

BOARD OF TECHNICAL EDUCATION,
UTTAR PRADESH LUCKNOW

INSPECTION REPORT FOR EXISTING D. ENGG INSTITUTION
(To be filled by Inspection Committee)

1. Name and Address of the Applicant Society/Trust

- i. Name of Society/Trust.....**CHHAYA EDUCATIONAL TRUST**.....
- ii. City/Village.....**RAWLI**.....
- iii. Post.....**PRATAPPURA**.....
- iv. Tehsil.....**SADAR**.....
- v. District.....**AGRA**.....
- vi. State.....**UTTAR PRADESH**.....
- vii. Pin Code.....**282001**.....
- viii. Land Line No.....**0562-2755265**.....
- ix. Mobile No.....**9927057563**.....
- x. Email id.....**devinstitute2010@rediffmail.com**.....
- xi. Trust/Society website.....**cetagra.org**.....

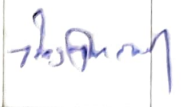

2. Details of Applicant Society/Trust

- (i) The Society/Trust Registration No.....**260**.....
- (ii) Date of Registration No.....**29/07/2003**.....
- (iii) Place of Registration.....**SADAR, AGRA**.....

3. Name and Address of the Institution at the Permanent Site

- i. Name of the Institution.....**DEV INSTITUTE OF TECHNICAL EDUCATION**.....
- ii. City/Village.....**BARHAN**.....
- iii. Post.....**BARHAN**.....
- iv. Tehsil.....**ETMADPUR**.....
- v. District.....**AGRA**.....
- vi. State.....**UTTAR PRADESH**.....
- vii. Pin Code.....**283201**.....
- viii. Land Line no.....**0562-2755265**.....
- ix. Mobile No.....**9058380466**.....
- x. Email id.....**devinstitute2010@rediffmail.com**.....
- xi. Institute Website.....**www.dite.org.in**.....

4. Name and Designation of the Representative of Society/Trust with Address and Signature.

| Sl.No. | Details of Representative | Designation | Email-id | Mobile no. | Signature |
|------------------|---------------------------|---------------|----------------------------------|------------|-------------------------------------------------------------------------------------|
| Representative-1 | Mr. N.K. Tyagi | Vice Chairman | Devinsstitute2010@rediffmail.com | 9927083403 |  |
| Representative-2 | Dr. S.K. Tyagi | Chairman | Devinsstitute2010@rediffmail.com | 8218995600 |  |

5. Whether the Institution is sharing the built-up area facilities with any other Institution/any other Programs.

No

If yes, then give details

.....

6. Detail of all Courses in the Institute:

| S/N | Programme | Courses | Duration of course | Approved Intake |
|-----|--------------------------|-------------------------|--------------------|-----------------|
| 1 | Engineering & Technology | Chemical Engg. | 03 Year | 30 |
| 2 | | Mechanical Engg. (Pro) | 03 Year | 60 |
| 3 | | Mechanical Engg. (Auto) | 03 Year | 60 |
| 4 | | Civil Engg. | 03 Year | 120 |
| 5 | | Computer Science Engg. | 03 Year | 60 |
| 6 | | Electronics Engg. | 03 Year | 60 |
| 7 | | Electrical Engg. | 03 Year | 60 |

7. Land Detail

- i. Location (Rural / Urban).....**Rural**.....
- ii. Area (in acre).....**05 acre**
- iii. Gata Nos.....**2032**.....
- iv. All Gata Nos. are connected to each other.....**Yes**.....
- v. Whether owned by Applicant Society/Trust.....**Name of Trust**.....
- vi. Registration No. with Date.....**Jild No.3064 Reg. No. 6054 Dt. 20/08/2004**.....
- vii. If the land is on lease from Government bodies then the purpose for which it was lease and period of lease granted.

**NO**.....

- viii. Any loans/mortgage raised against the titles of the land**NO**...
- ix. Land conversion certificate
 - i. Name of Competent Authority.....**SDM Etmadpur, Agra**.....



ii. Appeal No. with date.....544 Dt 21.01.2008.....

8. **Building Plan/Map detail**

- i. Competent Authority for sanctioning the map... Gram Panchayat
- ii. Sanctioned No. with Date.....126/11 Dt. 07.01.2011.....

9. **Audited Statement/Balance sheet of society/ trust(Last financial year)**
(Enclose copy)

.....Enclosed Copy.....

10. **Details of Head of Institution (Attach Appointment Letter)**

- i. NameMr. Vipin Kumar Kaushal.....
- ii. Designation..... Principal.....
- iii. Date of Birth.....25.04.1982.....
- iv. Qualification.....M.Tech.....
- v. Area of Specialization.....Mech. Engg.....
- vi. Aadhar No.....8992 2885 9206.....
- vii. Pan No.....BXYPK6228A.....

11. **Details of Faculties (Attach Appointment Letter)**

- i. Name
- ii. Designation.....
- iii. Date of Birth.....
- iv. Qualification..... attached
- v. Area of Specialization.....
- vi. Aadhar No.....
- vii. Pan No.....
- (Separate Sheet to be attached for each faculty)

12. **Attach "Application deficiency report" of Institute submitted to AICTE (Duly attested by Head of Institution/Director/Manager)**

13. **Latest Aicte "Extension of Approval(EoA)"**

14. **Deficiencies raised by inspection committee if any (other than self-disclosure as mentioned in EOA)**

.....NO.....

| Deficiency noted based on Inspection Committee | | | | | |
|------------------------------------------------|--------------------------------|---------------------------------|--------------------------------|-----------------------|-----------------|
| Particulars | Actual Room Area (Sq.m) AICTE | Expected Room Area (Sq.m) AICTE | Deficiency raised by committee | Details of Deficiency | Remarks(if any) |
| 1.Administrative Area | | | | | |
| Board Room | 20 | 20 | | | |
| Department Offices/Cabin for Head of Dept | 120 | 120 | | | |
| Central Store | 30 | 30 | | | |
| Exam Control Office | 30 | 30 | | | |
| Housekeeping | 10 | 10 | | | |
| Maintenance | 10 | 10 | | | |
| Office All Inclusive | 150 | 150 | | | |
| Placement Office | 30 | 30 | | | |

| | | | | | |
|----------------------------|-----|-----|--|--|--|
| Principal Directors Office | 30 | 30 | | | |
| Security | 10 | 10 | | | |
| 2. Amenities Area | | | | | |
| Boys Common Room | 75 | 75 | | | |
| Cafeteria | 150 | 150 | | | |
| First aid cum Sick Room | 10 | 10 | | | |
| Girls Common Room | 75 | 75 | | | |
| Stationery Store | 10 | 10 | | | |

1. Rain water Harvesting is not available.
2. Equipments in labs are little bit less.

15. Recommendations.....

Forwarded to Secretary, BTEUP, Lucknow with above said deficiencies. No any major def. found regarding Amenities area, Administrative are as per EoA 2021-25

16. Date of Inspection and Time..... 13.05.2024 (10:30 AM)

17. Signature of Inspection Committee with name and designation:

1. *Mukesh Jain* 13/5/24
Mukesh Jain, IAS
 SSBA, GP Araija
 (Name and Designation)

2. *Mukesh Jain*
 13/05/24
 (Mukesh Jain)
 HOD Electrical,
 (Name and Designation) MMIT Araija,