

1. Kindly provide the details of the institution

Name of Institution:

Year of Establishment of the Institution:

Address Line 1:

Address Line 2:

City/Town:

State:

Postal Code:

Email Address:

2. NAAC Accreditation/ Reaccreditation Details

Year of Accreditation/ Reaccreditation:

Current Grade:

CGPA:

3. Institutional Status

Affiliated Permanent

4. Contact Person Details

Name of Head of Institution:

Contact Phone:

Email:

Website URL:

Name of IQAC Co-ordinator:

Email:

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NAAC Institutional Quality Sustenance and Development Survey

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3.

SECTION I

This section is related to institutional goals, vision and mission, academic programmes and activities, strategies and action plans for institution building.

5. Number of academic programmes existing (Enter a number; 0 for nil)

Undergraduate
(BA/B.Sc./B.Com
etc.)

Post Graduate
(MA/M.Sc./M.Com
etc.)

Research
Programmes
(M.Phil/P.hD)

Certificate
Programmes

Professional
Programmes
(B.Tech/M.Tech
/B.Ed/M.Ed
/Medicine/Pharmacy
/Paramedical
/Nursing etc)

Other value added
programmes

Any other
programme offered
(Specify)

6. Details on Programme Development (Enter a number; 0 for nil)

New programmes
added during the
year

New programmes
designed

