

UNIVERSITY GRANTS COMMISSION

Scheme for B.Voc Degree Programme

PROFORMA FOR SUBMISSION OF PROPOSAL

1. **Details of the University / College:** *Please ensure that the details entered below match exactly with the details registered with UGC.*

1.	Name of the University / College: (As given in list u/s 12(B) of UGC Act)	
2.	Full Postal Address:	
3.	Name of the Affiliating University (in case of Colleges only)	
4.	Whether covered under Section 2(f) and 12(B) of the UGC Act, 1956	Yes / No
5.	Whether Autonomous (in case of Colleges only)	Yes / No
6.	Whether recognized as College with Potential for Excellence / College of excellence / University with Potential for Excellence	
7.	NAAC / NBA Accreditation details. (Date, Grade, CGPA, validity)	
8.	Whether the institution is aided and receiving General Development Assistance from UGC or it is self financing?	
9.	Name, designation and contact details of Head of the Institution. (Telephone/fax/mobile/email)	
10.	Name, designation and contact details of Proposed Nodal Officer for B.Voc (Telephone/fax/mobile/email)	
11.	Website URL of the College / University	
12.	Any other relevant information (<i>Maximum 100 words</i>) College / University may like to provide	

2. Details of the Proposed Programmes

S. No.	Name of Trade or Sector	Name of the Programme(s) (Cert., Diploma, Adv Diploma, Degree)	Duration		No. of credits	Job Roles and Levels proposed (*)	Partner Industry	Proposed intake of students (Annually)
			No. of Hours	No. of Semesters				
1.				1.				
				2.				
				3.				
				4.				
				5.				
				6.				
2.								
3.								

(*) A separate sheet may be attached for further details.

The details of **all the proposed courses** should be incorporated in the same proposal, as above, and separate proposals for each course need not be submitted.

- 3. Basis for choosing the course specialisation(s):** The choice of specialisation should be based on:
- a) Skills Gap requirements, to ensure that the program fulfils the skills requirement of industry;
 - b) University / College has expertise in the specialisation; and
 - c) University / College have one or more committed industry partner(s) for design, delivery, internship and placement.

Provide detailed basis for the choice of each of the specialisation(s) for process and approval.

3.1. Skill Gaps Identified:

	Trade(s)	Skill Gaps Identified (<i>Quantitative, Qualitative, Source, ...</i>)
1.		
2.		
3.		

3.2. Existing expertise / core competence of the University / College in the proposed trade(s):

	Specialisation	Existing expertise (<i>Which can be leveraged by the institution</i>)
1.		
2.		
3.		

4. Curriculum Design

4.1.1. Has the Curriculum for each programme been developed in consultation with the:

- a) Sector Skill Council? YES / NO
 b) Industry partner? YES / NO

4.1.2. Please provide details of Industry / Sector Skills Council (SSC) Representatives (Name / Designation/ Address) involved in design and preparation of curriculum for each of the proposed programme (s):

S.No.	Name of the Programme	Details of the Industry & SSC Representative(s)		
		Name	Name of Organisation and Address	Contact Details (Mobile, email, Website)
1.				
2.				
3.				

4.1.3. Alignment with National Occupational Standards of the Sector Skills Council(s) and National Skill Qualification Framework:

S.No.	Name of the Sector / Programme	Sem-ester	Job role(s) Covered	NSQF Level	Remarks
1.		1			
		2			
		3			
		4			
		5			
		6			
2.		1			
		2			
		3			
		4			
		5			
		6			

Add more rows, if needed.

4.1.4. Whether the curriculum has been vetted by respective Sector Skill Council(s):

Yes / No

5. Proposed subjects / papers in each of the semester of proposed programmes to be offered at the institution separately for the General Education and Skill component.

