## National Institute of Electronics & Information Technology, Lucknow
## Inspection Team Report

| 1. | Institution's Name | |
|----|----|----|
| 2. | Name of Contact Person: | |
| 3. | Date of Visit: | |
| 4. | Name of Programme/Course: | |

**5. Assessment table:**

**Note:** The figure in bracket ($3^{rd}$ column) is the minimum satisfactory figure. The 'weightage awarded' (last column) may be filled in by the Monitoring Person. However the maximum weightage is restricted to the figure outside bracket.

| | Characteristics & Sub-Division | Maximum Weightage | Weightage Awarded | Remarks/ Comments (if any) |
|----|----|----|----|----|
| 01. | **Manpower :** <br> a.) Competence of Chief Executive <br> b.) Teaching Faculty Strength <br> c.) Lab staff Strength. <br> d.) Training and Placement Officer <br> e.) Supporting Staff <br><br> **Sub Total :** | <br> 05(3) <br> 10(6) <br> 10(6) <br> 05(3) <br> 05(3) <br><br> **35(21)** | | |
| 02. | **Infrastructure:** <br> a.) Premises <br> b.) Classroom <br> c.) Laboratory <br> d.) Power Backup <br> e.) Internet Facility <br> f.) Drinking Water/Washroom etc. <br> g.) Maintenance of Centre/Cleanliness etc. <br><br> **Sub Total :** | <br> 05(3) <br> 05(3) <br> 05(3) <br> 03(2) <br> 03(2) <br> 02(1) <br> 02(1) <br><br> **25(15)** | | |
| 03. | **Equipments :** <br> a.) Availability of Equipments as per course requirements <br> b.) Lab Arrangement of Equipments <br><br> **Sub Total :** | <br> 10(6) <br><br> 05(3) <br><br> **15(09)** | | |
| 04. | **Administration :** | | | |

| | |
|----|----|
| Signature (Member1): | Signature(Member2): |
| Name: | Name: |
| Designation: | Designation: |

| | | | | |
|---|---|---|---|---|
| | a.) Biometric Attendance System | 05(3) | | |
| | b.) Method of Admission | 03(2) | | |
| | c.) Library/Course Material | 05(3) | | |
| | d.) Document and Record Management | 02(1) | | |
| | **Sub Total :** | **15(09)** | | |
| **05.** | **Experience of running Training Programme** | **10(06)** | | |
| | **Grand Total** | **100(60)** | | |

## Final Recommendation

**Please Tick √ which is appropriate:**

☐ Recommended for accreditation with Following Suggestions

☐ Not Recommended due to Following Reasons

**Suggestions (in case Accreditation is recommended)/ Reasons (in case Accreditation is not recommended):**

| |
|---|
| |

| | |
|---|---|
| Signature (Member1): | Signature(Member2): |
| Name: | Name: |
| Designation: | Designation: |