

अखिल भारतीय तकनीकी शिक्षा परिषद् ALL INDIA COUNCIL FOR TECHNICAL EDUCATION

भारत सरकार का एक सांविधिक निकाय (A STATUTORY BODY OF THE GOVT. OF INDIA)

APPLICATION FOR OPENING OF NEW QIP CENTRE UNDER AICTE QIP SCHEME

1.	DETAILS OF THE INSTITUTE/UNIVERSITY
i.	Name:
ii.	Complete Address:
iii.	Pin Code:
iv.	Distt:
v.	State:
vi.	Type of Institute (IIT/NIT/Govt./Govt. Aided/Affiliated/Autonomous/University):
vii.	AICTE PID (For AICTE approved institute only):
viii.	AISHE Code:
ix.	Year of Establishment:
х.	Affiliating University (If any):
2.	DETAILS OF HEAD OF THE INSTITUTE/UNIVERSITY
i.	Name:
ii.	Designation:
iii.	E-mail ID:
iv.	Land Line Number:
v.	Mobile Number:
3.	DETAILS OF PROPOSED QIP COORDINATOR
i.	Name:
ii.	Designation:
iii.	Department:

iv	. E-m	ail ID:			
v.	Mol	oile Num	ber:		
4.	ACCI	REDITA	FION STATUS OF THE INSTITUTE/UNI	<u>VERSITY</u>	
	i.	NIRF	Ranking (Latest):		
	ii.	NAAC	C Grade:		
	iii.	NBA A	Accredited Departments: (a)		
			(b)		
			(c)		
5.	<u>DET</u>	AILS OF	COURSES WHICH ARE PRESENTLY BE	NG RUN:	
		S. No.	Level	Name of the Courses	
		i.	Under Graduate		
		ii.	Post Graduate		
		iii.	Ph. D.		
6.	<u>DEP</u>	<u>ARTMEN</u>	NT WISE NUMBER OF PH. D. SUPERVIS	ORS:	
		S. No.	Department Name	Number of Ph. D. Supervisor	
		i.			
		ii.			
		iii.			
		iv.			_

7. NAME OF THE PROPOSED DEPARTMENT FOR ADMISSION OF QIP STUDENTS:

v.

S. No.	Name of the Department	Faculty Strength (Number)	Courses running	Number of ongoing projects	No. of Ph.D. supervisor
i.					
ii.					
iii.					
iv.					
V.					

	INSTITUTE WITH JUSTIFICATION FOR ESTABLISHMENT OF QIP CENT
DECLARATION BY THE HEAD	D OF THE INSTITUTE:
	confirm that the above information is true to the best of
knowledge.	
	(Signature of Head of Institu
Data	Nama
Date:	Name:
Date:	Name:
Date:	
	Name: Designation:
	Designation:
Place:	Designation:(Seal)
Place: [Any other relevant / specific	Designation: