APPROVAL PROCESS 2019-20

Application Deficiency Report

DEFICIENCY REPORT AS PER APPLIED INTAKE (Applicable for Existing Institutes only)

Regional Office		South-Central	
Application Id	1-4261310820	**Permanent Id**	1-2850921891
Name of the Institute	SAPTHAGIRI INSTITUTE OF MANAGEMENT	**Address**	D.NO: 20-9-1/7, NIMKAMPALLI ROAD, HINDUPUR - 515201, ANANTAPUR(DIST), A.P
City/Village	HINDUPUR	**District**	ANANTAPUR
State	Andhra Pradesh	**Pin**	515201

Overall Deficiency of Institute: **No**

Designation	Name	Appointment Type	Qualification	PhD	Qualified as per AICTE norms (YES/NO)
Principal/Director	NARAYANA REDDY M	Regular	BA, MA,	Yes	YES

Other Details

Sr. No.	Details of Requirement	Status provided by the Institute	Deficiency
1	List of faculty and data uploaded on the Institute web portal	Yes	No
2	Are all approved teaching faculty being paid as per VI pay commission?	Yes	No
3	Whether Institute is operating from Permanent Site/ Temporary Site?	Permanent Site	No
4	Fees to be charged, Reservation policy, Admission policy and Document retention policy are uploaded in Institute's Website?	Yes	No
5	Courses/Approved Intake displayed at the entrance of the Institute?	Yes	No

Anti-Ragging Related Deficiency Status

Sr. No.	Details of Requirement	Status provided by the Institute	Deficiency
1	Constitution of Anti-Ragging Committee	Yes	No
2	Constitution of Anti-Ragging Squad	Yes	No
3	Undertaking obtained from all Students	Yes	No
4	Appointment of Counselors	Yes	No
5	Undertaking obtained from parents of all the students	Yes	No
6	Undertaking obtained from students staying in Hostel	No Hostel	No
7	Undertaking obtained from parents of students staying in Hostel	No Hostel	No

Ombudsman Related Deficiency Status

Sr. No.	Details of Requirement	Status provided by the Institute	Deficiency
1	Grievance Committee	Yes	No

Faculty

Institute Level Faculty

Type	Actual No.	Required No. as per CI	Deficiency
Total Faculty(UG+PG+Diploma)	18	18	No

Administrative Area

Type	Actual Room Area (Sq.m.)	Expected Room Area (Sq.m.)	Deficiency
Principal / Director Office	37	30	No
Board Room	21	20	No
Office All Inclusive	158	150	No
Department Offices/Cabin for Head of Dept	94	20	No
Central Store	30	30	No
Maintenance	18	10	No
Security	15	10	No
Housekeeping	11	10	No
Pantry for Staff/Faculty	10	10	No
Exam Control Office	30	30	No

Date of Signature(dd/mm/yyyy)　　　　　　　　Seal of Institute　　　　　　　　Name & Signature of Director/Principal

Training Placement Office	70	30	No
TOTAL	494.00	350.00	

Amenities Area

Type	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
Boys Common Room	76.75	75	No
Girls Common Room	104.23	75	No
Cafeteria	151	150	No
Stationery Store	10.06	10	No
First aid cum Sick Room	71.21	10	No
TOTAL	413.25	320.00	

Computational Facilities

Type	Available	Required	Deficiency
Internet Bandwidth	32	32	No
Printers	4	3	No
A1 size Color Printers	0	0	No
Number of PCs in Language lab	20	20	No
Legal Application S/W	10	10	No
Legal System S/W	1	1	No
PCs to Student ratio	60	60	No

Library Facilities

Type	Available	Required	Deficiency
Volumes	3500	3000	No
e-Books Volumes	1500	1500	No
Titles	350	250	No
e-Books Titles	150	125	No
Journals	15	12	No
Library Management Software	1	1	No
Reading Room Seating Capacity	132	90	No
MultiMediaPC	10	10	No

Instructional Area-Common Facilities

Type	Available	Required	Deficiency
Computer Center	175	150	No
Library & Reading Room	105	100	No
TOTAL	280.00	250.00	

Land Area Details

Type	Available	Required	Deficiency
Total Area of Land	1	0.5	No
Maximum number of Pieces	1	3	No
Minimum per Piece of Area	1	0.5	No

MANAGEMENT / Existing Programme

Type	Level	Actual Room Area (Sqm.)	Expected Room Area (Sqm.)	Deficiency
Class Room-Tutorial Room	POST GRADAUTE	635	462	No
Computer Laboratory	POST GRADAUTE	70	66	No
Seminar Hall	POST GRADAUTE	362	132	No
TOTAL		1067.00	660.00	

Other Facilities

Sr. No.	Type	Availability	Deficiency
1.	All Weather Approach(Motorised Road)	Yes	No
2.	Barrier free Enviroment	Yes	No
3.	Electrical Grid Power Supply Connection	Yes	No

