

BHARATHIAR UNIVERSITY

COIMBATORE-641 046.

(State University, Accredited with 'A' Grade by 'NAAC')

COMMUNITY COLLEGE CONSULTANCY CENTRE (BU-CCCC)

Ph: 0422-2428365, Website: www.b-u.ac.in, Email ID: communitycollege@buc.edu.in

PROFORMA FOR INSPECTION REPORT (RENEWAL OF MOU)

it is registered under any act of nent, please specify	:
establishment of the Institution	:
proval of Community College	;
me of the Inspection	
official address of members on	
I name of the course (s) conducted renewal is requested)	
e Principal	
l time Co-ordinator ualification and Mobile Number)	:
designation of Course Faculty Part Time) (Enclose List)	
class room (s) available to	•
	proval of Community College me of the Inspection official address of members on I name of the course (s) conducted renewal is requested) e Principal I time Co-ordinator ualification and Mobile Number) designation of Course Faculty Part Time) (Enclose List)

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 Details of the full time Technical/ Administrative staff available

 Whether adequate equipment facilities are available for conduct of course (s) Not Adequate : Adequate/
To be Improved/

a. Name the equipments course wise

b. Laboratory facilities

Adequate/

To be Improved/ Not Adequate Not Applicable

12. Whether computer and course related software facilities available for students

Yes/No

If yes name the software

13. Whether the Institution has library for the

Yes/No

students

a. If yes list the categories and number of

Yes/No

books available

b. Is there any full time staff to man the

Yes/No

library

c. Is the space for the library is adequate for accommodating students for consultation

Yes/No

14. Whether the institution has tied up with other institutions for training

Yes/No

a. If yes please give details

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15.	Avai	lability of other facilities		
	a.	Drinking water		
	b.	Canteen		
	c.	Hostel		
	d.	Reprographic facility		
		Internet facility with broadband		
16.	Any o	other comments (Merits and Demerits)	:	
17.	Sugge	estion for improvement (if any)		
18.	Specia Appro	fic recommendations for oval/Renewal of the Institution		
S	Station	: Name and sig	moture of the second	
	Date	: Inspe	nature of the members of action committee with date and place	ce