**Questionnaire for Outlook- Icare B-School Survey - 2025 (objective)**

**INTRODUCTION**

1. The rankings based on this survey will be published in weekly news magazine Outlook.
2. Institutions must be at least 5 years old/2 batches graduated, and the Programs must be Approved by AICTE/AIU/Similar authorities
3. Data of MBA and PGDM to be provided (All specializations)
4. Please ensure that *all sections* are duly filled in. Do not leave any question blank. Incomplete questionnaires will not qualify for the final rankings.
5. If any question is not applicable for the Institution, clearly mention “Not applicable” or “NA” in the space provided.
6. The following supporting documents need to be sent along with the filled-up questionnaire. A checklist has been provided at the end of questionnaire to verify the documents sent along with it.

Page numbers must be specified for questions which have annexures attached. Otherwise, the question will NOT be taken into consideration

1. Placement Brochure for the present year (if available), and for the last year.
2. Admission Brochure for the current year.
3. Annual Report for 2024-25. If Annual Report is not prepared, please provide audited balance sheet.
4. List of full-time faculties along with qualification and industry experience.
5. List of visiting faculties along with qualifications and industry experience.
6. Proof of year of establishment.
7. AICTE/AIU/Other Authorities Approval Letter (Latest).
8. NBA/NAAC accreditation certificate (Latest)
9. List of companies that visited your campus for summer (internships) and final placements in 2024-25
10. The information collected from Institution will be kept confidential. Outlook has a copyright over the survey and rankings.
11. By participating in this survey, the participating Institution agrees that it would provide full co-operation and documentary evidence of the data/information provided.
12. No fee/ money is to be paid by any Institution for participating in Outlook-ICARE Institution Survey 2025 ranking to anyone in any manner/mode. Any attempt by anyone to take any money should be informed to ICARE or Outlook.

*Please send soft copy of the filled in questionnaire along with supporting documents latest by EOD Sept 20th, 2025 to ICARE at the following email id: (NO HARDCOPIES REQUIRED)*

|  |
| --- |
| **ICARE** |
| Email: rankings@indiancare.co.in |

**SECTION A: INSTITUTION PROFILE**

|  |  |
| --- | --- |
| **1. Name of the Institution** |  |
|  |  |
| **2. Postal address** |  |
|  |  |
|  |  |
|  |  |
| **3a. Year of Establishment**  |  |  |  |  | **3b. When did the first batch pass out?** |  |  |  |  |
|  |  |
| **4. Telephone** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |
| **5. Fax** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |
| **6. Website :** |  |
| **7. E-mail Id :**  |  |
|  |  |
| **8a. Functioning Head of institution(Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **8b.Designation** |  |
|  |
| **9.State the type of Institution**

|  |  |  |
| --- | --- | --- |
|  | **Type of Institution** | **Tick Here**(√) |
| 1 | Standalone Institution |  |
| 2 | Affiliated Institution |  |
| 3 | Constituent Unit of a university |  |
| 4 | Others (Please specify\_) |  |

 |
| **10a. Is your Institution accredited by the following bodies mentioned below:****10b. If accredited by any other body kindly mention below in ‘others’**

|  |  |  |
| --- | --- | --- |
| **Accreditation Body** | **1-Yes** | **2-No** |
| **Accredited by National Board of Accreditation (NBA)?** |  |  |
| **Institution accredited by National Assessment and Accreditation Council (NAAC)?** |  |  |
| **Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| **Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |

 |  |  |  |  |

(To be filled in by the Institution that has NAAC accreditation)

**11a.** Could you please indicate the year, grade & GCPA that your Institution has currently received from NAAC?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Accreditation Body** | **Cycle** | **Year** | **Grade** | **CGPA** |
| **National Assessment and Accreditation Council (NAAC)** |  |  |  |  |

**SECTION B: SELECTION PROCESS & ELIGIBILTY CRITERIA**

***PLEASE PROVIDE DETAILS FOR Major Programs***

B1. With which of the following entrance test is your Institution associated for selection of candidates for major programs?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No** | **Name of Exam** | **1-Yes/-2 No** | **S.No** | **Name of Exam** | **1-Yes/-2 No** |
| 1 | CAT |  | 3 | Institution’s Entrance Test |  |
| 2 | GMAT |  | 4 | Other Competitive Exam (Please Specify ) |  |

B2. Do you consider Class X/ XII marks in the admission process?

