INSPECTION REPORT FOR AFFILIATION OF
DIT-1, DIT-2 YEAR & IT SHORT COURSES PROGRAM

1	Name of the Institute		
2	Name of Owner		
3	Contact Nos		
4	Mailing Address		
5	E-Mail Address		
6	Location (GPRS Coordinates)	Latitude=	Longitude=
7	Date of Inspection		
8	Inspection Letter No. & Date		
9	Committee Members	1. 2.	
10	Building a. Owned b. Rented (Min 02 years rent Deed)		

		Minimum Requirements	**Observed facility(s)**
11	Principal Office	One No.	
12	No of class Rooms	Two No.	
13	Capacity of Class Rooms	Min 30 Students	
14	Examination Hall	One No. (Optional)	
15	No. of Lab(s)	01 Lab with 15 Desktop Workstations	
16	Capacity of each Lab	02 Students per PC	
17	No. of Computers/Systems with Specification	15 systems, core i3 5th Generation, 8 Gb RAM, 2 Gb Graphic Card or above	
18	Networking	Wi-Fi or Cable Networking	
19	Internet Facility	Min 8Mbps	
20	Multimedia/ Projector	One No.	
21	Printer	One No.	
22	Scanner	One No.	
23	UPS/Generator/ Solar System	Mandatory	
24	Library	05 Sets of Courses Books and 05 sets of relevant Books at each subject as per DIT curricula. (Total 100 books)	
25	Wash room	(at least one each for Male and Female)	
26	Fee Structure	a. Admission Fee. b. Monthly Tuition Fee	

27	Teaching Staff attendance Register	Available / Not Available			
28	Student Attendance Register Class wise	Available / Not Available			
29	Stock Register	Available / Not Available			
30	Cash Book	Available / Not Available			
31	Library Register	Available / Not Available			
32	Time Table	Mandatory			
33	CCTV Cameras	Mandatory			
34	Security Guard	As per requirement of the Institute			
		Name	Qualification	Designation	Full time / Visiting
35	Detail of Teaching Staff • At least three BS Computer Science or equivalent • 01 No. Lab Assistant possessing Intermediate Certificates with DIT. • 01 Teacher each for the subjects of DIT-2 2nd Year	1.			
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		3.			
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		8.			
		9.			
		10.			
36	Applied for Nos of Seats				
37	Applied for Morning/Evening				
38	No. of seats recommended (Morning & Evening shift)				
39	General Observation (if any)				
40	Recommendations				

Inspection Committee Members

1. **Name & Signature**_____

   Designation _____

   Contact No. _____

2. **Name & Signature**_____

   Designation _____

   Contact No. _____