

**Academic Monitoring Prativedan
for Polytechnic
Affiliated with SBTE, Bihar**



विज्ञान एवं प्रौद्योगिकी विभाग

Dept. of Science & Technology, Govt. of Bihar

State Board Of Technical Education, Bihar

4th Floor, Technology Bhawan, Bisveshraiya Complex

Patna-800 015

State Board of Technical Education, Bihar, Patna.
Academic Monitoring SUMMARY SHEET for AICTE Approved Diploma Courses
To be filled in by Academic Monitoring Committee.
Guidelines given at the foot note of formats for Institute & department.

Name & Address of the Institute: – _____

Instt Code –

Status of the Principal – *Regular / Incharge

| Sr No | Component | Gradation | | | | | | Over all Performance |
|-------|--------------------------------|-----------|-------|--------|----------|--------|--|----------------------|
| | | V | G | S | P | | | |
| | Department | Civil | Mech. | Elect. | Electro. | C. Sc. | | |
| 1. | Faculty Strength | | | | | | | |
| 2. | Faculty Profile | | | | | | | |
| 3. | Students' attendance | | | | | | | |
| 4. | Curriculum Coverage | | | | | | | |
| 5. | Continuous Assessment | | | | | | | |
| 6. | Learning resources utilization | | | | | | | |
| 7. | Books & Library Facilities | | | | | | | |
| 8. | Result analysis | | | | | | | |
| 9. | Laboratory standards | | | | | | | |
| | Overall Performance | | | | | | | |

*Regular staff means, the staff whose appointment is approved by the competent authority.

| Previous Discrepancies | Met Out | Not Met Out |
|------------------------|---------|-------------|
| | | |
| | | |
| | | |
| | | |

Signature , Name
 Designation of the
 Chairman AMC

Member

Member

Note: Very good – V (4), Good – G (3), Satisfactory – S (2), Poor – P (1)
 Overall Performance per course --- Maxm. Score --- 36,
 V --- 32 & above G --- 21 to 31, S --- 14 to 20, P --- below 13

STATE BOARD OF TECHNICAL EDUCATION, BIHAR, PATNA INSTITUTE PROFILE

1. Name of the Institute: _____ Instt. Code No.

2. Year of Establishment: _____

3. Address : _____

Email ID: _____

Website : _____

Landline - Principal : _____

Mobile - Principal : _____

Landline - Office : _____

4. Date of Monitoring : _____

5. Courses offered:

| S. N. | Title of the Course | Course Code | Intake | AICTE Approval No | SBTE Affiliation No |
|-------|---------------------|-------------|--------|-------------------|---------------------|
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5. Land Acquired: Acres

6. Civil Works in Sq.m.

| Sr. No. | Particulars | Required as per AICTE norms | | Available | | Measures taken in case of short fall |
|---------|---------------------------------|-----------------------------|--|-----------|--|--------------------------------------|
| | | | | | | |
| 1. | Class Rooms | | | | | |
| 2. | Drawing Halls | | | | | |
| 3. | Library | | | | | |
| 4. | A/V Aid Center/ Seminar hall | | | | | |
| 5. | Work Shop | | | | | |
| 6. | Computer Centres | | | | | |
| 7. | Laboratories | | | | | |

7. Library Books and Technical Magazines: -

| S.N. | Name of the Dep. | No. of Books available | No. of Technical Magazines available | Added current year | | Shortage / Excess | |
|------|------------------|------------------------|--------------------------------------|--------------------|-----------|-------------------|-----------|
| | | | | Books | magazines | Books | magazines |
| | | | | | | | |
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| | | | | | | | |

8. Library Facilities.

| S.N. | Book Bank | Open access | Extended Library services | Computerised Library Services | Reading Room | | Internet Facility | Reprography Facility |
|------|-----------|-------------|---------------------------|-------------------------------|--------------|----------|-------------------|----------------------|
| | | | | | Staff | Students | | |
| | | | | | | | | |

Note: - Tick (√)for Yes and (x) Cross for No

9) List of detained students of previous MSBTE Exam Yes / No

10) Facilities and Amenities

1. Canteen Yes / No

2. Co- operative Stores Yes /No

3. Play Grounds Yes /No

4. Gymkhana Facilities Yes /No

5. Girls Common Room Yes / No

6. Any other information Principal wants to highlight.

Name & Signature of the Principal

Place :

Date :

Verified:

STATE BOARD OF TECHNICAL EDUCATION, BIHAR, PATNA

Academic Monitoring Department Profile

Name & Address of the Institute :- _____

Name of the Department :- _____

Academic Year :-

Date of Monitoring :-

1) Admission Status : (Number of Students Enrolled)

| S. N. | Name of Course | Course (Code) | Year of Commencement | Sanctioned Intake | I/II Semester | III/IV Semester | V/VI Semester |
|-------|----------------|---------------|----------------------|-------------------|---------------|-----------------|---------------|
| | | | | | | | |
| | | | | | | | |

2) Faculty Strength :-

| S. N. | Requirement as Per A.I.C.T.E. Norm(HOD+Lecturer) | Filled | | Vacant | Remarks |
|-------|--|---------|--------|--------|---------|
| | | Regular | Ad-hoc | | |
| | | | | | |

- i) Only regular staff to be considered for assessing faculty strength.
 ii) Regular staff means the staff whose appointment is approved by competent authority.
 (Note:- Office orders to be verified)
 iii) Remarks in the summary sheet on the basis of 4 point scale V= 100% G=90 to 99%
 S=80 to 89% P= below 80%

3) Faculty profile :-

| S. N. | Name | Designation | Qualification | Experience In yrs | No of Trainings attended in last 2 Yrs. | Conferences/ Seminars/ Work shops attended | Papers published |
|-------|------|-------------|---------------|-------------------|---|--|------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |

Regular & Ad-hoc Teaching Staff to be considered.