Date of Signature(dd/mm/yyyy)   Seal of Institute   Name & Signature of Director/Principal

Application Status: **EOA Recommended by Council**
Application Sub-Status:

Report Generated on :-21/09/2019

		Yes	No
4.	General Insurance	Yes	No
5.	Institution Web Site	Yes	No
6.	Standalone Language Laboratory	Yes	No
7.	Medical & Counseling	Yes	No
8.	Notice Boards	Yes	No
9.	Portable Water Supply	Yes	No
10.	Safety Provisions	Yes	No
11.	Sewage Disposal System	Yes	No
12.	Telephone	Yes	No
13.	Vehicle Parking	Yes	No
14.	First Aid	Yes	No
15.	Appointment: Student Counselor	Yes	No
16.	Establishment: Anti-Ragging Committee	Yes	No
17.	Establishment: Committee for SC/ST	Yes	No
18.	Establishment: Internal Complaint Committee(ICC)	Yes	No
19.	Estb: Grievance Redressal Committee/OMBUDSMAN	Yes	No
20.	AICTE Approval Letters- EoA/LoA	Yes	No
21.	Provision to watch MOOCS courses-Swayam	Yes	No
22.	Institution-Industry Cell	Yes	No
23.	Digital Payment-Financial Transactions	Yes	No
24.	Display Board- Feedback facility	Yes	No
25.	Food Safety and Standards	Yes	No
26.	Insurance for Students	Yes	No
27.	Applied membership-National Digital Library	Yes	No
28.	Implementation of Security Measures	Yes	No
29.	Online Grievance Rederssal Mechanism	Yes	No
30.	Internal Quality Assurance Cell	Yes	No
31.	Fire and Safety Certificate	Yes	No
32.	Mandatory internship policy for students	Yes	No
33.	Teacher training policy	Yes	No
34.	Examinations Reforms	Yes	No

Date of Signature(dd/mm/yyyy)   Seal of Institute   Name & Signature of Director/Principal

Application Status: **EOA Recommended by Council**
Application Sub-Status:

35.	Atleast 5 MoUs with industries	Yes	No
36.	Display of info submitted to AICTE on website	Yes	No
37.	Sports facilities	Yes	No
38.	Backup Electric Supply	Yes	No
39.	Group accident policy for employees	Yes	No

Note
XX- No Rooms Available
DNA- Data Not Available / Insufficient Data
Blank Field-Data Not Entered
* Laboratories required and Actual Number includes Total Number of Laboratories, Research Laboratories, and Additional WS/Labs for UG and PG courses, as applicable
^ Actual Number of Tutorial Rooms for Under Graduate includes the Number of Tutorial Rooms Available for PG, if applicable
** Actual Number of Guest Rooms for Under Graduate includes the Actual Number of Guest Rooms Available for PG, if applicable
*** Actual Number of Kitchen for Under Graduate includes the Actual Number of Kitchen Available for PG, if applicable
***Note :- All the Dates in the Report are in (dd/mm/yyyy) format

Date of Signature(dd/mm/yyyy)   Seal of Institute   Name & Signature of Director/Principal

Application Deficiency Report

DECLARATION
BY THE PRINCIPAL/DIRECTOR/REGISTRAR OF THE INSTITUTE/UNIVERSITY DEPARTMENT

I, as the Head of the Institution, hereby declare that:

a) I have carefully gone through the AICTE Regulations Notification dated on 30th November, 2016, published in the Gazette of India - Extraordinary Part III, Section- 4 and its amendment 05th December 2017 also the various provisions mentioned in the Approval Process Hand Book 2019-20.

b) I am fully aware of the data uploaded by me in respect of my institute on the web portal.

c) I am aware that there is no provision for correction of data, alteration of data, subsequent editing and appeal etc. for the online application once uploaded on the web portal.

d) I am also aware that application for seeking Extension of Approval(EOA), Increase/Reduction of intake, Addition of new courses, Change of site, Closure of course, Supernumerary Seats under PIO/FN/Gulf quota Approval status/OCI, NRI, Change of name, and Conversion of women institute into Co-ed institute and vice versa (as applicable), shall be processed as per relevant provisions enumerated in the Approval Process Hand Book 2019-20.

e) I am aware of the Deficiencies (if any) pointed out in the Report generated online, based on the factual data uploaded by my institute on the portal.

f) I am also aware that Institute is eligible for grant of
E**xtension of Approval to the Existing Institutions,**
Extended EoA(if Applicable as per APH 2019-20),
only on fulfillment of prescribed norms & requirements as mentioned in the Approval Process Hand Book 2019-20.

Signature of Principal/Director/Registrar

Name :

Seal/Stamp of the Institute/University Department

Date of Signature(dd/mm/yyyy)   Seal of Institute   Name & Signature of Director/Principal