



OSMANIA UNIVERSITY  
HYDERABAD - 500 007

No. 057/H/Hotel Mngt/2018-2019/Acad.IV-1

Dated: 05-07-2018

To  
The Secretary/Principals of all the  
Affiliated Colleges of Osmania University  
offering **Hotel Management Courses**.

Sub:- Affiliation – Affiliated Colleges – Inspection for considering grant of extension of provisional affiliation to offer **Hotel Management Courses** for the academic year **2018-2019** – Reg.

Sir/Madam,

With reference to the subject cited above, I am desired to inform you that the University has decided to conduct Inspection to the Colleges offering **Hotel Management Courses** for the academic year 2018-2019. The Inspection Committee will be visiting the Colleges in the third/last week of July, 2018, for considering grant of extension of provisional affiliation to the College to offer **Hotel Management Courses for the academic year 2018-2019**.

The management of the College is therefore directed to submit the filled in application form placed on the University Website with all necessary documents as mentioned in the Annexure 'A', without fail, along with the prescribed fee of **Rs.20,000/- per course** through a Demand Draft in favour of "the Registrar, Osmania University" on any nationalized bank on or before **12-07-2018**, towards Inspection and Processing Fee for the academic year 2018-2019. **The application form may be downloaded from the University website [www.osmania.ac.in](http://www.osmania.ac.in)**

Further, it is requested to keep the records in Original ready as mentioned in Annexure 'A' for verification by the Inspection Committee. It is also requested to ensure that all the teaching staff of your College be present on the day of inspection, failing which their names will not be considered as on the rolls of the College.

Yours faithfully,

  
**ASSISTANT REGISTRAR**  
(Academic)

**Copy to:**

1. The Dean, Faculty of Technology, OU.
2. The Chairperson, Board of Studies in Hotel Management, OU.
3. The Director, Directorate of Academic Audit, OU.

## ANNEXURE 'A'

1. Latest compliance reports
2. List of teaching staff in the prescribed format.
3. Proceedings of OU Selection Committee for the faculty
4. Minority Status Certificate/Letter
5. Affiliation Orders of the University for the previous Year.
6. Land Documents (enclose Registered Sale Deed Copies).
7. Registered Lease Deed of the Building, if the College is housed in a rented building.
8. Details of accommodation - Room wise, floor wise, and details of accommodation allocated course wise.
9. Staff Attendance Register, Teaching Diaries
10. Student Attendance Registers.
11. Library Accession Register – with details of books / Journals added during the last academic year.
12. Library Books Issue Register.
13. Acquaintance Register.
14. Bills / Payment receipts / Bank Statement for the purchase of Library Books and Journals and other. purchases including equipment, computers, licensed. Software.
15. Statement of consolidated attendance which was sent to the Examination Branch during the last academic year.
16. Valued Answer Scripts of Internal Assessment Test and statement of marks sent to the Examination Branch during the last academic year.
17. Bank Pass Book / Bank Statement of the financial transactions.
18. Enclose the report of Anti-Ragging Committee and measures taken by the College.
19. Display the college name prominently stating that the College is affiliated to Osmania University and also enclose photograph of the College building.



**OSMANIA UNIVERSITY  
HYDERABAD-500 007**

**APPLICATION FOR GRANT OF EXTENSION OF PROVISIONAL AFFILIATION TO OFFER  
HOTEL MANAGEMENT COURSE FOR THE ACADEMIC YEAR 2018-2019**  
**(Application should be submitted course wise separately)**

College Name: \_\_\_\_\_ College Code: \_\_\_\_\_  
 Course \_\_\_\_\_ Intake: \_\_\_\_\_  
 Date of Inspection: \_\_\_\_\_  
 D.D.No. \_\_\_\_\_ Date \_\_\_\_\_ Amount: \_\_\_\_\_

1.	Name of the College with postal address Landline: Mobile : E-mail ID: Website:			
2	Name of the Society/ Registration No. & Address with Phone Nos.  E-mail ID			
3.	Name of the Secretary / Correspondent with Telephone No.			
4	a) Name of the Principal			
	b) Qualifications			
	c) Whether appointed through OU Selection Committee.			
	d) Date of birth:			
	Mobile No. : E-mail ID:			
5	Nature of accommodation (Ownership/Lease deed)	Document Nos. Own		
6	Land Area Details	Actual Land Area	Expected Land Area	
7	Year of Establishment			
8	Any other Courses run by the College	S. No.	Course(s)	Intake
		1		
		2		
		3		
		4		

