

**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 - Rudra Bilas Educational welfare Society
- ii. City/Village – Kaushalganj
- iii. Post- Kaushalganj
- iv. Tehsil- Bilaspur
- v. District- Rampur
- vi. State- Uttar Pradesh
- vii. Pin Code- 244923
- viii. Land Line No- 956870090
- ix. Mobile No- 9719410903
- x. Email id- apexrbews@gmail.com
- xi. Trust/Society website- www.apex.ac.in

**2. Details of Applicant Society/Trust**



**Annexure -1**

- (i) The Society/Trust Registration No- 284/2006-2007
- (ii) Date of Registration No- 2006-2007
- (iii) Place of Registration-Moradabad (Uttar Pradesh)

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

- i. Name of the Institution- Apex Institute of Technology (College code – 1574)
- ii. City/Village- Kaushalganj
- iii. Post- kaushalganj
- iv. Tehsil- Bilaspur
- v. District- Rampur
- vi. State- Uttar Pradesh
- vii. Pin Code- 244923
- viii. Land Line no-9568700090
- ix. Mobile No- 8218161966
- x. Email id- apexrbews@gmail.com
- xi. Institute Website- www.apex.ac.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 | Rajendra Pal Singh        | President   | rps1612@gmail.com       | 9719410903 |  |
| Representative-2 | Ashok Adhlakha            | Treasurer   | ambaglasstore@gmail.com | 9837685605 |  |

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

Yes  No

If yes, then give details

B.Tech (ME)

B.tech (CS)

B.Tech (EE)

MBA

6. Detail of all Courses in the Institute:

| S/N | Programe                 | Courses                | Duration of course | Approved Intake |
|-----|--------------------------|------------------------|--------------------|-----------------|
| 1   | Engineering & Technology | Electronic Engineering | 3 year             | 60              |
| 2   | Engineering & Technology | Mechanical Engineering | 3 Year             | 60              |
| 3   | Engineering & Technology | Computer Science       | 4 year             | 45              |
| 4   | Engineering & Technology | Mechanical Engineering | 4 Year             | 90              |
| 5   | Engineering & Technology | Electrical Engineering | 4 Year             | 30              |
| 6   | Management               | MBA                    | 2 Year             | 60              |

7. Land Detail

Annexure -2

i. Location (Rural / Urban) – Rural

ii. Area (in acre)- 7.5323 Acre

iii. Gata No- 97,92,94,99,102

iv. All Gata Nos. are connected to each other- YES

v. Whether owned by Applicant Society/Trust- Society (Rudra Bilas Educational Welfare Society)

vi. Registration No. with Date- 4178(17/8/2006),3670 (09/08/2009),3088 (13/06/2007),4540(20/09/2007)

vii. If the land is on lease from Government bodies then the purpose for which it was lease and period of lease granted.

NA

viii. Any loans/mortgage raised against the titles of the land NO

ix. Land conversion certificate Annexure -3

i. Name of Competent Authority- SDM Bilaspur

ii. Appeal No. with date- 4/06-07, 30/12/2006

8. **Building Plan/Map detail** Annexure -4

i. Competent Authority for sanctioning the map- Village Development Officer

ii. Sanctioned No. with Date- 27/02/2010

9. **Audited Statement/Balance sheet of society/ trust (Last financial year)**  
**(Enclose copy) - Annexure -5**

10. **Details of Head of Institution (Attach Appointment Letter) - Annexure -6**

i. Name - Dr. Dheeraj Gurwant

ii. Designation- Director

iii. Date of Birth- 29/04/1986

iv. Qualification- Ph.D.(ME)

v. Area of Specialization- Mechanical Engineering

vi. Aadhar No-384147666346

vii. Pan No- APDPG577IN

11. **Details of Faculties (Attach Appointment Letter) - Annexure -7**

i. Name .....

ii. Designation.....

iii. Date of Birth.....

iv. Qualification

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)- Annexure -8**

13. **Latest Aicte "Extension of Approval(EoA)"- Annexure -9**

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

| Deficiency noted based on Inspection Committee |                                |                       |                 |
|--|--------------------------------|-----------------------|-----------------|
| Particulars                                    | Deficiency raised by committee | Details of Deficiency | Remarks(if any) |
| 1. Administrative Area                         |                                |                       |                 |
| a.   |                                |                       |                 |
| b.   |                                |                       |                 |
| c.   |                                |                       |                 |
| .....  |                                |                       |                 |
| 2. Amenties Area                               |                                |                       |                 |
| a.   |                                |                       |                 |
| b.   |                                |                       |                 |
| c.   |                                |                       |                 |
| .....  |                                |                       |                 |
| 3.....   |                                |                       |                 |
| a.....   |                                |                       |                 |
| .....  |                                |                       |                 |
| .....  |                                |                       |                 |
| .....  |                                |                       |                 |
| .....  |                                |                       |                 |
| .....  |                                |                       |                 |

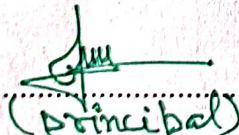
NA

NA

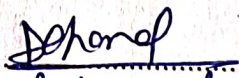
15. Recommendations..... Recommended  
 \* Recommended on compliance of these following  
 Deficiencies:  
 1. Language Lab need to be upgraded as  
 per AICTE Norms.

16. Date of Inspection and Time..... 15/05/2024 ..... 12:30 pm

17. Signature of Inspection Committee with name and designation:

1.  Ashok Kumar  
 (Principal)

(Name and Designation)

2.  Dalchand  
 HOD Computer  
 (Name and Designation)

3. (A Kumar)  
Arun Kumar  
 Lect. Chemistry