All India Council for Technical Education

(An Autonomous Organization, Under Ministry of Education, Govt. of India)

Nelson Mandela Marg,Vasant Kunj, New Delhi-110070 Website: https://www.aicte.gov.in

APPROVAL PROCESS 2026-27

Application Deficiency Report

DEFICIENCY REPORT AS PER APPLIED INTAKE (Applicable for Existing Institutions only)

Regional Office	South-Central	Overall Deficiency of Institution:		No
Application ID	1-46217142002		**Permanent ID**	1-447694061
Name of the Institution	Sanketika Polytechnic College		**Address**	Behind Cricket Stadium, P.M. Palem
City/Village	Visakhapatnam		**District**	Vishakhapatnam
State	Andhra Pradesh		**PIN**	530041

Director/Principal Details

Designation	Name	Appointment Type	Qualification	PhD	Eligible as per AICTE Norms (YES/NO)
Director/Principal	Rama Krishna Alajangi	Regular	B.TECH, M.TECH, PHD	NA	No

Other Details

Sr. No.	Particulars	Status Provided by the Institution	Deficiency
1.	List of Faculty Member and Data Uploaded on the Institution Web Portal	Yes	No
2.	Are all Approved Teaching Faculty Member being Paid as per Present /Pay Scale/Commission?	Yes	No
3.	Whether Institution is Operating from Permanent Site?	Yes	No
4.	Fees to be Charged, Reservation Policy, Admission Policy and Document Retention Policy are Uploaded in Institution's Website?	Yes	No
5.	Courses/Approved Intake Displayed at the Entrance of the Institution?	Yes	No

Anti-Ragging Related Deficiency Status

Sr. No.	Particulars	Status Provided by the Institution	Deficiency
1.	Constitution of Anti-Ragging Committee	Yes	No
2.	Constitution of Anti-Ragging Squad	Yes	No
3.	Undertaking Obtained from all Students	Yes	No
4.	Appointment of Counselors	Yes	No
5.	Undertaking Obtained from Parents of all the Students	Yes	No
6.	Undertaking Obtained from Students Staying in Hostel	No Hostel	No
7.	Undertaking Obtained from Parents of Students Staying in Hostel	No Hostel	No

Institution Level Faculty Member

Sr. No.	Particulars	Actual No.	Required No. as per CI	Deficiency
1.	Total Faculty(UG+PG+Diploma)	135	100	No

Date of Signature(dd/mm/yyyy)	Seal of Institution	Name & Signature of Director/Principal

Application Deficiency Report

Application Status: **Submitted**
Application Sub-Status: Payment Received

Administrative Area

Sr. No.	Particulars	Actual Room Area (Sq.m.)	Expected Room Area (Sq.m.)	Deficiency
1.	Board Room	25	20	No
2.	Department Offices/Cabin for Head of Dept	181	140	No
3.	Central Store	34	30	No
4.	Exam Control Office	34	30	No
5.	Housekeeping	12	10	No
6.	Maintenance	13	10	No
7.	Office All Inclusive	151	150	No
8.	Placement Office	33	30	No
9.	Principal Directors Office	59	30	No
10.	Security	12	10	No
TOTAL		554.00	460.00	

Amenities Area

Sr. No.	Particulars	Actual Room Area (Sq. m.)	Expected Room Area (Sq. m.)	Deficiency
1.	Boys Common Room	80.54	75	No
2.	Cafeteria	200	150	No
3.	First aid cum Sick Room	13	10	No
4.	Girls Common Room	80.54	75	No
5.	Stationery Store	13	10	No
TOTAL		387.08	320.00	

Computational Facilities

Sr. No.	Particulars	Available	Required	Deficiency
1.	Printers	13	13	No
2.	A1 size Color Printers	0	0	No
3.	Number of PCs in Language lab	30	20	No
4.	Legal Application S/W	20	20	No
5.	Legal System S/W	3	3	No
6.	PCs to Student ratio	360	243	No

Library Facilities

Sr. No.	Particulars	Available	Required	Deficiency
1.	Volumes	13850	13500	No
2.	Titles	2145	1950	No
3.	Journals	30	24	No
4.	Library Management Software	1	1	No
5.	Reading Room Seating Capacity	170	150	No
6.	MultiMediaPC	25	10	No

Date of Signature(dd/mm/yyyy)   Seal of Institution   Name & Signature of Director/Principal

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Instructional Area-Common Facilities

Sr. No.	Particulars	Available	Required	Deficiency
1.	Computer Center	322	300	No
2.	Library & Reading Room	631	625	No
3.	Language Laboratory	69	33	No
TOTAL		1022.00	958.00	