1. Yes, Class X marks (2) Yes, Class XII marks (3) Both (4) None

B2a. What minimum marks (in per cent) is required at +2/ intermediate to be eligible for admission in this Institution?

B3. Please mention the number of applications received in the year 2024-25 for all eligible programs

B3a. Does your Institution have any domicile restriction for admission?

1 - Yes 2 – No

B3b. Could you please specify the number of seats (including all programs) accepted through merit, reservations and management (Please mention in actual numbers)

|  |  |  |  |
| --- | --- | --- | --- |
| 1.Total No of seats | 2.Merit | 3.Reservations | 4.Management |
|  |  |  |  |

B3c. Please mention in the table given below the gender based segregation cumulative for all the programs present in the year 2024-25

|  |  |  |
| --- | --- | --- |
| TOTAL STUDENTS | MALE STUDENTS | FEMALE STUDENTS |
|  |  |  |

**SECTION C: ACADEMICS**

***[PLEASE PROVIDE DETAILS FOR all major programs]***

C1. Please provide information about the following statements.

|  |  |  |
| --- | --- | --- |
| **S.No** | Statements | **Numbers** |
| 1 | Present total number of **visiting/contract**  faculty (2024-25) | **Male:** |
| **Female:** |
| 2 | Present total number of **permanent** faculty (2024-25) | **Male:** |
| **Female:** |
| 3 | Total Number of Permanent Faculty with PhD |  |
| 4 | Total number of faculty participating in foreign exchange programmes |  |
| 5 | Highest annual salary of permanent faculty  | **Rs.** |
| 6 | Lowest annual salary of permanent faculty | **Rs.** |
| 7 | Average annual salary of the visiting faculty  | **Rs.** |

C2. Please furnish the following details of the educational qualifications of the faculty at the Institution?

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No** | **Institution** | **Permanent faculty** | **Visiting /Contract faculty** |
| 1 | Bachelors from IITs//Institutions of National Importance |  |  |
| 2 | Masters from IITs/IIMs/Institutions of National Importance |  |  |
| 3 | Bachelors from any other Indian Institution |  |  |
| 4 | Masters from any other Indian Institution |  |  |
| 5 | Bachelors from any Foreign Institution/Institution |  |  |
| 6 | Masters from any Foreign Institution/Institution |  |  |
| 7 | PhD from IITs/IIMs/Institutions of National Importance |  |  |
| 8 | PhD from any other Indian Institution |  |  |
| 9 | PhD from any Foreign Institution/Institution |  |  |

C3. What is the number of total faculty members at the Institution who have a teaching experience of?

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No** | **Teaching Experience** | **Permanent faculty** | **Visiting /Contract faculty** |
| 1 | Less than 5 years |  |  |
| 2 | 5-10 years |  |  |
| 3 | More than 10 years |  |  |

C4.Please let us know the number research publications of the existing permanent faculty in the last three years in **UGC CARE**journals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***[PLEASE ATTACH RELEVANT DOCUMENTS ALONG WITH THIS FORM INDICATING QUESTION NUMBER]***

C5. Please let us know the number research publications of the existing permanent faculty in the last three years in **Scopus or Web of Science Indexed Journals** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[PLEASE ATTACH RELEVANT DOCUMENTS ALONG WITH THIS FORM INDICATING QUESTION NUMBER]***

**C6a..** Does any of the current faculty or students of the Institution own any Intellectual Property (Patents or copyrights)?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | 1 | No | 2 |

**C6b.** In which year was the patent/copyright applied for? Has the patent/copyright been granted? Please provide details.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Patent/ Copyright** | **Applicant** | **Year of Application** | **Granted** |
| 1 |  |  |  | **Yes** | **No** |
| 2 |  |  |  | **Yes** | **No** |
| 3 |  |  |  | **Yes** | **No** |
| 4 |  |  |  | **Yes** | **No** |

C7.

|  |  |  |
| --- | --- | --- |
| 1 | Does this Institution offer doctoral/ PhD program? **1-Yes 2- No** |  |
| 2 | Does this Institution have its own publications (journal/ magazine, etc.)? **1-Yes 2- No** |  |
| 3 | Does this Institution have Grievance redressal mechanism for faculty, staff and students? **1-Yes 2- No** |  |
| 4 | Does this Institution have faculty feedback mechanism i.e. student to give feedback about faculties? **1-Yes 2- No** |  |

C8. How many patents are held by the Institution or the faculty?Please put “00” if the Institution does not have any patent.