Visiting faculties on hourly basis should not be considered.

The remarks to be given on the basis of subjective.

Observations on 4 point scale.

Give details of training programs, seminar attended & paper published/ presented on a separate sheet

| |
|---------|
| V G S P |
|---------|

6) Details of learning Resources Available: -

| S. N. | Types of learning Material/Resources | No. available | No. Added Current Year | Total |
|-------|--------------------------------------|---------------|------------------------|-------|
| 1 | Video Cassettes | | | |
| 2 | CAI Packages | | | |
| 3 | Transparencies | | | |
| 4 | Charts | | | |
| 5 | Models | | | |
| 6 | Slides | | | |

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|----------------|
| V G S P |
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The AMC will confirm the use of teaching aids & will offer the remarks subjectively

7) Audio Visual Equipment

| Sr. No. | Name of the Equipment | No. Available |
|---------|-----------------------|---------------|
| 1 | OHP | |
| 2 | Slide Projector | |
| 3 | LCD Projector | |
| 4 | Any Other | |

Only equipment in order to be considered

| |
|----------------|
| V G S P |
|----------------|

Overall utilization of the learning resource package

8) Result Analysis: -

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--|----------|--------------|------------|----------|-------------------|----------|---------------------|-----------------------|
| S. N. | Semester | No. appeared | No. Passed | No. ATKT | No. passed + ATKT | No. Fail | % Result of passing | Remarks V , G , S , P |
| 1 | I/II | | | | | | | |
| 2 | III/IV | | | | | | | |
| 3 | V/VI | | | | | | | |
| Overall result of The department (Passed without ATKT) | | | | | | | | |

For first term academic monitoring over all results of previous II, IV & VI semester examination to be considered and for second term, I, III, & V Semester results to be considered.

The remarks to be given on the basis of 4 point scale as below:

1) V-80% & above 2) G – 60 to 79% 3) S – 40 to 59% 4) P – below 40%

For the failure of students the corrective measures taken to improve their performance.

- | | |
|---|-----|
| 1) Extra classes conducted | Y/N |
| 2) Question papers solved | Y/N |
| 3) Regular teacher appointed | Y/N |
| 4) Personal attention to average students | Y/N |
| 5) Library facility provided | Y/N |

9) Co- curricular activities..

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-------|----------------------------------|----------------|-----------------|------------|---------|-----------------|
| S. N. | Nature of activity | Number Planned | Actual Arranged | Deficiency | Remarks | Overall Remarks |
| 1 | Industrial Visits | | | | | |
| 2 | Experts Lectures | | | | | |
| 3 | Industry Based Projects | | | | | |
| 4 | Learning Resources Development | | | | | |
| 5 | Industrial Trainings deputations | | | | | |
| 6 | Other Trainings deputations | | | | | |
| 7 | Trainings Organised | | | | | |
| 8 | Technical Participations Quiz | | | | | |
| 9 | Any Other | | | | | |

Note: Encircle any one in column No. 7
Fill in the information of earlier term
Subjective Assessment

10) Equipment/Machinery Laboratory wise:-.

Academic monitoring committee should verify the status of Major / Essential equipment to cover the curriculum. The expert committee members should carry the list of equipment required for the course for which they are going for monitoring.

10.1 Name of the Laboratory: - _____

| S. N. | Particulars & Specifications of Major / Essential Equipment required for conduction of practical as per curriculum. | No. Required | No. Available | Working Condition No. | Remarks |
|-------|--|--------------|---------------|-----------------------|---------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |

Laboratory Standard

V G S P

Use separate format as above for each laboratory.

AMC will verify the status of the existing equipment & will give the remarks subjectively.

11. Any other point (Please Specify)

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.....
.....

12. Deficiency enumerated by Previous Inspection Committee / AMC

.....
.....
.....

Name & Signature of the H.O.D.

Name & Signature of the Principal

Detail remarks of the AMC

Academic Monitoring Committee Members

- 1.
- 2.
- 3.

Student's Feed Back

- | | |
|--|---------|
| 1) Whether the Academic Calendar of SBTE was displayed before the beginning of the term? | Yes/No. |
| 2) Whether the progressive skill test / class tests are conducted as per SBTE Calendar.? | Yes/No. |
| 3) Whether the test marks are displayed on the notice board within 15 days from the date of test.? | Yes/No. |
| 4) Was 100% Curriculum Covered during the last term? | Yes/No. |
| 5) Whether the students deputed for paper presentation? | Yes/No |
| 6) Whether technical quiz competitions held in the Institute? | Yes/No. |
| 7) Whether all Laboratory equipment & machinery are kept in working order all the time for practical ? | Yes/No. |
| 8) Are you being continuously assessed for Laboratory work on index sheet. | Yes/No. |
| 9) Do know your class test mark at the end of the term. | Yes/No. |
| Remarks of AMC on the basis of subjective interpretation – | V/G/S/P |

Note:- 1. The questionnaire to be filled in by two students from each class and to be collected by the Chairman AMC directly from them.

Academic Monitoring Committee Report (Optional to AMC)

In addition to the main summary sheet the chairman Academic Monitoring

Committee will give the detail remarks on the following components.

1) Space

(Class rooms, Laboratories, W/S)

2) Faculty strength & profile

3) Academic Laboratory standards

4) Teaching plan preparation

(Theory & Practical)

5) Laboratories set up &

Equipment Availability

6) Library

(Space, availability of books & Periodicals)

7) Any other point worth

Mentioning.

Chairman AMC

Write max. 3 lines to describe feelings of the committee on the parameter.

Please give specific remarks for overall evaluation.

Use bullets. No sentences.