



**OSMANIA UNIVERSITY
HYDERABAD - 500 007**

No. 155 -MR/H/MCA/2016-17/Acad.IV-1

Dated: 31 -3-2016

To

The Secretary/Principals of all the
Affiliated Colleges of Osmania University
offering MCA Course.

Sub:- Affiliation – Affiliated Colleges – Inspection for considering grant
of extension of provisional affiliation to offer MCA Course for the
academic year 2016-2017 – Reg.

Sir/Madam,

With reference to the subject cited above, I am desired to inform you that the University has decided to conduct Inspection to the Colleges offering MCA Course for the academic year 2016-2017. The Inspection Committee will be visiting the Colleges in the last week of April, 2016 for considering grant of extension of provisional affiliation to the College to offer MCA Course for the academic year 2016-2017. Kindly note that Inspection Committee would be verifying all the requirements as per AICTE process hand book for the year 2016-17. Hence, the Secretary/Principal of the College may ensure the compliances as per AICTE norms (2016-17) for the academic year 2016-17.

The management of the College is therefore directed to submit the filled in application form placed on the University Website with all necessary documents as mentioned in the Annexure 'A', along with the prescribed fee of Rs.20,000/- through a Demand Draft in favour of "the Registrar, Osmania University" on any nationalized bank on or before 20.4.2016 towards Inspection and Processing Fee for the academic year 2016-17. The application form may be downloaded from the University website www.osmania.ac.in

Further, it is requested to keep the records in Original ready as mentioned in Annexure 'A' for verification by the Inspection Committee. It is also requested to ensure that all the teaching staff of your College be present on the day of inspection, failing which their names will not be considered as on the rolls of the College.

Yours faithfully,

Sd/-

JOINT REGISTRAR
(Academic)

Copy to:

1. The Dean, Faculty of Informatics,OU.
2. The Head, Dept.of CSE, OU.
3. The Director, Directorate of Academic Audit,O.U.

ANNEXURE 'A'

1. Latest compliance reports
2. List of teaching staff in the prescribed format.
3. Proceedings of OU Selection Committee for the faculty appointed.
4. AICTE permission / renewal (2015-16 and 2016-17)
5. State Government permission (2015-16 and 2016-17)
6. Minority Status Certificate/Letter
7. Affiliation Orders of the University for the previous Year.
8. Land Documents (enclose Registered Sale Deed Copies).
9. Registered Lease Deed of the Building, if the College is housed in a rented building.
10. Details of accommodation - Room wise, floor wise, and details of accommodation allocated course wise.
11. Staff Attendance Register, Teaching Diaries
12. Student Attendance Registers.
13. Library Accession Register – with details of books / Journals added during the last academic year.
14. Library Books Issue Register.
15. Acquaintance Register.
16. Bills / Payment receipts / Bank Statement for the purchase of Library Books and Journals and other purchases including equipment, computers, licensed Software.
17. Statement of consolidated attendance which was sent to the Examination Branch during the last academic year.
18. Valued Answer Scripts of Internal Assessment Test and statement of marks sent to the Examination Branch during the last academic year.
19. Bank Pass Book / Bank Statement of the financial transactions.
20. Enclose the report of Anti-Ragging Committee and measures taken by the College.
21. Display the college name prominently stating that the College is affiliated to Osmania University and also enclose photograph of the College building.



OSMANIA UNIVERSITY
HYDERABAD-500 007

**APPLICATION FOR GRANT OF EXTENSION OF PROVISIONAL AFFILIATION TO TO OFFER
MCA COURSE FOR THE ACADEMIC YEAR 2016-17**

College Name: _____ College Code: _____
 Course _____ Intake: _____
 Date of Inspection: _____
 D.D.No. _____ Date _____ Amount: _____

1.	Name of the College with postal address Landline: Mobile : E-mail ID: Website:			
2	Name of the Society/ Registration No. & Address with Phone Nos. E-mail ID			
3.	Name of the Secretary / Correspondent with Telephone No.			
4	a) Name of the Principal			
	b) Qualifications			
	c) Whether appointed through OU Selection Committee.			
	d) Date of birth:			
	Mobile No. : E-mail ID:			
5	Nature of accommodation (Ownership/Lease deed)	Document Nos. Own		
6	Land Area Details	Actual Land Area	Expected Land Area	
7	Year of Establishment			
8	Any other Courses run by the College	S. No.	Course(s)	Intake
		1		
		2		
		3		
		4		

9.	AICTE permission letter No. & Date for the year 2015-16 and 2016-17	
10.	State Govt. G.O. No. & Date for the year 2015-16 and 2016-17	
11.	OU Affiliation Order No. & Date for the year 2015-16	
12.	i) Whether any other Institutions/Colleges are running in the same premises, ii) If Yes, whether permission from AICTE is obtained.	Yes/No Yes/No
13.	Status of the College (In case of Minority College, latest Minority Certificate issued by the competent authority to be enclosed)	Minority/Non Minority Co-Education / Women
14	Name of the University nominee on the Governing Body with period from_____to _____	
15	Name of the University Nominee on the Selection Committee with period from_____ to _____	
16.	Number of Governing Body Meetings convened during the academic year 2015-2016 with University nominees	
17	Working Hours of the College	
18	Work load statement Department-wise, Teacher-wise (to be enclosed)	
19.	Block time table for the course showing (i) Room No, (ii) Name of the Class (iii) Name of the Teacher in each period (to be enclosed),	
20	Whether revised pay scales of VI Pay Commission are paid to the staff.	Yes / No
21	Details of salary paid. Acquaintance Register to be produced. Enclose bank statement.	Maximum salary / Minimum salary paid Paid through Cheque/Cash

