

Appendix B

Refer to Chapter 2

APPLICATION CUM DETAILED PROJECT REPORT

FOR CONSIDERATION AS
MARGDARSHAN INSTITUTE
A SCHEME UNDER AICTE



SUBMITTED BY

SHRI _____

ON _____

ENDORISING CHECK LIST

Sr. No.	Item	Indicate Appropriate answer
1.	Basic Details of own institute enclosed	Yes/ No
2.	No of MBIs proposed in this DPR	
3.	Consent of all MBIs proposed in DPR	Yes/ No
4.	Programme wise (Diploma/UG/PG) Pre-Qualifiers for each MBI is enclosed	Yes/ No
5.	Self-undertaking enclosed	Yes/ No
6.	Details of Proposed Activities enclosed	Yes/ No
7.	Mandate form enclosed	Yes/ No

I have checked the DPR for correctness and certify that the information provided in the DPR is correct as per my knowledge.

Seal of the Institute	Signature of the Chief Coordinator	Signature of Head of the Institute
	Name of the Chief Coordinator	Name of the Head of Institute
Place:	AICTE PID No.(in case of AICTE approved institute)	AICTE PID No.(in case of AICTE approved institute)
Date:		

SECTION 1

BASIC INFORMATION

1. Name of Institute :
2. Institute Permanent ID(For AICTE approved institution) :
3. Contact Details of Institute

S. No.	Item	Details
(a)	Address with city, District, State & pin code	
(b)	Landline No	
(c)	Mobile No	
(d)	Email ID	

5. Year of establishment of Technical Institute :
6. Names of Director/Principal along with the contact details

S. No.	Name	Address	Contact No

7. If University/ Institution (AICTE approved Institution), provide details of approval & validity.

S. No.	Item	Details
(a)	Year of first approval	
(b)	Last EoA letter No & date	
(c)	Total No of programmes (in numbers)	

(d)	Total No of programmes having valid Accreditation as on date (in case of AICTE approved Institutes)	
(e)	Total No of programmes having at least 6 months validity of Accreditation as on date (in case of AICTE approved Institutes)	

8. Provide details of the programmes run by the Institute

S No	Programme	Total Intake/ Approved Intake	Present Status of Accreditation (Yes/ No)	Accreditation Letter No & date
Diploma Programmes				
Under Graduate Programmes				
Post Graduate Programmes				

9. Details of Chief Coordinator

S. No	Item	Details	
(a)	Name & Designation of the Chief Coordinator		
(b)	Department		
(c)	Appointment Type (Only Regular faculty is eligible)		
(e)	Contact details	Email ID	
		Mobile No	

10. Academic Credentials of Chief Coordinator

S. No.	Parameter/ Criteria	Input by Institute
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(a)	Ph.D. (Yes/No)	
(b)	Total Experience including teaching, industrial & Research (In years)	

11. Credential of Institution/ Department (Provide specific/ relevant letter no in respect of each credentials. Copy of such letter to be attached)

S. No.	Parameter/ Criteria	Details & Letter to be attached
(a)	Last NIRF ranking (date & year, if any)	
(b)	Accreditation status as applicable	
(c)	Existence of the Organization for 10 years or more (Yes/No) Also specify years(in case of more than 10 years)	
(d)	Experience of chief coordinator as NAAC/NBA Experts committee members	
(e)	Detail of sponsored research projects funded by AICTE & other agencies, if any	
(f)	Number of National or International conferences organized	
(g)	Availability of Industry sponsored lab	
(h)	Availability of Incubation and innovation cell	
(i)	Availability of IPR cell	
(j)	Other facilities available in MI for sharing with MBI	

12. Justification for seeking nomination under MI (**Not more than 500 words**)

Seal of the Institute	Signature of the Chief Coordinator	Signature of the Head of the Institute
	Name of the Chief Coordinator	Name of the Head of Institute

Place:	AICTE PID No.(in case of AICTE approved institute)	AICTE PID No. (in case of AICTE approved institute)
Date:		

SECTION 2

Details of Mentee Beneficiary Institutes (MBI)

1. List of MBIs proposed under Margdarshan Scheme

S. No.	Name of Institute & AICTE PID No.	Address (with E-mail Id & contact no. of lead coordinator)	Distance from MI (in km)	Consent obtained (Yes/ No)	Pre-qualifiers enclosed (Yes/No)

2. Details of MBI 1 (-----) Name of Institute (-----
-----)

Item	Details
Year of establishment	
Year of first AICTE approval	
Affiliation status/ Autonomy	
No of Diploma Programme	
No of UG Programme	
No of PG Programme	
List of all programmes in which accreditation is desired by proposed MBI	
Diploma Programmes	
UG Programmes	
PG Programmes	
Name & Contact details of Lead Coordinator	
Assessment of Potential of MBI for accreditation through Pre-Qualifier	
Details of admissions/ enrolment in last three years	

Provide similar details in respect of each of the proposed MBIs.

3. Details of MBI 2 (-----) Name of Institute (-----
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4. Details of MBI 3 (-----) Name of Institute (-----
-)

5. Details of MBI 4 (-----) Name of Institute (-----
 -)

Seal of the Institute	Signature of the Chief Coordinator	Signature of the Head of the Institute
	Name of the Chief Coordinator	Name of the Head of Institute
Place:		
Date:		

SECTION 3

Details of Proposed Activities

1. Broad Activities Planned with time lines

S. No.	Activity Planned	Broad Timeline	Expenditure Involved	Justification of Expenditure in brief

2. List of Resource person(s) presently identified

S. No.	Name & Designation of Resource Person(s)	Contact No & email id	Profile in brief

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Seal of the Institute	Signature of the Chief Coordinator	Signature of the Head of the Institute
	Name of the Chief Coordinator	Name of the Head of Institute
Place:		
Date:		

SECTION 4

UNDERTAKINGS & CERTIFICATES

1. Undertaking from Institute Submitting DPR for consideration as MI on their letter head.

I/ We<names of the signatories of MI>..... do hereby express our willingness to participate in the Margdarshan Initiative of AICTE. Our institute volunteer to be nominated as Mentor Institute under the Margdarshan Initiative.

I/ We<names of the signatories of MI>..... do hereby certify that all information as submitted in this DPR is correct & no material fact has been concealed. All documents submitted as part of this DPR are true copies and no document are false or incorrect.

I/ We<names of the signatories of MI >..... also certify that we have perused the guidelines of the Margdarshan Initiative and understand the scope of the facilitative mechanism to prepare the MBIs for Accreditation by providing access to the facilities available in host institute, spread awareness about various initiatives of AICTE and also provide guidance and support for achieving better NIRF ranking.

I/ We<names of the signatories of MI >..... also certify that we are not linked to the same management/ board/ trust of any of the proposed MBIs.

I/ We<names of the signatories of MI >..... also certify that we have No of programmes..... accredited (in case of AICTE approved institute) in our institute. Further certified that _____ No of programmes _____ have valid Accreditation status of at least 6 months from the date of making this application.

In case at any point of time any information is found to be false, I/ We<names of the signatories of MI >..... shall be liable for penal/ administrative action as deemed fit by AICTE. I/We further undertake to comply with the decision of AICTE in this regard.

Seal of the Institute	Signature of the Chief Coordinator	Signature of the Head of the Institute
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	Name of the Chief Coordinator	Name of the Head of Institute
Place:	AICTE PID No.(in case of AICTE approved institute).	AICTE PID No.(in case of AICTE approved institute)
Date:		

2. Consent from proposed Mentee Beneficiary Institutes on their letter head.

I/ We<names of the signatories of proposed MBI>..... do hereby express our willingness to participate in the Margdarshan Initiative of AICTE. We volunteer to be associated with<name of MI>..... as and when they are nominated by AICTE as Mentor Institute.

I/ We<names of the signatories of proposed MBI>..... also certify that we have perused the guidelines of the Margdarshan Initiative and understand the scope of the facilitative mechanism to prepare our institute for Accreditation and better NIRF ranking.

It is further certified that our institute is not affiliated to any other Mentor Institution and neither receiving any such guidance from any other government sources.

I/ We<names of the signatories of proposed MBI>... .. also certify that we are not linked to the same management/ board/ trust off the<name of MI>.....

Seal of the institute	Signature of the Head of Institution	
	Name of the Head of Institution	
Place:	AICTE PID No.	
Date:		

3. Certificate from the Affiliating on its letter head.

To whom so ever it may concern

This is to certify that the<name of proposed MBI>..... is affiliated to this University with effect from<date of affiliation>.....

Seal of the University	Signature of the Authorised Signatory of University
	Name of the Authorised Signatory
Place:	AICTE PID No.
Date:	