C9. Please give details of the scholarships offered by the Institution/Institution.

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Scholarship sponsoring body** | **Type/Nature of scholarship** | **Number of students getting this scholarship in their first year** |
| 1 | By your Institution  |  |  |
| 2 | By other bodies/societies/corporate |  |  |

**SECTION D: SELECTION FOR HIGHER STUDIES**

D1a. How many students from this Institution went for higher studies?

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Course** | **Number of students qualified in the year 2024-25** | **Number of students went for higher studies in the year 2024-25** |
| 1 | Went for PhD |  |  |
| 2 | Went for other higher studies |  |  |

|  |  |  |
| --- | --- | --- |
|   |  |  |

D1b. What was the total strength (final year students) of all programs in the year 2024-25?

**SECTION E: INFRASTRUCTURE AND FACILITIES**

E1.Please give the numerical details for each of the statements given below:

|  |  |  |
| --- | --- | --- |
| **S.No.** | Statements | **Numbers** |
| 1 | Campus area in acres |  |
| 2 | Total built up area (in sq. feet) |  |
| 3 | Number of books in library  |  |
| 4 | Number of books added in last 1 years |  |
| 5 | Number of journals added in last 1 years |  |
| 6 | Number of electronic databases in library  |  |
| 7 | Number of subscriptions to international journals (electronic) |  |
| 8 | Number of national journals in library |  |
| 9 | Number of international journals in library |  |
| 10 | Number of class rooms |  |
| 11 | Number of Auditoriums |  |
| 12 | Number of Faculty cabins |  |
| 13 | Total number of desk top computers provided to students |  |
| 14 | Total number of laptops provided to students |  |
| 15 | Number of Labs |  |
| 15A | Number of Computer labs |  |
| 15B | Average Number of computers / desktops per computer lab |  |
| 15C | Number of mechanical workshops |  |
| 15D | Number of electrical workshops |  |
| 15E | No. of students run clubs/bodies |  |
| 15F | Does the campus have special facilities for physically disabled students/faculty ? **Yes/No** |  |
| 16 | Number of recreation rooms  |  |
| 17 | Is the campus Wi-Fi Enabled ? **Yes/ No** |  |
| 18 | Is the Institution library automated ? **Yes/ No** |  |
| 19 | Is your Institution library works on Saturdays, Sundays and holidays to facilitate use by students and faculty? **Yes/ No** |  |
| 20 | Does your Institution has water recycling plant in the campus ? **Yes/ No** |  |

E2**.** Please respond “Yes” to the facilities available in your campus and “No” to those not available in your campus.

***[USE CODE 1-Yes 2- No]***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No** | **Facilities** | **1-Yes/ 2-No** | **S.No** | **Facilities** | **1-Yes/2-No** |
| 1 | Canteen |  | 8 | Hostel facility for boys |  |
| 2 | Cricket Ground |  | 9 | Hostel facility for girls |  |
| 3 | Basketball court |  | 10 | Resident facility for faculty |  |
| 4 | Football Ground |  | 11 | Table Tennis boards |  |
| 5 | Swimming Pool |  | 12 | Gymnasium |  |
| 6 | Lawn Tennis Court |  | 13 | Infirmary/ Medical Centre |  |
| 7 | Badminton Court |  | 14 | Other (Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |

E3. Does the Institution have a lab which is sponsored by industry?