9.	OU Affiliation Order No. & Date for the year 2017-2018	
10.	i) Whether any other Institutions/Colleges are running in the same premises, ii) If Yes, whether permission from University is obtained.	Yes/No  Yes/No
11.	Status of the College (In case of Minority College, latest Minority Certificate issued by the competent authority to be enclosed)	Minority/Non Minority  Co-Education / Women
12.	Name of the University nominee on the Governing Body with period from _____ to _____	
13.	Name of the Univ.Nominee on the Selection Committee with period from _____ to _____	
14.	Number of Governing Body Meetings convened during the academic year 2017-2018 with University nominees	
15.	Working Hours of the College	
16.	Work load statement Department-wise, Teacher-wise (to be enclosed)	
17.	Block time table for the course showing (i) Room No, (ii) Name of the Class (iii) Name of the Teacher in each period (to be enclosed),	
18.	Whether revised pay scales of VI Pay Commission are paid to the staff.	Yes / No
19.	Details of salary paid. Acquaintance Register to be produced. Enclose bank statement.	Maximum salary / Minimum salary paid  Paid through Cheque/Cash

**Course Details:**

a)	<b>Course – BHMCT/ BCTCA/ PG Diploma in Front Office Management/ PG Diploma in Culinary Arts</b>		
b)	Year of Starting		
c)	Sanctioned Intake		
<b>Actual strength of students' year wise:</b>			
No. of Students on rolls	I year	II year	III Year
<b>BHMCT</b>			
<b>BCTCA</b>			
<b>PG Diploma in Front Office Management</b>			
<b>PG Diploma in Culinary Arts</b>			

**Faculty Details:**

Designation	Required (As per norms)	Available		Total Available	Remarks
		OU Selection	Ad-hoc		
<b>Principal</b>					
<b>Teachers</b>					
<b>Laboratories</b>					
<b>Total:</b>					

**PARTICULARS OF PRINCIPAL AND TEACHING FACULTY**

SNo	Name of the Teacher	Designation	Qualifications	Nature of Appointment	
				Through OU Selection Committee	Management
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

<b>Accommodation Details:</b>		
<b>Particulars</b>	<b>Number</b>	<b>Area (Sq.m) of each</b>
Class Rooms		
Seminar Hall		
Laboratories		
Staff Rooms		
Boys Lockers		
Girls Lockers		

## Laboratories

List of Laboratories :				
S. No.	Name of the Laboratory	Area (in Sq.m.)	Equipment available	Batch size
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Details of Computational facilities:		
Item	Description (configuration)	Quantity
Desktops		
Internet Bandwidth		

**LIBRARY:**

**LIBRARY Total Area (in Sq.m)**

**Librarian:**

**Name & qualifications of the Librarian**

**Library Facilities:**

**Type**

**Number/Quantity**

Total Volumes

Total Titles

Books added during the year 2017-2018

**Volumes**

**Titles**

National Journals

International Journals

Total Amount Spent on Books  
during the year 2017-2018

Total Amount Spent on Journals  
during the year 2017-2018

Reading Room capacity

Desktops

E-Journals



<b>Administrative Area:</b>	
<b>Particulars</b>	<b>Area (in Sq.mt)</b>
Principal Office	
Administrative Office	
Exams Control Office	
Placement Office	
Central Store	
Security	
Staff Room	
Sports Room	
<b>Amenities:</b>	
<b>Particulars</b>	<b>Available / Not available</b>
Boys Common Room	
Girls Common Room	
Separate toilets for Boys and Girls	
Cafeteria	
Backup Electric Supply / Generator	
Drinking Water Facility	
Transport facility and parking area ...in Sq. ft.	
Play Ground Facilities....in Sq. mts.	
Safety provisions including fire and other calamities	
Fire Safety Clearance certificate	
Sanitation Certificate (From the Competent Authority)	
Structural Soundness Certificate (From the Competent Authority)	
Occupancy Certificate (from the competent Authority)	
First aid cum sick Room	
Display of Courses and approved intake at the entrance of the College.	
Permanent name board of the college be displayed (enclose photograph of the College building)	

**Results Analysis (Year wise- Pass Percentage 2017-2018)**

Course	I year	II year	III Year
BHMCT			
BCTCA			
PG Diploma in Front Office Management			
PG Diploma in Culinary Arts			

**Placements:**

Name of the Company	No. of Students Placed
<b>Details of Games &amp; Sports and other curricular activities</b>	

**Seminars/Conferences/Workshop Organized/Attended by the faculty of the Dept.**

S.No.	Particulars	Organized	Attended
1	Seminars		
2	Conferences		
3	Workshops		
4			
	Total		

<b>Anti Ragging</b>	
1. Whether the College appointed Anti-Ragging Committee, if so, copy of the constitution of committee and its members to be enclosed.	
2. Report of the Anti-Ragging Committee for the year 2017-2018 to be enclosed.	
3. Measures taken by the College to prevent ragging.	
<b>RTI Act</b>	
Whether the college has appointed PIO and APIO. Mention the names of the PIO and APIO. (Enclose Copy)	
<b>Women Protection cell</b>	
Whether the college has appointed Women Protection Cell. (Enclose copy)	
<b>Redressel Grievances Committee</b>	
Whether the college has appointed Redressel Grievance Committee. (Enclose copy)	
<b>Any other Information:</b>	

**Signature of the  
Secretary/Correspondent  
Name:  
Date:**

**Signature of the Principal  
Name:  
Date:**