	Semester-1	Credits
	<i>General Education Component:</i>	
	<i>Skill Component</i>	
	Semester-2	
	<i>General Education Component:</i>	
	<i>Skill Component</i>	
	Semester-3	
	<i>General Education Component:</i>	
	<i>Skill Component</i>	
	Semester - 4	
	<i>General Education Component:</i>	
	<i>Skill Component</i>	
	Semester - 5	
	<i>General Education Component:</i>	
	<i>Skill Component</i>	
	Semester - 6	
	<i>General Education Component:</i>	
	<i>Skill Component</i>	

Add as much number of sheets as required for all the programmes

6. Details of Existing Faculty/Departments:

S.N.	Faculty / Departments	Sanctioned Faculty Strength	Existing Faculty Members	Total number of students

7. Existing Industry Linkages:

Name of Industry / Industry Associations	Nature of Existing Collaboration

8. Proposed Industry Partners / NSDC Training Partners for Skills Training for Proposed Programmes:

Name of Industry Partner	Nature of work, Specialization and level of its Operations
Name and Details of NSDC Skills Training Partner (if any):	

9. **B.Voc / Community College: If the Institution is already approved under UGC B.Voc. and/or Community Colleges**

Programs	Key Achievements (Enrolment, Industry Collaboration, Placements etc...)
<p>B.Voc. <i>(indicate UGC reference and grants and courses approved)</i></p>	
<p>Community College <i>(indicate UGC reference and grants and courses approved)</i></p>	

10. Availability of Faculty for B.Voc Programme

S.No.	Name of the Programme	Number of Faculty				Name of the Industry Partner providing guest faculty
		Required	Available with Host Institution	Guest Faculty to be hired	Guest faculty to be provided by Industry Partner	
1.						
2.						
3.						

11. Training needs of Faculty

S.No.	Name of the Programme(s)	Details of Training required and duration	Training Provider(s) (NSDC / Industry)
1.			
2.			
3.			

12. Details of infrastructure available with university/ college

Particulars	Details
Administrative / faculty Office	
Classrooms	
Labs / Workshops	

13. Please provide plan for meeting the requirements of physical infrastructure for programmes to be offered:

S.No.	Name of the Programme	Availability of physical infrastructure		
		Infrastructure	Available in the Host College/ University	To be provided by Industry Partner [#] / NSDC Training Partner [§]
1.		Classroom		
		Laboratory		
		Workshop		
		Library		
		ICT Facility		
		Others		
2.		Classroom		
		Laboratory		
		Workshop		
		Library		
		ICT Facility		
		Others		

Indicate [#] for infrastructure provided by Industry partner and [§] for infrastructure used from NSDC Training Partner
Add additional number of sheets as required for all the programmes

14. Placement plan:

14.1. Please provide details of plans, for enabling placement of students of the institution in partner industries:

S. No.	Name of the Programme	Details of proposed placement of learners	
		Industry Partner name(s)	Expected placement Numbers by the partner industry at the end of the programme
1.			
2.			
3.			

14.2. How would the institution set up an effective mechanism for placement of students?

15. Roadmap for implementation of the Scheme:

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16. Budget Requirements for XII plan period:

S.N.	PARTICULARS	AMOUNT REQUIRED*
1.	Start-up Assistance	
2.	Staff	
3.	Operative Cost	

*Specify the number required and grants needed up to XII plan period (31 March 2017)

17. Year-wise Key Milestones / Plans:

S.N.	Key Plans / Milestones	Person Responsible	Expected Completion Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

18. Any other Information which the University / College may like to provide.

Signature with Seal of the Head of the Host Institution

Name :

Date:

CERTIFICATE

This is to certify that the information provided in this proposal and its enclosures is true and correct to the best of my knowledge and belief. I understand the consequences of any untrue or incorrect information provided in this proposal and its enclosures.

Vice-Chancellor/Principal
(Signature with seal)

Place:

Date:

Mandate Form

Electronic Clearing Service (Credit Clearing)/ Real Time Gross Settlement (RTGS) facility for receiving payments.

A. Details of Accounts Holders:-

1.	Name of Account Holder	
2.	Complete Contact Address	
3.	Telephone Number/Fax/E-mail	

B. Bank Account Details:-

1.	Bank Name	
2.	Branch Name with Complete Address, Telephone No. and E-mail	
3.	Whether the Branch is computerized?	
4.	Whether the Branch is RTGS enabled? If yes then what is the Branch's IFSC Code	
5.	Is the Branch also NEFT enabled?	
6.	Type of Bank Account (SB/Current /Cash Credit)	
7.	Complete Bank Account No. (Latest)	
8.	MICR Code of Bank	

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I would not hold the use Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

Date:

Signature of Customer

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

Date:

Signature of Bank Manager

1. Please attach a photocopy of cheque along with the verification obtained from the bank.
2. In case your Bank Branch is presently not "RTGS enabled", then upon its up gradation to "RTGS Enabled" branch, please submit the information again in the above proforma to the Department at earliest.

NOTE:- Refund of Security Deposit/ Hire Charges Due to operation of E-payment w.e.f. 01/04/2012 the Mandate form may please be submitted, duly verified by the bank, to this office for claiming Refund of Security Deposit/Hire Charges along with a photocopy of blank Cheque.

UNIVERSITY GRANTS COMMISSION, NEW DELHI

UTILIZATION CERTIFICATE

It is certified that the total grant of Rs. _____ (Rupees)
sanctioned by the UGC vide letter No. F. _____ dated _____
has been utilized by the university / college in accordance with the terms and conditions
laid down by the UGC vide its letter No _____ dated _____ and that all the
terms and conditions have been fulfilled by the university / institution and the grant has
been utilized for the purpose for which it was sanctioned.

It is further certified that the inventories of permanent and semi-permanent assets
created/acquired wholly or mainly out of the grants given by the UGC as indicated in the
enclosed statement are being maintained in the prescribed form and are being kept up-to-
date and these assets have not been disposed off, encumbered or utilized for any other
purpose.

If as a result of check or audit objection, some irregularity is noticed at a later stage, the
university/college will refund the objected amount.

Signature of Registrar/Principal with Seal

Signature of Auditor with Seal

Note: The Utilization Certificate should be accompanied by audited statement of account
indicating expenditure on various items.

UNIVERSITY GRANTS COMMISSION

PROFORMA FOR SUBMISSION OF STATEMENT OF EXPENDITURE INCURRED BY THE INSTITUTION

1. Name of the University/College:
2. Name of the Department :
3. No. & Date of UGC's approval
No.F. _____ Dated _____
3. Period to which the accounts related : w.e.f. _____ to _____

5. Details of actual expenditure incurred :

Head	Grants approved	Grants released	Actual Expenditure	Unspent balance	Remarks
	(i)	(ii)		(iii)	(iv)

Signature

Head of Institution/Registrar/Govt. Auditor/CA

UNIVERSITY GRANTS COMMISSION, NEW DELHI

ANNUAL PROGRESS REPORT
(to be submitted annually to the UGC by each Institution)

1. Name and Address of the University/College:
2. Name of the Head of Institution and Nodal Officer with mobile and email ID:
3. Period of the Progress Report:
4. Activities Taken up During the Year:
5. Utilization of Grants during the Year:
6. Specific Outcomes:
7. Impact on the targeted community:
8. Difficulties encountered in implementation (if any) and suggestions for improvement:

[UGC MAY PROVIDE AN SPECIFIC PROFORMA FOR ANNUAL PROGRESS AND REVIEW INFORMATION TO BE FURNISHRD BY INSTITUTION]

CERTIFICATE

This is to certify that the data/ information presented in this Annual Progress Report are true and correct to the best of my knowledge and belief and the required documents will be provided to the UGC, as and when the same are called for.

Signature with Seal of Head of the Institution

Place:

Date: