

HOTEL MANAGEMENT/CATERING TECHNOLOGY/TOURISM PROGRAMMES of ANNAMALAI UNIVERSITY

APPLICATION FOR NEW PCP CENTRE APPROVAL / RENEWAL

Findings and Recommendations of the Inspection Commission

1. Name and Address of the APPLICANT :

2. Address and Contact with E-Mail Id:

3. Name of the

a) Educational agency :

b) College / Institute :

(Note: the copy of the trust deed/society registration/company registration and memorandum of articles of association.)

4. Name of the managing body members with designation :

a) Member-1:

b) Member-2:

c) Member-3:

d) Member-4:

5. Qualification approval of the University :

6. Name (s) Of course (s) and the purpose for
Which the Inspection commission has been constituted : **PCP CENTRE APPROVAL**

Type of Area

Metro

State Capital

Dist. HQ

Semi- Urban

Rural

Backward Area

Remote

Hilly Region

Tribal Area

Name of the course(s) proposed to be conducted:

ALL GROUPS OF PROGRAMMES

GROUP - A PROGRAMMES

1. B.Sc Hotel Management

2. M.Sc Hotel Management , 3. M.Sc Tourism

4. One Year Diploma in Food & Beverage Service

5. Food & Beverage Production, 6. Housekeeping and

7. Front Office

GROUP - B PROGRAMMES

1. B.B.A Hospitality & Tourism Management

2. M.B.A Hotel Management

3. One Year Diploma in 4. Resort & Spa Management,

5. Recreation & Leisure Management, 6. Travel Agency Management,

7. Theme Party N Event Management

GROUP - C PROGRAMMES

- 1. DHMCT-Diploma In Hotel Management And Catering Technology
- 2. PGDHM-Post Graduate Diploma In Hotel Management

GROUP - D PROGRAMMES

- All Lateral Entry Programmes
1.B.Sc, 2. DHMCT, 3. M.SC in HM

7. Class Rooms particulars: *Enclose The Plan Sketch Of The Building In A4 Size Paper Or A3 Paper With Photograph As Colour Print In A4 Size Paper.*

Total number of class rooms available:	Space of each class room in sq.feet/ seating capacity	Whether all rooms are RCC built	Maximum Permissible strength UG/PG(to be filled in by the inspecting person)

8. Library Facilities

- (a) Name of the Librarian :
- (b) Books & Journals & Magazines

Name of the Course/Programme	Number of books available for the proposed courses	Number of books to be purchased for the proposed course(to be filled in by the inspecting person)

(c) Furniture

Name of the workshop/laboratory/class rooms	Number of furniture available	Number of furniture to be purchased (to be filled in by the inspecting person)

9). **Laboratory Facilities**
(a) Space

Name of the Course	Space available for the lab	Remarks

(b) Available Equipment / Apparatus - *enclose photograph as colour print outs*

Name of the workshop/laboratory department wise	Equipment / Apparatus available for the proposed course	Equipment / Apparatus to be purchased for the proposed course (to be filled in by the inspecting person)

(c) Lab Assistants - *enclose the photograph as colour print outs*

Department	No of Lab Assistants available	No. of Lab Assistants required for the proposed course (to be filled in by the inspecting person)

OFFICE USE ONLY

Recommendations of the Inspection Commission based on the facilities available on the date of Inspection. Please tick the appropriate item given below.

- 1) Recommended :
- 2) Recommended with condition :
- 3) Not recommended :
- 4) Reason :

Station :
Date :

COORDINATOR -SIMS

Station :
Date :

Signature of the applicant with seal.



UNDERTAKING

I..... on behalf of
(Name) (Trust/ Society)

am submitting an application for opening a PCP Center under SIMS of AUDDE. I understand that minimum norms for infrastructure required by SIMS are 2500sq.ft. the details of which is enclosed in the application.

I hereby certify that within the allocated space proposed for PCP center of AUDDE, no other activity shall be performed, if PCP center is authorized by SIMS. The infrastructure proposed shall be exclusively used for the purpose of SIMS PCP center.

I hereby, undertake that if its ever found that Trust/ Society is not able to run the PCP center as per norms, rules and procedures of SIMS , the SIMS shall be free to withdraw authorization

I hereby declare that all document attached herewith are true to the best of my knowledge, belief & no material fact has been concealed. If any information is found incorrect, SIMS shall be free to take any action legal or otherwise against society our Trust/ Society/ PCP Center.

Date:

Deponent

(to be typed on a non- judicial stamp paper of Rs. 50/- and dully notarized)