

UNIVERSITY OF CALICUT

REPORT OF INSPECTION FOR CONTINUATION OF PROVISIONAL AFFILIATION

Date of Inspection	
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A- Details of the College

1	Name of the College with address	:	
2	Status	:	Govt / Aided / Self-financing
3	Name of the Agency running the course	:	

B- Details of the Programme

1	Name of the programme for which continuation of affiliation is sought	:	
2	Govt / Aided/ Self-Financing	:	Govt/ Aided / Self-Financing
3	Complementary courses offered	:	1- 2-
4	Common Courses offered	:	
5	Year of starting the Programme	:	
6	Sanctioned strength	:	
7	Actual strength	:	
8	Provisional Affiliation No and date	:	

C- Details of infrastructural Facilities

1	Permanent/ Temporary building	:	
2	Whether the class rooms are sufficient to accommodate the students	:	
3	Whether sufficient furniture are available in the class rooms	:	
4	Whether a strong room for keeping the Question Papers, Answer scripts and other Examination related materials.	:	
5	Whether a Seminar Hall is available	:	

D- Details of Basic Amenities provided

Whether the following facilities are provided			
1	Sufficient number of toilet facilities are available to Male and Female students	:	
2	Retiring room for girl students	:	
3	Canteen facility	:	
4	Store to provide stationery, study materials and other services necessary for the study	:	
5	Safe drinking water facility	:	

E- Laboratory facilities

1	Number of Computers available	:	
2	Whether internet facility is available	:	
3	Whether the computer facilities are sufficient to the students	:	
4	Whether laboratory facilities are available to core and complementary subjects	:	

F- Library Facilities

1	Number of books available in the library	Core subject	:	
		Complementary subject	:	
		English	:	
		Hindi	:	
		Malayalam	:	
		Other languages	:	
2	Number of Journals and periodicals subscribed to	:		
3	Whether reading room available	:		

G- Other facilities

1	Facilities provided for Cultural/Sports activities for the students	:	
2	Examination Hall	:	

H- Details of Teaching Faculties [Attach separate sheet, if required)

No	Name of Faculty	Qualifications & Experience	Remarks
1			
2			
3			
4			

I- Remarks & Recommendations of the Inspection Commission

1	Remarks of the Inspection Commission	:	
2	Recommendation of the Inspection Commission	:	

**Signature
Name &
Designation of the
Inspection Commission
Member**