Course Details:

a)	Course - MCA		
b)	Year of Starting		
c)	Sanctioned Intake		
Actual strength of students' year wise:			
No. of Students on rolls	I year	II year	III year
MCA			

Mode of admission				
Name of the Course	Sanctioned intake for first year	First Year students admitted under		
		Convener Quota	Management Quota	Minority (SW-II / III)

Faculty Details:				
Faculty required 1:15 (Teacher Student Ratio) Cadre Ratio 1:2:6 (Professor : Associate Professor : Assistant Professor) (of which, a minimum of 80% should be regular/full time faculty and the remaining may be adjunct faculty / resource persons from industry).				
Designation	Required (As per norms)	Available		Total Available
		OU Selection	Ad-hoc	
Professors				
Associate Professors				
Assistant Professors				
Total:				

PARTICULARS OF PRINCIPAL AND TEACHING FACULTY

SNo	Name of the Teacher	Designation	Qualifications Whether having MCA I Class	Whether having Ph.D. Degree	Date of Birth	Total no. of years of Exp.	Nature of Appointment	
							Through OU Selection Committee	Manage ment
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Non-Teaching staff:						
Course	Lab. Asst.	Programmers	Lab. Attenders	Total	Required	Deficiency
MCA						

Accommodation Details:		
Particulars	Number	Area (Sq.m) of each
Class Rooms		
Tutorial Rooms		
Seminar Hall		

Computer Lab.						
S.No.	MCA Computer Lab.	Area (in Sq.m)	Equipment available	Lab. class conducted (as per syllabus)		Batch Size
1				I Semester	II Semester	
2						

Computational Facilities: (Please refer the AICTE norms of 2016-17) 1:4		
Item	Description (configuration)	Quantity
Desktops		
Server Machines		
Software		
Network components (LAN / WAN)		
Internet Bandwidth		
Printers / Other equipment		

LIBRARY:

LIBRARY Total Area (in Sq.m)

Librarian:

Name & qualifications of the Librarian

Library Facilities:

Type

Number/Quantity

Volumes

Titles

Books added during the year 2015-16

National Journals

International Journals

Subscribed International and National Journals during the year 2015-16

Total Amount Spent on Books
during the year 2015-16

Total Amount Spent on Journals
during the year 2015-16

Reading Room capacity

Desktops

IDC Membership /IEEE Membership / ACM Membership

<u>LIBRARY:</u>	
LIBRARY Total Area (in Sq.m)	
Librarian:	
Name & qualifications of the Librarian	
Library Facilities:	
Type	Number/Quantity
Volumes	
Titles	
Books added during the year 2015-16	
National Journals	
International Journals	
Subscribed International and National Journals during the year 2015-16	
Total Amount Spent on Books during the year 2015-16	
Total Amount Spent on Journals during the year 2015-16	
Reading Room capacity	
Desktops	
IDC Membership /IEEE Membership / ACM Membership	

Administrative Area:

Particulars	Area (in Sq.m)
Principal Office	
Administrative Office	
Exams Control Office	
Placement Office	
Central Store	
Security	
Staff Room	
Sports Room	

Amenities:

Particulars	Available / Not available
Boys Common Room	
Girls Common Room	
Cafeteria	
Backup Electric Supply / Generator	
Safety provisions including fire and other calamities	
Transport facility and parking area	
Drinking water facility	
Separate toilets for Boys and Girls	
First aid cum sick Room	
Display of Courses and approved intake at the entrance of the College.	
Permanent name board of the college be displayed (enclose photograph of the College building)	

Results Analysis (Year wise- Pass Percentage 2015-16)		
Course	I year	II year
MCA		
Placements:		
Name of the Company		No. of Students Placed
Details of Games & Sports and other curricular activities		

Seminars/Conferences/Workshop Organized/Attended by the faculty of the Dept.			
S.No.	Particulars	Organized	Attended
1	Seminars		
2	Conferences		
3	Workshops		
4			
Total			

Anti Ragging	
1. Whether the College appointed Anti-Ragging Committee, if so, copy of the constitution of committee and its members to be enclosed.	
2. Report of the Anti-Ragging Committee for the year 2015-16 to be enclosed.	
3. Measures taken by the College to prevent ragging.	
RTI Act	
Whether the college has appointed PIO and APIO. Mention the names of the PIO and APIO. (Enclose Copy)	
Women Protection cell	
Whether the college has appointed Women Protection Cell. (Enclose copy)	
Redressel Grievances Committee	
Whether the college has appointed Redressel Grievance Committee. (Enclose copy)	
Any other Information:	

Signature of the
Secretary/Correspondent
Name:
Date:

Signature of the Principal
Name:
Date: