



# PROFILE OF THE UNIVERSITY

**1. Profile of the University****1. Name and Address of the University**

<b>Name:</b>	Manav Bharti University	
<b>Address:</b>	Village – Laddo, Post Office – Sultanpur, Distt. – Solan	
<b>City:</b>	Pin: 173229	State: Himachal Pradesh
<b>Website:</b>	www.manavbhartiuniversity.edu.in	

**2. For communication:**

Designation	Name	Telephone(O)	Mobile	Fax	Email
Registrar	Dr. K K Singh	1792268279	8265010055	1792268280	<a href="mailto:info@manavbhartiuniversity.edu.in">info@manavbhartiuniversity.edu.in</a>
Vice Chancellor	Dr. Roshan Lal	1792268280	8091100003	1791268280	<a href="mailto:vc@manavbhartiuniversity.edu.in">vc@manavbhartiuniversity.edu.in</a>
IQAC Co-ordinator	Mr. Swadesh Chandel	1792268385	8265010054	1791268280	<a href="mailto:mbusolan@manavbhartiuniversity.edu.in">mbusolan@manavbhartiuniversity.edu.in</a>
Steering Committee Coordinator	Dr. Rakesh Kumar	1792268386	8265010058	1791268280	<a href="mailto:info@manavbhartiuniversity.edu.in">info@manavbhartiuniversity.edu.in</a>

**3. Status of the university:**

State University	<input type="checkbox"/>
State Private University	<input checked="" type="checkbox"/>
Central University	<input type="checkbox"/>
University under Section 3 of UGC (Deemed University)	<input type="checkbox"/>
Institution of National Importance	<input type="checkbox"/>
Any other (please specify)	<input type="checkbox"/>

**4. Type of the University:**

Unitary	<input checked="" type="checkbox"/>
Affiliating	<input type="checkbox"/>

**5. Source of funding:**

Central Government	<input type="checkbox"/>
State Government	<input type="checkbox"/>
Self-financing	<input checked="" type="checkbox"/>
Any Other (please specify)	<input type="checkbox"/>

6.a. Date of establishment of the university: 04/11/2009

b. Prior to the establishment of the university, was it a/an

- |                                |     |                          |    |                                     |
|--------------------------------|-----|--------------------------|----|-------------------------------------|
| (i) PG Centre                  | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| (ii) Affiliated College        |     | <input type="checkbox"/> |    | <input checked="" type="checkbox"/> |
| (iii) Constituent College      | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| (iv) Autonomous College        | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| (v) Any Other (Please specify) |     | .....                    |    |                                     |

If yes, give the date of establishment..... (dd/mm/yyyy)

**7. Date of recognition as a university by UGC or any other national agency**

Under Section	dd/mm/yyyy	Remarks
i. 2f of UGC*	17/11/2016	F.No. 8-6/2010(CPP-I/PU)
ii. 12B of UGC*		
iii. 3 of UGC#		
iv. Any other ^ (Specify)		

\* Enclose certificate of recognition

# Enclose notification of MHRD and UGC for all courses / programmes / campus / campuses.

^ Enclose certificate of recognition by any other national agency / agencies, if any.

**8. Has the university been recognized**

**a. By UGC as a University with Potential for Excellence?**

Yes  No

If yes, date of recognition: ..... (dd/mm/yyyy)

**b. For its performance by any other governmental agency?**

Yes  No

If yes, Name of the agency..... and date of recognition: ..... (dd/mm/yyyy)

**9. Does the university have off-campus centres?**

Yes  No

If yes, date of establishment..... (dd/mm/yyyy)  
date of recognition: ..... (dd/mm/yyyy)

**10. Does the university have off-shore centres?**

Yes  No

If yes, date of establishment..... (dd/mm/yyyy)  
date of recognition: ..... (dd/mm/yyyy)

## 11. Location of campus and area

	Location*	Campus in area in acres	Built up area in sq. mts.
i. Main campus area	Village – Laddo, PO – Sultanpur, Solan	15	40100
ii. Other Campuses in the country	No		
iii. Campuses abroad	No		

(\* Urban, Semi-Urban, Rural, Tribal, Hilly Area, Any Other (Please specify))

If the University has more than one campus, it may submit a consolidated self-study report reflecting the activities of all the campus.

## 12. Provide information on the following: In case of multi-campus University, please provide campus-wise information.

- Auditorium/Seminar complex with infrastructural facilities Yes
- Sports Facilities
  - Playground Yes
  - Swimming Pool No
  - Gymnasium Yes
  - Any Other (please specify)
- Hostel
  - Boy's Hostel
    - Number of Hostels 2
    - Number of inmates 400
    - Facilities Almirah, Chair, Gyser, Laundry
  - Girl's Hostel
    - Number of Hostels 1
    - Number of inmates 100
    - Facilities Almirah, Chair, Gyser, Laundry
  - Working Women's Hostel
    - Number of Hostels 0
    - Number of inmates NA
    - Facilities NA
- Residential facilities for faculty and non-teaching Yes
- Cafeteria Yes
- Health Centre- Nature of facilities available
  - Inpatient Yes
  - Outpatient Yes
  - Ambulance Yes
  - Emergency care facility etc. Yes
- Facilities like banking, post office, book shops, etc. Yes
- Transport facilities to cater to the needs of the students and staff Yes
- Facilities for persons with disabilities Yes
- Animal House Yes
- Incinerator for laboratories Yes
- Power house Yes
- Waste Management facility Yes

**13. Number of institutions affiliated to the university**

Types of Colleges	Total	Permanent	Temporary
Arts, Science & Commerce	Not Applicable	Not Applicable	Not Applicable
Law	Not Applicable	Not Applicable	Not Applicable
Medicine	Not Applicable	Not Applicable	Not Applicable
Engineering	Not Applicable	Not Applicable	Not Applicable
Education	Not Applicable	Not Applicable	Not Applicable
Management	Not Applicable	Not Applicable	Not Applicable
Others (specify and provide details) Pharmacy	Not Applicable	Not Applicable	Not Applicable

**14. Does the University Act provide for conferment of autonomy (as recognized by the UGC) to its affiliated institutions? If yes, give the number of autonomous colleges under the jurisdiction of the University**

Yes  No  Number

**15. Furnish the following information**

Particulars	Number	Number of Students
a. University Departments		
Undergraduate	5	653
Post Graduate	6	1543
Research centres on the campus	0	0
b. Constituent Colleges	Not applicable	
c. Affiliated Colleges	Not applicable	
d. College under 2(f)	Not applicable	
e. Colleges under 2(f) and 12B	Not applicable	
f. NAAC accredited colleges	Not applicable	
g. Colleges with Potential for Excellence (UGC)	Not applicable	
h. Autonomous Colleges	Not applicable	
i. Colleges with Postgraduate Departments	Not applicable	
j. Colleges with Research Departments	Not applicable	
k. University recognized Research Institutes/ Centres	Not applicable	

**16. Does the university conform to the specification of Degrees as enlisted by the UGC?**

Yes  No

**17. Academic programmes offered by the university departments at present, under the following categories; (Enclose the list of academic programmes offered)**

Programmes	Number
UG	5
PG	6
Integrated Masters	
M.Phil	
Ph.D.	
Integrated Ph.D.	
Certificate	
Diploma	1
PG Diploma	

18. Number of working days during the last academic year.

19. Number of teaching days during the past four academic years

("Teaching days" means day on which classes were engaged. Examination days are not be included)

20. Does the university have a department of Teacher Education?

Yes  No

If yes,

- Year of establishment: **04/01/2016** (dd/mm/yyyy)
- NCTE recognition details (if applicable)  
Notification Number: **NRC/NCTE/Recognition/ D.El.Ed. /2016/ 144078.82**  
Date: **02/03/2016** (dd/mm/yyyy)
- Is the department opting for assessment and accreditation separately?  
Yes  No

21. Does the university have a teaching department of Physical Education?

Yes  No

If yes,

- Year of establishment: ..... (dd/mm/yyyy)
- NCTE recognition details (if applicable)  
Notification Number: .....  
Date: ..... (dd/mm/yyyy)
- Is the department opting for assessment and accreditation separately?  
Yes  No

22. In the case of Private and Deemed Universities, please indicate whether professional programmes are being offered?

Yes  No

If yes, please enclose approval/recognition details issued by the statutory body governing the programme.

23. Has the university been reviewed by any regulatory authority? If so, furnish a copy of the report and action taken there upon.

Yes, the University has been reviewed by University Grants Commission (Copy of report attached).

24. Number of positions in the university

Positions	Teaching Faculty			Non-teaching Staff	Technical Staff
	Professor	Associate Professor	Assistant Professor		
Sanctioned by the UGC/ University/ State Government	20	45	140	70	30
Recruited	19	44	137	65	29
Yet to recruited	0	0	0	0	0
Number of persons working on contract basis	0	0	0	0	0

**25. Qualifications of the teaching staff**

Highest Qualification	Professor		Associate Professor		Assistant Professor		Total
	Male	Female	Male	Female	Male	Female	
<b>Permanent Teachers</b>							
D.Sc./ D.Litt.	0	0	0	0	0	0	0
Ph.D.	18	1	31	12	8	3	73
M.Phil.	0	0	1	0	5	3	9
PG	0	0	0	0	81	37	118
<b>Temporary Teachers</b>							
D.Sc./ D.Litt.	0	0	0	0	0	0	0
Ph.D.	0	0	0	0	0	0	0
M.Phil.	0	0	0	0	0	0	0
PG	0	0	0	0	0	0	0
<b>Part-Time Teachers</b>							
D.Sc./ D.Litt.	0	0	0	0	0	0	0
Ph.D.	0	0	0	0	0	0	0
M.Phil.	0	0	0	0	0	0	0
PG	0	0	0	0	0	0	0

**26. Emeritus, Adjunct and Visiting Professor**

	Emeritus	Adjunct	Visiting
Number			14

**27. Chairs instituted by the University:**

School/Department	Chairs

**28. Students enrolled in the University departments during the current academic year, with the following details:**

Students	UG		PG		Inte-grate d Masters		M.Phil.		Ph.D.		Inte-gr ated Ph.D.		D.Litt./ D.Sc.		Certi- ficate		Dip-lo ma		PG Diploma	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
From the state where the University is located	205	45	26	10	0	0	0	0	0	0	0	0	0	0	0	0	16	3	0	0
From other states of India	437	95	56	22	0	0	0	0	0	0	0	0	0	0	0	0	37	4	0	0
NRI Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Foreign Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>642</b>	<b>140</b>	<b>82</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>53</b>	<b>7</b>	<b>0</b>	<b>0</b>

\* M-Male \*F-Female

**29. Unit Cost' of education**

(Unit Cost = Total annual recurring expenditure (actual) by total number of students enrolled)

- (a) including the salary component = Rs. 33290.00  
 (b) excluding the salary component = Rs. 9703.00

**30. Year of establishment of Academic Staff College**

- Year of establishment .....
- Number of programmes conduct (with duration)
  - ❖ UGC Orientation – 0
  - ❖ UGC Refresher – 0
  - ❖ University's Own Programmes – 2 (5 days each)

**31. Does the University offer Distance Education Programs (DEP)?**

Yes  No

If yes, indicate the number of programmes offered.

Are they recognized by the Distance Education Council?

**32. Does the University have a provision for external registration of students?**

Yes  No

If yes, how many students avail of this provision actually?

**33. Is the University applying for Accreditation or Re-Assessment? If Accreditation, name the cycle.**

Accreditation: Cycle 1  Cycle 2  Cycle 3  Cycle 4

Re-Assessment:

**34. Date of accreditation\* (applicable for Cycle 2, Cycle 3, Cycle 4 and re-assessment only)**

Cycle 1: ..... (dd/mm/yyyy), Accreditation outcome/Result .....

Cycle 2: ..... (dd/mm/yyyy), Accreditation outcome/Result .....

Cycle 3: ..... (dd/mm/yyyy), Accreditation outcome/Result .....

Cycle 4: ..... (dd/mm/yyyy), Accreditation outcome/Result .....

\*Kindly enclose copy of accreditation certificate(s) and peer team report(s)

**35. Does the University provide the list of accredited institutions under its jurisdiction on its website? Provide details of the number of accredited affiliated / constituent / autonomous colleges under the University.**

Not applicable

**36. Date of establishment of Internal Quality Assurance Cell (IQAC) and dates of submission of Annual Quality Assurance Reports (AQAR).**

IQAC : 21/10/2015 (dd/mm/yyyy)

AQAR : (i) ..... (dd/mm/yyyy)  
 (ii) ..... (dd/mm/yyyy)  
 (iii) ..... (dd/mm/yyyy)  
 (iv) ..... (dd/mm/yyyy)

**37. Any other relevant data, the University would like to include (not exceeding one page). No**