1 - Yes 2 - No

E3a. If yes who has sponsored the lab? Please provide details about the lab.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTINUOUS LEARNING DURING COVID 19**

|  |  |  |
| --- | --- | --- |
| **S.No.** | Statements | **Answer** |
| 1 | Live Online Classes conducted during COVID 19? (Yes/No) |  |
| 2 | Pre-Recorded Lectures/Tutorial sessions shared with students? (Yes/No) |  |
| 3 | Does the institution have LMS? If Yes, provide the link of LMS. |  |
| 4 | Were assessments conducted to examine the effectiveness of Online Teaching? (Yes/No) |  |
| 5 | Are all the online Live lectures captured and placed in archives for future usage? If Yes, then provide the link |  |
| 6 | Were virtual Faculty-Student Meetings conducted? (Yes/No) |  |
| 7 | Was Feedback collected to check the effectiveness of online teaching (Yes/No) |  |

**SECTION F: PERSONALITY DEVELOPMENT & INDUSTRY INTERFACE**

F1. Please fill in the numerical details for the following statements for all programs

|  |  |  |
| --- | --- | --- |
| **S.No** | **Statement** | **Number** |
| 1 | Total number of seminars held in 2024-25 |  |
| 2 | Total number of Consultancy/Research Projects undertaken for industry in 2024-25 |  |
| 3 | Total number of industrial visits in 2024-25 |  |
| 4 | Total number of student workshops/ training programs apart from internships in 2024-25 |  |
| 5 | Total number of inter Institution competitions attended in 2024-25 |  |
| 6 | Total number of inter Institution competitions hosted in 2024-25 |  |
| 7 | Total number of foreign Institutions associated with this Institution for student exchange program |  |
| 8 | Total number of student participated in foreign exchange programs in 2024-25 |  |
| 9 | Total number of competitions students have participated in 2024-25 |  |
| 10 | Total number of competitions won in 2024-25 |  |
| 11 | Total no of scholarships won from invention based competitions in 2024-25 |  |
| 12 | Total no of scholarships won for academic excellence at a state level in 2024-25 |  |
| 13 | Total no of scholarships won for academic excellence at a national level in 2024-25 |  |
| 14 | Total no of scholarships won at an international level in 2024-25 |  |
| 15 | Total no of scholarships won by students in 2024-25 |  |
| 16 | Total percentage of student participating in foreign exchange programs in 2024-25 |  |
| 17 | Total number of guest speakers from the industry in 2024-25 |  |
| 18 | Total number of guest speakers having international experience from the industry in 2024-25 |  |
| 19 | Number of live projects with student participation in 2024-25 |  |
| 20 | Does your Institution have anti-ragging cell ? **Yes/ No** |  |

F2. Please give number and value of research projects undertaken with industry and government in the year 2024-25 ***[PLEASE GIVE DETAILS LIKE, NAME OF THE PROJECT, FACULTY MEMBERS INVOLVED ETC.]***

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Research Projects** | **Number/Value** |
| 1 | Number of government sponsored research projects |  |
| 2 | Number of industry sponsored research projects |  |
| 3 | Value of government sponsored research projects  | (in Rs. Lakhs) |
| 4 | Value of industry sponsored research projects  | (in Rs. Lakhs) |

**SECTION G: ENTREPRENEURSHIP**

G1.

|  |  |  |
| --- | --- | --- |
| 1 | Does your Institution have an incubation centre to promote entrepreneurship? **Yes/ No** |  |
| 2 | Is this incubation centre supported by any Industry body/Company? **Yes/ No** |  |
| 3 | Do you have a budget amount/seed fund to be spent every year mandatory for sponsoring projects? **Yes/ No** |  |

G2 Please specify the budgeted amount for the financial year 2024-25

 Rs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G3. Please give details of projects which were funded in year 2024-25

|  |  |  |
| --- | --- | --- |
| Number |  | Details of Project |
|  | 1. |  |
| 2. |  |
| 3. |  |

G4. Please give number and other details of startups that originated from the incubation centre?

**Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION H: PLACEMENTS**

H1.a Total percentage of students placed in 2024-25 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H1.b Total percentage of students applied for placement in 2024-25 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H1.c Total percentage of students Eligible for placement in 2024-25 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H2. Please fill the following details for *DOMESTIC* as well as *FOREIGN* placements in 2024-25:

|  |  |  |  |
| --- | --- | --- | --- |
| S.No | Statement | Domestic (In INR) | Foreign (In USD) |
| 1 | Average salary (lakhs/annum) |  |  |
| 2 | Median salary (lakhs/annum) |  |  |
| 3 | Maximum salary (lakhs/annum) |  |  |
| 4 | Lowest salary (lakhs/annum) |  |  |
| 5 | Total number of placements (In Nos.) |  |  |

