signature of the BANK MANAGER

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Seal

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Name of the BANK MANAGER

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Date  
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Place