

## Application Deficiency Report

Application Status: Submitted

Application Sub-Status: Payment Received

Report Generated on :-22/02/2017



### All India Council for Technical Education

(A Statutory body under Ministry of HRD, Govt. of India)

Nelson Mandela Marg Vasant Kunj, New Delhi-110087

PHONE: 23724151/52/53/54/55/56/57 FAX: 011-23724183 www.aicte-india.org

### DEFICIENCY REPORT AS PER CURRENT INTAKE (Applicable for existing institutes only)

Regional office	Western
Application Id	1-3323444450
Permanent Id	1-5285631
Name of the Institute	SINHGAD INSTITUTE OF TECHNOLOGY
Address	GAT NO.309/310, OFF MUMBAI-PUNE EXPRESSWAY, KUSGAON (BK), LONAVALA, TAL - MAVAL, DIST - PUNE
City/Village	LONAVALA
District	PUNE
State	Maharashtra
Pin	410401
Overall Deficiency of Institute:	Yes

Designation	Name	Qualification	Appointment type	PhD
Principal/Director	MANIK GAIKWAD	ELECTRONICS, ELECTRONICS,	Regular	Yes

#### Other Details

Details of Requirement	Status provided by the Institute	Deficiency
List of faculty and data uploaded on the		No

**ATTESTED**

Date of Signature  
(dd/mm/yyyy)

Seal of Institute



Dr. M. S. GAIKWAD  
Name & signature of Director /Principal

Sinhgad Institute Of Technology, LonaVala

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Page 1 of 9

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institute web portal	Yes	
Are all approved teaching faculty being paid as per VI pay commission?	Yes	No
Whether Institute is operating from Permanent Site/ Temporary Site?	Permanent Site	No
Fees to be charged, Reservation policy, Admission policy and Document retention policy are uploaded in Institute's Website?	Yes	No
Courses/Approved Intake displayed at the entrance of the institute?	Yes	No

### Anti-Ragging Related Deficiency Status

Details of Requirement	Status provided by the Institute	Deficiency
Constitution of Anti-Ragging Committee	Yes	No
Constitution of Anti-Ragging Squad	Yes	No
Undertaking obtained from all Students	Yes	No
Appointment of Counselors	Yes	No
Undertaking obtained from parents of all the students	Yes	No
Undertaking obtained from students staying in Hostel:	Yes	No
Undertaking obtained from parents of students staying in Hostel	Yes	No

### Ombudsman Related Deficiency Status

Details of Requirement	Status provided by the Institute	Deficiency
Grievance Committee	Yes	No

### Total Number of Students in Institute

Number of Students UG	3600
Number of Students PG	216
Number of Students DIPLOMA	0
Total Students (CI) (UG+PG+DIPLOMA)	3816

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Name & Signature of Director / Principal

PRINCIPAL

Sinhgad Institute Of Technology, Lonavala

Page 2 of 9

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### Faculty

#### Institute Level Faculty

Type	Actual number	Required number as per CI	Deficiency
Total Faculty(UG+PG+Diploma)	207	251	Yes
Minimum 80% Regular Faculty	202	201	No

### Administrative Area

Type	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
Principal / Director Office	35	20	No
Board Room	25	20	No
Office All Inclusive	194	150	No
Department Offices	155	100	No
Cabin for Head of Dept	94	50	No
Central Store	80	30	No
Maintenance	12	10	No
Housekeeping	10	10	No
Pantry for Staff/Faculty	10	10	No
Exam Control Office	35	30	No
Training Placement Office	66	50	No

### Amenities Area

Type	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
Boys Common Room	80	75	No
Girls Common Room	80	75	No
Cafeteria	150	150	No
Stationery Store	27	10	No
First aid cum Sick Room	27	10	No

### Computational Facilities

Date of Signature  
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Dr. M. S. GAIKWAD  
Name & signature of Director / Principal  
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Type	Available	Required	Deficiency
Internet Bandwidth	64	48	No
Printers	95	25	No
A1 size Color Printers	0	0	No
Legal Application S/W	31	20	No
Legal System S/W	3	3	No
PCs to Student ratio	693	494	No

