



**BHARATHIAR UNIVERSITY**

COIMBATORE-641 046.

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

**COMMUNITY COLLEGE CONSULTANCY CENTRE (BU-CCCC)**

Ph: 0422- 2428528, 2428365, Website: [www.b-u.ac.in](http://www.b-u.ac.in), Email ID: [communitycollege@buc.edu.in](mailto:communitycollege@buc.edu.in)

**Annexure – IV**

**PROFORMA FOR INSPECTION REPORT (ADDITIONAL COURSES)**

1. Name and Address of the Institution :  
(Contact Number, E-mail ID, Fax No)
  
- a. Whether it is registered under any act of :  
Government, please specify
  
- b. Year of establishment of the Institution :
  
2. Year of Approval of Community College :  
a. Renewal validity date
  
3. Date & Time of the Inspection :
  
4. Name and official address of members :  
of the commission
  
  
5. Nature and name of the course (s) :  
Presently conducted & Student  
Strength
  
6. Name of the Principal :
  
7. Name of full time Co-ordinator :  
(Address, Qualification and Mobile Number)
  
8. Name and designation of Course Faculty :  
(Full Time/ Part Time)(Enclose List)
  
9. Number of class room (s) available to :  
conduct theory class



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10. List of Additional Courses  
Required :
11. Details of the full time Technical/  
Administrative staff available :
12. Whether adequate equipment facilities  
are available for conduct of course (s) : Adequate/  
To be improved/  
Not Adequate
- a. Name the equipments course wise :
- b. Laboratory facilities : Adequate/  
To be Improved/  
Not Adequate  
Not Applicable
13. Whether computer and course related  
software facilities available for students : Yes/No
- If yes name the software :
14. Whether the Institution has library for the  
students : Yes/No
- a. If yes list the categories and number of  
books available : Yes/No
- b. Is there any full time staff to man the  
library : Yes/No
- c. Is the space for the library is adequate for  
accommodating students for consultation : Yes/No
15. Whether the institution has tie up with  
other institutions for training/ Lab/  
technical assistance : Yes / No
- a. If yes please give details :



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16. Availability of other facilities :

- a. Drinking water
- b. Canteen
- c. Hostel
- d. Reprographic facility
- e. Internet facility with broadband
- f. Fire Extinguisher

17. Any other comments (Merits and Demerits) :

18. Suggestion for improvement (if any) :

19. Specific recommendations for  
Approval/Renewal of the Institution :

Station :

Date :

Name and signature of the members of  
Inspection committee with date and place