Engineering Council of India

Partner Institute Evaluation Form

Application for the: _____ **File No. _____**

Date of Inspection: _____

Sl	Particular
1.	Name of Institution _____
2.	Address_____
3.	Village / Town_____
4.	Post Office_____ District_____
5.	Pin_____ State_____
6.	Phone No._____ Fax No._____
7.	E-mail_____ Website_____
8.	Name of the Chairman_____
9.	Mobile No. of the Chairman_____
10.	Name of the Secretary_____
11.	Mobile No. of the Secretary_____
12.	Name of the Nodal Person _____
13.	Mobile No. of the Nodal Person _____
14.	Nearest Rly Station & Distance in (Kms) from Institute_____
15.	Nearest Bus Stop & Distance in (Kms)_____
16.	Nearest Airport & Distance in (Kms)_____

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17. Information about Trust / Society

17.1	Is the sponsoring Trust/Society is Govt. Registered? (Yes /No) (supporting documents to be attached)Please highlight the relevant Para of the Trust Deed /Memorandum of Association for the Society where it has been mentioned that educational activities will be promoted.	
17.2	Whether the Trust / Society has the experience in running academic Institutions. If Yes, supporting documents to be Furnished	
17.3	Please attach the Photo copy of the receipt of the last annual return submitted.	
17.4	Pan Card Copy & Its Number	
17.5	Bank Name & details for Transaction	
17.6	No of University Affiliation details	

18. Information on Infrastructure /Facilities

18.1	Whether the sponsoring Trust/Society has the permanent ownership of land & Building for the Institution? (Yes / No) Supporting documents (Land Ownership Deed, Mutation Certificate, Tax Clearance Certificate from L&LR Department, Panchayat /Municipality / Corporation approved Plan and Tax Clearance Certificate etc.) to be attached. Please highlight the relevant Para of the Deed where it has been mentioned that educational activities will be promoted thereon.	
18.2	Whether the land on which the building of the proposed Institution located is having clear	

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	Marketable title? (Yes / No) If Yes, please produce the Govt. Pleader's Certificate for this.	
18.3	Area: No. of Class Rooms Are the class rooms in good condition? Audio – Visual equipment Auditorium Computer labs Internet facility No. of Laboratories / Workshops Other labs Survey equipment Administrative Offices a Library :	

19. Program wise student strength

S.No	Branch	Enrollment details	Passing Percentage	Placement Percentage
19.1	Civil			
19.2	Mechanical			
19.3	Electrical			
19.4	BBA			
19.5	MBA			
19.6	Others			

20. Faculty Details

S.No.	Type	NOS.
20.1	Permanent faculty	
20.2	Adjunct faculty	
20.3	Visiting faculty	
20.4	Administrative staff	

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21. Faculty details course-wise:

Sl.	Name of Faculty	Designation	Course	*Qualification	*Experience in details

*Proof to be attached

**Use Additional Sheet if required

22. Placement Record during Last Three Years

1. 2015 – 2016
2. 22014 – 2015
3. 2013 – 2014

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23. **Industry linkage with details**

1.
2.
3.
4.
5.

24. Details of R&D Projects along with details of sponsors & value

1.
2.
3.
4.

25. General Ambiance of the Place.

1.
2.
3.

26. Toilet facilities

Yes/No

27. Availability Of Adequate Power Supply

Yes/No

28. Residential facilities

Yes/No

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29. Mess/Cafeteria Facilities

Yes/No

30. First-Aid Facilities

Yes/No

31. Details of other activities organized by the University/Institute

1.
2.
3.
4.

32. The institute agrees that relevant facilities are available with it and incase of any deficiency the institute is committed to fulfill the same by fresh investments.

Signature with seal of the
Chairman/Secretary/Nodal Person

Signature of the Evaluation Team Leader

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