Existing Programme / ENGINEERING AND TECHNOLOGY-Diploma

Sr. No.	Particulars	Level	Actual Room Area (Sqm)	Expected Room Area (Sqm)	Deficiency
1.	Classroom	DIPLOMA	1716	1584	No
2.	Tutorial Room	DIPLOMA	229	198	No
3.	Seminar Hall	DIPLOMA	136	132	No
4.	Additional Workshop	DIPLOMA	161	150	No
5.	CAD Center	DIPLOMA	284	264	No
6.	Workshop	DIPLOMA	522	400	No
7.	Laboratory	DIPLOMA	3099	2640	No
TOTAL			6147.00	5368.00	

Other Facilities

Sr. No.	Particulars	Availability	Deficiency
1.	All Weather Approach(Motorised Road)	Yes	No
2.	Safety Provisions	Yes	No
3.	Sewage Disposal System	Yes	No
4.	Telephone	Yes	No
5.	Vehicle Parking	Yes	No
6.	First Aid	Yes	No
7.	Appointment of Student Counselor	Yes	No
8.	Establishment of Anti-Ragging Committee	Yes	No
9.	Establishment of Committee for SC/ST	Yes	No
10.	Establishment: Internal Committee(IC)	Yes	No
11.	Establishment of Grievance Redressal Committee/OMBUDSMAN	Yes	No
12.	Barrier free Enviroment	Yes	No
13.	AICTE Approval Letters- EoA/LoA	Yes	No
14.	Institution-Industry Cell	Yes	No
15.	Digital Payment-Financial Transactions	Yes	No
16.	Food Safety and Standards	Yes	No
17.	Insurance for Students	Yes	No
18.	Online Grievance Rederssal Mechanism	Yes	No
19.	Internal Quality Assurance Cell	Yes	No
20.	Fire and Safety Certificate	Yes	No
21.	Atleast 5 MoUs with industries	Yes	No
22.	Display of info submitted to AICTE on website	Yes	No

Date of Signature(dd/mm/yyyy)   Seal of Institution   Name & Signature of Director/Principal

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23.	General Insurance	Yes	No
24.	Backup Electric Supply	Yes	No
25.	Group accident policy for employees	Yes	No
26.	Waste Management and a sustainable Green Campus	Yes	No
27.	Display of Course(s) and Approved In entrance	Yes	No
28.	Establishment of 24x7 Women helpline number	Yes	No
29.	Establishment of platform for seeking help	Yes	No
30.	Implementation of PARAKH	Yes	No
31.	Institution Web Site-Mandatory Disclosure	Yes	No
32.	Internship	Yes	No
33.	Inbuilt mechanism for Social & Emotional Learning	Yes	No
34.	Internship(Compulsory for all final year students)	Yes	No
35.	Electives mandatorily through SWAYAM(MOOCS)	Yes	No
36.	Earning credits through 'Skilling' based courses	Yes	No
37.	Language Laboratory (for DIPLOMA & UG Course)	Yes	No
38.	Medical & Counseling	Yes	No
39.	Notice Boards	Yes	No
40.	Potable Water Supply	Yes	No

Date of Signature(dd/mm/yyyy)　　　　　　Seal of Institution　　　　　　Name & Signature of Director/Principal

Application Deficiency Report

DECLARATION

BY THE AUTHORIZED SIGNATORY OF THE INSTITUTION /DEPARTMENT

I, as the Head of the Institution, hereby declare that:

a) I have carefully gone through the AICTE Regulations 2021, published in the Gazette of India Extraordinary Part III, Section- 4 dated 04th February, 2021, also all provisions mentioned in the Approval Process Handbook 2024-27 and the addendum / corrigendum as updated from time to time.

b) I am fully aware of the data uploaded by me in respect of my institution on the web portal.

c) I am aware that there is no provision for correction of data, alteration of data, subsequent editing and appeal etc. for the online application once submitted on the web portal.

d) I am also aware that application for seeking Extension of Approval(EOA), Increase/Reduction of intake, Addition of new courses, Change of site, Closure of course, Supernumerary Seats under FN/Gulf quota Approval status/OCI, NRI, Change of name, and Conversion of women institution into Co-ed institution and vice versa (as applicable), shall be processed as per relevant provisions enumerated in the Approval Process Handbook 2024-27 and the addendum / corrigendum as updated from time to time.

e) I am aware of the Deficiencies (if any) pointed out in the Report generated online, based on the factual data uploaded by my institution on the web portal.

f) I am also aware that Institution is eligible for grant of Extension of Approval to the Existing Institutions,Extended EoA(if Applicable as per APH 2024-27 and the addendum / corrigendum as updated from time to time),Increase in Intake/ Additional Course(s),Change in name of the Course(s)/ Reduction in Intake/ Closure of Programme(s) and/ or Course(s),Change in name of the Institution or Affiliating University/Board, only on fulfillment of prescribed norms & requirements as mentioned in the Approval Process Handbook 2024-27 and the addendum / corrigendum as updated from time to time.

Signature of Authorized Signatory

Name :

Date of Signature(dd/mm/yyyy)   Seal of Institution   Name & Signature of Director/Principal