

UNIVERSITY GRANTS COMMISSION
Distance Education Bureau
Format for submission of representation

PART A- Information of Higher Educational Institution (HEI)

A1.	Name of the HEI:	Year of Establishment:	
	HEI Type:		
A2.	<ul style="list-style-type: none"> • Commission decision : UGC Letter No: _____ Dated: _____ • Number of programmes recognized : • Number of programmes found deficient : 		
	Details of programmes recognized as per UGC letter cited at A2 above:		
A3.	Sr. No.	Programme name	Faculty details (qualified, full-time and dedicated faculty)
	1.		Number with designation (faculty details such as name, qualification, designation etc. to be enclosed at Annxure-A3.P1)
	N. (Last programme)		Number with designation (faculty details such as name, qualification, designation etc. to be enclosed at Annxure-A3.PN)

PART B – Representation by Higher Educational Institution (Programme-wise)

Representation for programmes found deficient as per UGC letter cited at A2 above:

1. Programme Name (last programme):

1.1 Deficiency(s):
Response:

1.2 Number of qualified, full-time and dedicated faculty available:

1.3 PPR/SLM approved by the statutory authorities of the HEI(Yes/No):
(Enclose duly certified documentary evidence in support of 1.1, 1.2 & 1.3 at Annexure-B.P1)

N. Programme Name (last programme):

N.1 Deficiency(s):
Response:

N.2 Number with designation of qualified, full-time and dedicated faculty available:

N.3 PPR/SLM approved by the statutory authorities of the HEI(Yes/No):
(Enclose duly certified documentary evidence in support of N.1, N.2 & N.3 at Annexure-B.PN)

PART C – Declaration

It is hereby declared that information provided in Part-A & Part-B above, is factually correct. I understand and agree that an appropriate action against the HEI will be initiated by the UGC, in case any false statement/information is observed during the evaluation of the representation received and at a later stage.

Date:

Signature & Name

Place:

Head of the Institution with seal