Inspection Report of Engineering Colleges/Polytechnics Under Directorate of Technical Education, Madhya Pradesh

	(To be fill	led in by He	ead of the Institutio	n)		
Currently	y running semesters: Od	d/ Even (Pl. 1	tick)			
Date of i	nspection:		Date of submiss	ion (of Report	
(i.) N	Tame of the Institution					
(ii) To	otal numbers of faculty (i	including gues	t faculty)			
(iii) T	otal number of technical	support sta	ff (inclusive of all depar	tmen	ts)	
(iv) T	otal number of office sta	aff (inclusive of	account section, library, PTI, p	rincip	al office)	
(v) To	(v) Total number of students: (All branches, all years)					
(vi) Campus Placement (Please provide branch wise statistics)						
(vii) B	Franch & Semester wise 1	results of las	et two years. (It is mone	latam	to fill the de	-4-:1- f11
		courts of fas	st two years (it is mand	iatoi y	to iiii tile de	etails for all
branches, al	l semesters)	results of fas	<u> </u>			
		results of fas	Semester	Pas Ye	ss percent ar	
branches, al	l semesters)	esuits of fas	<u> </u>	Pas Ye	ss percent	tage
branches, al S. No	l semesters)	esuits of fas	<u> </u>	Pas Ye	ss percent ar	tage
branches, al	l semesters)	esuits of fas	<u> </u>	Pas Ye	ss percent ar	tage
branches, al S. No	l semesters)	esuits of fas	<u> </u>	Pas Ye	ss percent ar	tage
S. No	l semesters)	esuits of fas	<u> </u>	Pas Ye	ss percent ar	tage
S. No	l semesters)		Semester	Pas Ye bet	ss percent ar	tage
S. No 1 2 3 4 (viii) To	Name of the Branch		Semester	Pas Ye bet	ss percent ar Fore last	tage
S. No 1 2 3 4 (viii) To	Name of the Branch otal number of theory lea	etures held d	Semester luring last semester: Total theory lecture	Pas Ye bet	ss percent ar Fore last	Last year
S. No 1 2 3 4 (viii) To	Name of the Branch otal number of theory lea	etures held d	Semester luring last semester: Total theory lecture	Pas Ye bet	ss percent ar Fore last	Last year

Name of the Principal: Signature: College Seal

[To be filled in by faculty & lab support staff (individually)]										
Name of t	he C	ollege	••••	••••	• • • • •		Г	Department	••••	
Name of t	he fa	culty/ Su	ppoi	rt sta	ıff :.	•••••	••••	Designa	tion	1
Semester	com	menced fi	om	(date	e):	and end	on	(date)	••••	•••••
1. Acaden	nic P	erforman	ce D	Detail	ls:					
(A) Theor	y cla	isses:								
Name of Subject taught during the current academic session		Ser	Semester		Teaching hours/week		veek	Total theory classes engaged during semester		
(B) Lab c		Ī								
Name of the laboratory Semester		r 	No. expe		riments listed lab classes		b classes gaged durii	percentage of		
(C) I : 4	e					.				
(C) List o	t nev	v equipme	ent p	ourci	iase	d (to be filled in by	v offic	cer in charge of	the lo	aboratory)
3			Name of the new equipment procured			Cost of equipment (Rs. in thousands)				
2. Details	of ex	atra respo	nsib	oilitie	es as	signed by HOl	D ai	nd Principa	ıl	
S.No.	By	HOD						By Principa	ıl	
1										

3. Other activities

S. No.	Activity	Please provide details
1	Book publication	
2	Seminar attended/Paper presented	
3	Short term courses attended	
4	Short term course/ Seminar/ Workshop organized	
5	Number of hours spent in college library	
6	Total Number of University Examination Papers Set	
7	others (if any)	

4. Students' Feedback if available then please provide details

Semester	Subject Code	Subject Name	Students' feedback Annexure

5. Suggestions for improving the quality of teaching and lab work of the deptt.
6. Suggestions for creating and developing R&D environment in the deptt.

Name & Signature of the faculty / lab support staff

Name & Signature of HOD

(To be filled in by the inspecting officer)

(a) List the important observations made during inspection
(1)
(2)
(3)
(4)
(5)
(6)
(b) In case the inspecting officer has visited the student hostels of the institute, then
please give comments:
preuse grie commence.
2. Actions taken by the concerned nodal officer to whom report has been submitted
a
b
c
3. Review / Comments by the Director, Technical Education Madhya Pradesh
Signature of Director