



Letter of Intent (LOI) for Physical Education (PE) / Teacher Education (TE) Colleges

Please select any one of the following

College of Physical Education

College of Teacher Education

Date of submission: (DD/MM/YYYY)

Institution Email ID:

1	Letter of Intent	<input type="checkbox"/> Accreditation <input type="checkbox"/> Re-Assessment
	Cycle of Accreditation (When an institution undergoes the accreditation process for the first time, it is referred to as Cycle 1 and the consecutive five year periods as Cycles 2, 3, etc.)	<input type="checkbox"/> Cycle 1 <input type="checkbox"/> Cycle 2 <input type="checkbox"/> Cycle 3
	Date of previous accreditation by NAAC (applicable for Cycle 2, Cycle 3, Cycle 4 and Re-Assessment only)	Cycle 1: (DD/MM/YYYY) Cycle 2: (DD/MM/YYYY) Cycle 3: (DD/MM/YYYY) Cycle 4: (DD/MM/YYYY)
2	Name of the College	
3	Name of the Head of the Institution	
3.a	Designation	
4	Address	
	State/UT	
	City	
	Pin	
	Phone No	
	Alternate Phone No	
	Mobile No	
	Alternate Mobile No.	
	Fax	
	Email	
	Alternate Email	
	Website [e.g.: www.abc.com]	
	*(Website domain addresses with special characters are not accepted due to security reasons.)	

5	Date of establishment of the College Attach NCTE Recognition(DD/MM/YYYY)
5.a.	Have two batches of students graduated from the College?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.a.	Is the College recognized under section 2(f) of the UGC Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, date of recognition by UGC under section 2(f)(DD/MM/YYYY)
	Attach UGC 2(f) certificate	
6.b.	Is the College recognized under section 12B of the UGC Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, date of recognition by UGC under section 12B(DD/MM/YYYY)
	Attach UGC 12B certificate	
	Attach latest Grant Certificate	
7.a.	Name of the university to which the college is affiliated, or of which the college is a constituent. Provide details:	
	State in which the affiliating university is located	
	Name of the university	
	Attach affiliated/constituent recognition certificate	
	Type of affiliation	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
7.b.	If the institution is not affiliated to a university, does it offer any programmes recognized by any Statutory Professional Regulatory (SPR) Council (which is equivalent to a post graduate programme of a university) (e.g.: NCTE, AICTE, MCI, DCI, NCI, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, provide details:	
	Name of the programmes	
	Name of SPR Council recognizing it	
	Equivalent university degree	
8.a.	Is the institution recognised as an Autonomous College by the UGC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, provide details:	
	Date of conferment of the status:(DD/MM/YYYY)
	Attach Autonomous status certificate	
8.b.	Is the institution recognised as a 'College with Potential for Excellence (CPE)' by the UGC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, provide details:	
	Date of conferment of the status:(DD/MM/YYYY)
	Attach CPE status certificate	

8.c	Is the College offering any other programmes recognized by any Statutory Regulatory Authority (SRA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, provide details:	
	Statutory Regulatory Bodies	<input type="checkbox"/> AICTE <input type="checkbox"/> DCI <input type="checkbox"/> NCTE <input type="checkbox"/> MCI <input type="checkbox"/> PCI <input type="checkbox"/> Other
	Attach SRA status certificate	
9.a	Nature of the College	<input type="checkbox"/> Government <input type="checkbox"/> Private
	If Private	<input type="checkbox"/> Grant-in-aid <input type="checkbox"/> Self financing
9.b	Number of Degrees offered by the College	
	Certificate	
	Diploma	
	UG	
	PG	
	PG Diploma recognized by statutory authority	
	Research	
	Others	
9.c	Details of Degrees offered by the College (e.g.: B.Ed., M.P.Ed., etc.)	
	Education	
	Others	
10	Total Number of	
	Teaching Staff in the College	
	Non-Teaching Staff in the College	
	Students in the College	
11	Date of establishment of IQAC (Optional for Cycle 1)(DD/MM/YYYY)