

## National Council for Teacher Education(NCTE)

(A Statutory Body of the Government of India)

G-7, Sector-10, Dwarka, Landmark – Near Metro Station, Delhi – 110075

## Performance Appraisal Report (PAR)

## INSTITUTION'S PROFILE

Institution Code	20227CDA305453	Application Code	P2021004469
Name of the Institution	SPAV NAIGAON	Type of Institution	PRIVATE INSTITUTION
Whether running ODL Courses also?	NO		
Year of Establishment of Institution	1997	Website	HTTPS://SAVITRIBAIPHULEDTEDCOLLEGE.ORG
Status of the Institution	STANDALONE ( See Section 2(b) of NCTE Regulation, 2014 )		
E-Mail ID (For recovering your password and any future communication with NCTE)	SPAVNDTED@GMAIL.COM	Alternate E-Mail ID	mangalcnevase@gmail.com
Institution Mobile No. (For future communication with NCTE)	9867281941	Telephone No.	02169-249254
Fax No.			

## Address of the Institution at the time of Recognition

<input checked="" type="radio"/> Survey <input type="radio"/> Khata <input type="radio"/> Gata <input type="radio"/> Khasra <input type="radio"/> Plot No.	1008	Street/ Road	SALAV ROAD
Village	NAIGAON	Post Office	NAIGAON
Taluka/ Mandal/ Block	KHANDALA	Town/ City	SHIRWAL
State	MAHARASHTRA	District	SATARA
Pin Code	412801		
Whether any change in address after recognition?	No		

## Particulars of Authorized Person/Representative for filling PAR

Name	SHIDU MANDU NEVASE	Father Name	MANDU RAMA NEVASE
E-Mail ID	shidunevase@gmail.com	Mobile No.	9867281941
Designation	SECRETARY	Permanent Account Number (PAN)	ADQPN1963J
Authorization letter on the stamp paper as per admissible government rate for filling PAR			

## Details of Head/ Principal of the Institution

Name	MANGAL CHANDRKANT NEVASE	E-Mail ID	MANGAICNEVASE@GMAIL.COM
Mobile No.	9922259498		

## PARENT ORGANIZATION DETAIL

Type of Parent Organization	TRUST
Name of Trust/ Society/ Company	BHAIRAVNATH SHIKSHAN SANATH

## Postal Address of the Parent Organization

<input checked="" type="radio"/> Survey <input type="radio"/> Khata <input type="radio"/> Gata <input type="radio"/> Plot No.	1008	Street/ Road	SALAV ROAD
Village	NAIGAON	Post Office	NAIGAON
Taluka/ Mandal/ Block	KHANDALA	Town/ City	SHIRWAL
State	MAHARASHTRA	District	SATARA
Pin Code	412801		
Permanent Account Number (PAN)	AACTB3570G	TAN (If Applicable)	
Copy of Not-for-Profit Certificate (PDF with size less than 3 MB)			

## Society/ Trust/ Company Members Information

S.No.	Name	Designation	Mobile Number	Email Id	Membership valid upto (DD/MM/YYYY)	PAN	Aadhaar No.
1	shidu mandu nevase	Secretary	9867281941	shidunevase@gmail.com	01/06/2024	ADQPN1963J	281030804564

**MULTI DISCIPLINARY PROGRAMME(S)**

Whether any programme(s) other than Teacher Education Programme(s) is being offered by the Institution?	No
---	----

