PROFORMA FOR SUBMISSION OF DETAILS OF ARCHITECTURE COURSE

1. Institution Code :

2. Institution Name & Address :

- 3. Year of commencement of B.Arch./M.Arch. course :
- 4. University affiliated to :
- 5. Details of Full-Time Faculty members employed at the Institution prior to the date of recent inspection:

SI.	Name	Date of Birth	Council's Registration No. with validity	Academic Designation	Administrative Designation (If any)	Date of Joining (dd/mm/ yyyy)	Nature of Appointment (Regular/ Tenure basis)	Details of Qualificati on (UG/PG/ Doctorate)	Class/Div ision/ %/CGPA in each degree	Teac hing/ work exper ience In years	Curre nt/ last emplo yment	Date on which the faculty was selected by the Selection Committee comprising COA representative along with name of representative

(Rows can be added as per number)

6. Details of students admitted by institution in the B.Arch./M.Arch. course during past five years

SI.No.	Academic Session	Intake Sanctioned by Council	Students admitted by the institution			

Note: The copies of letters of appointments, joining/consent letters, UG/PG degrees, salary details with Form-16, TRACES Form etc. of all faculty members to be enclosed.

Date :____

Signature (with stamp) of the Director/ Principal/Dean/HOD of the Institution/Department