



Thiruvalluvar University
THIRUVALLUVAR UNIVERSITY
SERKKADU, VELLORE - 632 115

**INDIVIDUAL REPORT BY THE EXPERTS FOR CONSIDERING THE
GRANT OF FRESH/FURTHER AFFILIATION FOR THE COURSES
IN THE ARTS AND SCIENCE COLLEGES**
(To form part of the overall Report and to be given to the Convener)

NAME OF THE COLLEGE :

**COURSE FOR WHICH
INDIVIDUAL REPORT IS GIVEN :**

DATE OF INSPECTION :

ASSESSMENT AND RECOMMENDATIONS IN RESPECT OF EACH ONE OF THE FOLLOWING

1. Classroom, space & furniture

2. Teaching Staff:
(please specify as per the workload prescribed by the University)
Required/Already appointed/to be appointed.

3. Laboratory Equipment & Space:
(kindly specify the name of the equipments and time limit within which it must be procured and installed)

4. Library: (please specify the list of books and journals)

5. **Specific recommendations to grant/not to grant fresh college/new course/additional/continuation of provisional affiliation for the courses for the academic year.**

**PLACE:
DATE:**

**NAME & SIGNATURE OF THE
MEMBER-INSPECTION COMMISSION**