### Library Facilities

Type	Available	Required	Deficiency
Volumes	19470	17900	No
Titles	4464	3100	No
National Journals	55	55	No
Library Management Software	1	1	No
Reading Room Capacity	500	150	No
MultiMediaPC	10	10	No

### Instructional Area-Common Facilities

Type	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
Computer Center	150	150	No
Library & Reading Room	900	400	No

### Land Area Details

Type	Actual Room Area (Acres)	Expected Room Area (Acres)	Deficiency
Total Area of Land	25	7.5	No
Maximum number of Pieces	1	1	No
Minimum per Piece of Area	25	7.5	No

### ENGINEERING AND TECHNOLOGY / Existing Programme


Type	Level	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
Class Room-Tutorial Room	UNDER GRADUATE	2634	2475	No
Additional Workshop/Labs	UG/PG	804	800	No
Tutorial Rooms - PG	POST GRADUATE	167	165	No
Laboratories-All	UG/PG	4083	3090	No
Workshops	UG/PG	287	200	No
Drawing Halls	UG/PG	290	132	No
Seminar Hall	UG/PG	436	396	No

XX- No Rooms Available

DNA- Data Not Available / Insufficient Data

Date of Signature  
(dd/mm/yyyy)



  
**Dr. M. S. GAIKWAD**  
 PRINCIPAL  
 Name & signature of Director /Principal  
**Sinhgad Institute Of Technology, Lonavala**

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Page 4 of 9

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### DECLARATION BY THE PRINCIPAL/DIRECTOR OF THE INSTITUTE

I, as the Head of the Institution, hereby declare that:

a) I have carefully gone through the AICTE Regulations Notification dated on 30th November, 2016, published in the Gazette of India - Extraordinary Part III, Section- 4 and also the various provisions mentioned in the Approval Process Hand Book 2017-18.

b) I am fully aware of the data uploaded by me in respect of my institute on the web portal.

c) I am aware that there is no provision of correction for data, alteration of data, subsequent editing and appeal etc. for the online application once uploaded on the web portal.

d) I am also aware that application for seeking Extension of Approval(EOA), Increase/Reduction of intake, Addition of new courses, Dual Degree course, Integrated Course, Change of site, Closure of course, Supernumerary Seats under PIO/FN/Gulf Quota Approval Status/OCI, NRI, Change of name, and Conversion of women institute into Co-ed institute and vice versa(as applicable), shall be processed as per relevant provisions enumerated in the Approval Process Hand Book 2017-18.

e) I am aware of the Deficiencies (if any) pointed out in the Report generated online, based on the factual data uploaded by my institute on the portal.

f) I am also aware that the institute is eligible for grant of Extension of Approval, Increase/Reduction of intake, Addition of new courses, Closure of course, supernumerary seats under PIO/FN/Gulf Quota Approval Status/OCI, NRI, Change of name, Dual Degree course, Integrated course, Change of site, Conversion of women institute into Co-ed institute and vice versa (as applicable) only on fulfillment of prescribed norms & requirements as mentioned in the Approval Process Hand Book 2017-18.

(Principal/Director)

Date of Signature  
(dd/mm/yyyy)



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**ATTESTED**

Name & signature of Director/Principal

PRINCIPAL

Sinhgad Institute Of Technology, Lonavala

Page 9 of 9

Application for Extension of Stay

Respected Sir,

I am writing to you regarding the extension of stay.

FOR THE EXTENSION OF STAY OF THE APPLICANT

I am writing to you regarding the extension of stay.

I have already given through the AICTE Regulations Notification dated on 20th November, 2018, published in the Gazette of India - Extraordinary Part II Section 3 and also the various provisions mentioned in the Annual Extension Form 2017-18.

As I am a student of the State Institute of Technology, I am writing to you regarding the extension of stay.

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As I am a student of the State Institute of Technology, I am writing to you regarding the extension of stay.

Yours faithfully,

ATTESTED

DR. M. S. GAIKWAD  
PRINCIPAL

Shri G. Institute of Technology, Lonavala