**DETAILS OF EXISTING TEACHER EDUCATION PROGRAMME(S)/ COURSES**

S.No.	Programme	Institution Code/Application No. (of NCTE)	Recognition Order Detail	Changes in Course Intake	Revised Order Detail	Withdrawal Order Detail	Restoration Order Detail	Court Directions Issued Detail
1	<b>Name:</b> Diploma in Elementary Education (D.El.Ed.). <b>Medium:</b> Marathi	112204 <b>Start Year:</b> 1997-98 <b>Approved Unit:</b> 1 <b>Approved Intake:</b> 40 <b>Student Admitted:</b> 25	<b>Order No.:</b> wrc/5-6/40/2002/06123 <b>Date:</b> 18/12/1997 <b>Attachment:</b>	<b>Order No.:</b> <b>Date:</b> <b>Session:</b> 0 <b>Attachment:</b>	<b>Order No.:</b> <b>Date:</b> <b>Attachment:</b>	<b>Order No.:</b> <b>Date:</b> <b>Attachment:</b>	<b>Order No.:</b> <b>Date:</b> <b>Attachment:</b>	<b>Court:</b> <b>Bench:</b> <b>Petition Type:</b> <b>Case No.:</b> <b>Date:</b> <b>Attachment:</b>

**FACULTY DETAILS (FOR ACADEMIC SESSION 2020-21)**

S.No.	Photo	Registration No.	Name	DOB	Father Name	Mother Name	Mobile No.	Email	PAN
1		TE21017296	SHARMILA JAGGNATH JAIKAR	05/31/1971	JAGGNATH JAIKAR	KUSUM	7588560332	ssnevase31@gmail.com	AEIPJ8337D
2		TE21017217	SAMPAT BABURAO SONWALKAR	06/01/1965	BABURAO PANDURANG SONWALKAR	BAIDABAI	9423862974	sampatsonwalkar9423@gmail.com	AOYPS2534R
3		TE21017177	MANGAL CHANDRAKANT NEVASE	06/02/1964	SOPAN HINGANE	SUGANDHA	9922259498	mangalcnevase@gmail.com	ACFPN1565N
4		TE21017595	KASHINATH MITTHU RATHOD	06/01/1969	MITTU GOPAL RATHOD	BHIMABAI	8605473951	kashinathrathod0784@gmail.com	AMBPR4730M
5		TE21017336	JAYWANT GANPAT NEVASE	06/01/1964	GANPAT BAHIRU NEVASE	MALAN	9766719544	NEVASEJAYAVANT64@GMAIL.COM	ADUPN4021D
6		TE21017626	BAL SHANKAR KAMBLE	12/12/1968	SHANKAR KAMBLE	SHAKUNTALA	9623375312	kamble.bal@gmail.com	ANPPK4999Q
7		TE21017255	MUGUTRAO RAMCHANDRA NEVASE	06/01/1970	RAMCHANDRA DINKAR NEVASE	SHAKUNTALA	9822244923	mugut.nevae@gmail.com	ACFPN1566R

**LAND DETAILS**

<b>Address of the Institute (Mentioned in the affidavit)</b>						
<input type="radio"/> Survey <input type="radio"/> Khata <input type="radio"/> Gata <input type="radio"/> Khasra <input type="radio"/> Plot No.			Village/Town			
Tehsil/ Block/ Taluka		State	District			
Land area mentioned in the Affidavit (in sq m)		5000	Built Up area mentioned in the Affidavit (in sq m)	576.16		
Whether Notarized or not		0	Affidavit Attachment			
<b>Mode of Possession of Land</b>						
Mode of Possession		Ownership				
Name of Owner of the Land		CHAIRMAN BHAIKAVNATH SHIKSHAN SANSTHA	Whether the ownership of land is in favour of Society/ Trust/ Company	Yes		
<b>Registration Details</b>						
Date of Registration of land		16/11/2000	Registration No.	778/1/12/2000		
<b>Registration Authority of land documents with address</b>						
Name of Registering Authority of land documents		BHAIKAVNATH SHIKSHAN SANSTHA	Village/ Town/ City	NAIGAON		
Taluka/ Mandal		KHANDALA	State	MAHARASHTRA	District	SATARA
Attachment of certified copy of registered land documents alongwith schedule of the property and plan of open space						

**DETAILS OF MUTATION CERTIFICATE/ PERMISSION OF LAND USE/ NON-ENCUMBRANCE CERTIFICATE**

<b>DETAILS OF MUTATION CERTIFICATE OF LAND</b>			
Whether the Institution has got the mutation of the land & land use in the Revenue Records of the State and obtained a Mutation Certificate thereof.	Yes		
Mutation Certificate No.	1063	Date of Issue of Mutation Certificate	16/12/2021
Mutation Certificate Issuing Authority	TASHILDAR KHANDALA	Total land area mentioned in Mutation Certificate (in sq m)	5000
Attachment			
<b>DETAILS OF PERMISSION OF LAND USE/ LAND USE CERTIFICATE (CLU) FOR EDUCATIONAL PURPOSE</b>			
Date of Issue of CLU	31/12/2021	CLU Issuing Authority	GRAMSEVAK NAIGAON
CLU Letter No.	59/CLU	Converted/ diverted land area under the CLU (in sq m)	5000
Attachment			
<b>DETAILS OF NON-ENCUMBRANCE CERTIFICATE</b>			
Date of Issue of Non-Encumbrance Certificate	30/12/2021	Non-Encumbrance Certificate Issuing Authority	GRAMSEVAK
Non-Encumbrance Certificate Letter No.	58	Total land area mentioned in NEC Certificate (in sq m)	576.16
Attachment			

**DETAILS OF BUILDING PLAN**

Total Land Area mentioned in the building plan (in sq m)	576.16	Total Built Up Area mentioned in the building plan (in sq m)	576.16
<b>Details of Approving Authority of Building Plan with address (Corporation/ Municipality/ Panchayat)</b>			
Name of Approving Authority with address	PANCHAYAT ,NAIGAON	Village/Town	NAIGAON
Taluka/ Mandal	KHANDALA	City	SHIRWAL
State	22	District	432
Pin Code	412801	Date of Approval	19/09/2006
Building Plan Attachment			
<b>BREAK-UP OF BUILT UP AREA MENTIONED IN THE BUILDING PLAN FOR THE TEACHER EDUCATION PROGRAMME/S</b>			
Room No	Room Size(in sq m)		
1	39.52		
2	39.52		
Multipurpose Hall (in sq m)	76.4	Library-Cum-Reading Room (in sq m)	42.706
<b>Other information required</b>			
Whether the building of the institution has been constructed as per National Building Code and the same is fully safe and structurally sound having load bearing capacity as per the Code/ Standards, to run the teacher training course.	Yes		
Whether Building Safety Certificate as per National/State Disaster Management Authority acquired or not	No		
Whether safeguard against fire hazard has been provided in all parts of the building.	No		
Facilities provided for Ramp and Lift	Ramp	Whether Electricity and safe drinking Water Facility has been provided by the institution.	Yes
Electricity Connection Meter No.	203550663927	Water Connection Meter No.	000
Whether the institution's campus, building, furniture etc is barrier free.	Yes	Whether the institution's campus, building, facility etc is disabled friendly.	Yes

**DETAILS OF BUILDING COMPLETION**

Whether completion of building is as per approved building plan or not	Yes		
Total Land Area mentioned in the Building Completion Certificate (in sq m)	541.555	Total BuiltUp Area mentioned in the Building Completion Certificate (in sq m)	576.16
<b>Building Completion Certificate Issuing Authority</b>			
Name of Authority	DEPUTY ENGG.REGION KHANDALA	Date of Issue	03/07/2019
Address	NAIGAON	Taluka/ Mandal	KHANDALA
State	MAHARASHTRA	District	SATARA
		Pin Code	412801
Building Completion Certificate Attachment			
<b>Floor Wise Built-Up Area (in sq m)</b>			
	<b>Floor(s)</b>	<b>Constructed</b>	
Ground Floor		576.16	
First Floor		0	
Second Floor		0	
Third Floor		0	
Fourth Floor		0	
Fifth Floor		0	
Total Built-Up Area (in sq m)		576.16	

