शिवाजी विद्यापीठ, कोल्हापूर

परिपत्रक

विषय :– B.Voc., M.Voc. कोर्सेस सुरू करण्यासाठीचे प्रस्ताव सादर करण्याबाबत.

विद्यापीठ अनुदान आयोगाच्या National Vocational Education Qualification Framework (NVEQF) अंर्तगत मान्यता प्राप्त विद्यापीठांमध्ये व महाविद्यालयांमध्ये Bachelor of Vocation (B.Voc.) व Master of Vocation (M.Voc.) कोर्सेस सरू करण्याची तरतूद आहे. सदर तरतूर्दीनुसार Bachelor of Vocation (B.Voc.) व Master of Vocation (M.Voc.) कोर्सेस शिवाजी विद्यापीठ अधिविभागामध्ये सुरू करण्याबाबत विद्यापीठ अधिकार मंडळांनी शिफारशी केल्या आहेत.

त्यास अनुसरून आपणांस कळविण्यात येते की, सदर मार्गदर्शक तत्वानुसार आपल्या अधिविभागात B.Voc., M.Voc. कोर्सेस सुरू करावयाचे असल्यास सदर मार्गदर्शक तत्वांमध्ये नमूद केलेल्या विहित नमुन्यांध्ये प्रस्ताव आपल्या अधिविभाकडुन म.व.वि.वि.विभागा मार्फत विद्यापीठ अनुदान आयोगास सादर करण्यात यावेत. सोबत विहित नमुना जोडला आहे.
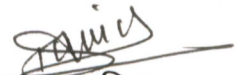
सोबत : वरील प्रमाणे

प्र.कुलसचिव

कं. एसयु/आस्थापना/पीजी/ **१८८०**

दिनांक : **1 6 DEC 2021**

प्रति :–

1.सर्व अधिविभागप्रमुख , संचालक, समन्वयक.
   पदव्युत्तर अधिविभाग,स्कूल,केंद्र,
   शिवाजी विद्यापीठ. कोल्हापूर.
2. म.व.वि.वि. विभाग

   –सदरचे परिपत्रक सर्व शिक्षकांच्या निदर्शनास आणावे.

UNIVERSITY GRANTS COMMISSION

Application under the UGC Scheme for providing Skill Based Education under National Skill Qualification Framework

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**	
4.	**Whether covered under Section 2(f) and 12(B) of the UGC Act, 1956**	Yes / No
5.	**Whether Autonomous**	Yes / No
6.	**Whether recognized as College with Potential for 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 self financing?**	
9.	**Name, designation and contact details** (Telephone/fax/mobile/email) of Head of the Institution and Nodal Officer.	
10.	**Website URL of the College / University**	
11.	**Any other relevant information (*Maximum 100 words*) College / University may like to provide**	

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 (Quantitative, Qualitative, Source,...)
1.		
2.		
3.		

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

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

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

	Semester-1	Credits
1.		
2.		
3.		
	Semester-2	
	Semester-3	
	Semester - 4	
	Semester - 5	
	Semester - 6	

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

9. Details of B.Voc / Community College: (Applicable only if the Institution is approved under UGC Community Colleges/ B.Voc./DDU KAUSHAL during XII Plan)

Programs	Key Achievements (Enrolment, Industry Collaboration, Placements etc...)
B.Voc. *(indicate UGC reference and grants approved)*	
Community College	
DDU KAUSHAL	

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

15. Roadmap for implementation of the Scheme:

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)

CERTIFICATE

This is to certify that the information provided in this proposal and its enclosures is true and correct to the best of our 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:

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 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, NEW DELHI

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

1. Name and Address of the University/College:

2. Name of the Director of the Centre 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:

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: