



**APPROVAL PROCESS 2022-23**

**Application Deficiency Report**

**DEFICIENCY REPORT AS PER APPLIED INTAKE (Applicable for Existing Institutions only)**

<b>Regional Office</b>	Southern	<b>Overall Deficiency of Institution:</b>	<b>No</b>
<b>Application ID</b>	1-10968407355	<b>Permanent ID</b>	1-4247981
<b>Name of the Institution</b>	Tagore Institute Of Engineering And Technology	<b>Address</b>	Salem-Chennai Main Road, Deviyakurichi - 636 112, Attur(Tk), Salem(Dt), Tamil Nadu
<b>City/Village</b>	Attur	<b>District</b>	Salem
<b>State</b>	Tamil Nadu	<b>PIN</b>	636112

**Director/Principal Details**

Designation	Name	Appointment Type	Qualification	PhD	Eligible as per AICTE Norms (YES/NO)
Director/Principal	Jayanthi S	Regular	B.E, M.E, DEEE	Yes	Yes

**Other Details**

Sr. No.	Particulars	Status Provided by the Institution	Deficiency
1.	List of Faculty Member and Data Uploaded on the Institution Web Portal	Yes	No
2.	Are all Approved Teaching Faculty Member being Paid as per Present Pay VI/Scale/Commission?	Yes	No
3.	Whether Institution is Operating from Permanent Site?	Yes	No
4.	Fees to be Charged, Reservation Policy, Admission Policy and Document Retention Policy are Uploaded in Institution's Website?	Yes	No
5.	Courses/Approved Intake Displayed at the Entrance of the Institution?	Yes	No

**Anti-Ragging Related Deficiency Status**

Sr. No.	Particulars	Status Provided by the Institution	Deficiency
1.	Constitution of Anti-Ragging Committee	Yes	No
2.	Constitution of Anti-Ragging Squad	Yes	No
3.	Undertaking Obtained from all Students	Yes	No
4.	Appointment of Counselors	Yes	No
5.	Undertaking Obtained from Parents of all the Students	Yes	No
6.	Undertaking Obtained from Students Staying in Hostel	Yes	No
7.	Undertaking Obtained from Parents of Students Staying in Hostel	Yes	No

**Institution Level Faculty Member**

Sr. No.	Particulars	Actual No.	Required No. as per CI	Deficiency
1.	Total Faculty(UG+PG+Diploma)	107	83	No

**Administrative Area**

Sr. No.	Particulars	Actual Room Area (Sq.m.)	Expected Room Area (Sq.m.)	Deficiency
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Date of Signature(dd/mm/yyyy)

Seal of Institution

Name & Signature of Director/Principal