**GEOGRAPHIC LOCATION**

<b>Latitude</b>	<b>Longitude</b>
18.1031428	73.9690756



**FINANCIAL MANAGEMENT**

<b>FDR Details (Maintained by the Institution)</b>		
<b>Endowment Fund Details</b>		
<b>Reserve Fund Details</b>		
<b>Balance sheet as on the last date of the financial year (2020-21)</b>		
<b>S.No.</b>	<b>Year</b>	<b>Attachment</b>
1	2020-21	
<b>Income &amp; Expenditure account for the financial year (2020-21)</b>		
<b>S.No.</b>	<b>Year</b>	<b>Attachment</b>
1	2020-21	
<b>Receipt &amp; Payment account for the financial year (2020-21)</b>		
<b>S.No.</b>	<b>Year</b>	<b>Attachment</b>
1	2020-21	

**OTHER INFORMATION**

Name of Grievance/Complaint Redressal Officer	Shidu Mandu Nevase	Contact Number of Grievance/Complaint Redressal Officer	9867281941
Name of Contact Person in case of Emergency	Mangal Chanrakant Nevase	Contact Number of Contact Person in case of Emergency	9922259498
Email id of Grievance/Complaint Redressal Officer	shidunevase@gmail.com	Email id of Contact Person in case of Emergency	mugut.nevae@gmail.com
Name of Nodal Officer for Anti Ragging	Sharmila J Jaikar	Contact no of Nodal Officer for Anti Ragging	7588560332
Name of Head of Internal Complaint Committee	Mangal Chanrakant Nevase	Contact Number of Head of Internal Complaint Committee	9922259498
Email id of Head of Internal Complaint Committee		spavndted@gmail.com	
<b>Library Details</b>			
No. of books in the library	2519	No. of educational journals/ periodicals being subscribed	2
No. of encyclopedia available in the library	3	Total seating capacity in the library	20

**WEBSITE INFORMATION (<https://savitribaiiphuledtedcollege.org>)**

<b>Questions</b>	<b>Yes/No</b>	<b>Attachment (Screenshot)</b>
A. Whether hyperlink of council's website made on the Institution's website.	Yes	
B. Whether details of sanctioned programme along with annual intake uploaded on website.	Yes	
C. Whether details of faculty (with scale of pay, photographs and details of who left or joined in the last quarter) uploaded on website.	No	
D. Whether details of students uploaded on website.	Yes	
E. Whether details of available infrastructure facilities uploaded on website.	Yes	
F. Whether fees charged from students uploaded on website.	Yes	
G. Whether facilities added during the last quarter Uploaded on website.	No	
H. Whether number of books in the library, referred Journals subscribed to, and addition, if any, in the last quarter uploaded on website.	Yes	
I. Whether details of instructional facilities such as laboratory and library uploaded on website.	Yes	
J. Whether balance sheet as on the last date of the last financial year uploaded on website.	Yes	
K. Whether income and expenditure account for the last financial year uploaded on website.	Yes	
L. Whether receipt and payment account for the last financial year uploaded on website.	Yes	
M. Whether details of biometric data updated on website of the institution on weekly basis.	No	

**PHOTO OF INSTITUTE'S BUILDING**

Picture Name (jpeg image less than 1mb)	Mandatory	Picture
Front View	Yes	
Rear View	Yes	
Multipurpose Hall	Yes	
Library	Yes	
Lab1	Yes	
Lab2	No	
Lab3	No	
Playground	Yes	

**PAYMENT DETAILS**

Transaction ID	P1819005597185f0455ce4811d99cd4	Transaction Ref. No.	RIC18359873428
Transaction Date	30-12-2019 20:25:14	Transaction Amount	Fee (Rs): 00015000.00/-
Transaction Mode	Net Banking-Online		

**DISCLAIMER**

I, **SHIDU MANDU NEVASE** son/ daughter of **MANDU RAMA NEVASE** solemnly declare that to the best of my knowledge and belief, the information given in the PAR is correct and complete and is in accordance with the provisions of the NCTE Act, Rules and Regulations as amended from time to time. I further declare that I am filling this PAR in my capacity as **SECRETARY** and I am also competent to fill this PAR and verify it. I am holding permanent account number **ADQPN1963J**.