H3. How many companies visited the campus for placement in last placement season? \_\_\_\_\_\_\_\_\_\_\_

H4. What was the duration of placement season (in days)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H5a. Which were the top five companies (on the basis of salary offered and number of students placed), visited your campus for placement in

2024-25?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No. | H5A. Company Name(On the Basis of Salary) | Average INR/ Annum | S. No. | H5B. Company Name(On the basis of number of students placed) | Number of students placed |
| 1 |  |  | 1 |  |  |
| 2 |  |  | 2 |  |  |
| 3 |  |  | 3 |  |  |
| 4 |  |  | 4 |  |  |
| 5 |  |  | 5 |  |  |

H5b.Which were the top five international companies/ placements (on the basis of salary offered and number of students placed) that visited your campus for placement in 2024-25?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No. | H5A. Company Name(On the Basis of Salary) | Average USD/ Annum | S. No. | H5B. Company Name(On the basis of number of students placed) | Number of students placed |
| 1 |  |  | 1 |  |  |
| 2 |  |  | 2 |  |  |
| 3 |  |  | 3 |  |  |
| 4 |  |  | 4 |  |  |
| 5 |  |  | 5 |  |  |

H6. Do you have any alumni association?

1. Yes (2) No

H7. Please furnish the information asked in the below table:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **(A). Does your Institution organize annual alumni meet?****1-Yes/ 2-No** | **(B).Total number of members in the alumni association** | **(C).Financial Assistance provided by total alumni (In Rs.)** | **(D).Assistance in final placements( No. of placements through alumni)** | **(E).Other types of Assistance** |
| **2024-25** |  |  |  |  |  |

H8. Please name ten most illustrious alumni of your Institution who had passed out of your Institution within the last ten years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Name of the Alumni** | **Batch** | **Current Position/Achievements** | **Contact Details- Phone, Address, Linked in Profile** |
| 1 |   |   |   |   |
| 2 |   |   |   |   |
| 3 |   |   |   |   |
| 4 |   |   |   |   |
| 5 |   |   |   |   |
| 6 |   |   |   |   |
| 7 |   |   |   |   |
| 8 |   |   |   |   |
| 9 |   |   |   |   |
| 10 |   |   |   |   |

###### SECTION I: CSR INDEX

I1. What are the sources of non-conventional energy used in your Institution? How much of your energy is accounted by non-conventional sources?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specify sources (Eg: Solar/Wind/ Bio Gas) :-**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**% of consumption:-**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I2. Does your Institution facilitate any methods of water management through waste water recovery or rain water harvesting?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I3 .Do you segregate your wet and dry waste? What is done with the waste afterwards – do you send it off to the municipal or use it in other ways like e.g. compost.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I4. Do you have one of the below cells in your Institution for resolve student complaints? Tick the ones which exist and answer the question which follows.

* 1. **Grievance redressal body**

🡪 How many faculty/ student and outside members does it comprise of?

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* 1. **sexual Harassment Cell** 🡪How many of the members of the committee are males and how many are females?

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I5. Do students give their inputs in course structuring and/or making hostel policies?

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I6. Do you have students and/or faculty members participate in social initiative for your city? (For example: Medical camps for underprivilege/ pro bonos,etc) Give us examples.

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I7. Do students work with NGO’s? Please state which NGO’s and the type of work of done.

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I8. Does your Institution offer exposure to voluntary work at NGOs/Start ups or provide internships. Would you like us to help you find opportunities for your students for the same? If so, send us mail.

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###### SECTION J: CONTACT DETAILS

**Please provide the contact details of the contact person (official filling up this survey form)**

J1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J2. Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J3. Phone (with STD code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J4. Mobile (Optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J5. Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J6. Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

DECLARATION: MUST BE SIGNED BY THE HEAD OF THE INSTITUTION

I hereby confirm that the information provided in this questionnaire are true and correct to the best of my knowledge and belief at the time of submitting this questionnaire.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seal/ Stamp:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THANK YOU FOR TAKING OUT TIME TO RESPOND TO OUR QUESTIONS.

The results of this survey will be published in Outlook magazine