Savitribai Phule Pune University

Compliance Report

To,

Savitribai Phule Pune University
ID -

Date:

The Registrar,
Savitribai Phule Pune University,
Ganeshkhind, Pune-411 007.

Sub: Compliance Report for Affiliation of …….....
……

Ref: Savitribai Phule Pune University Letter No. …….. dated ……

Sir,

With Reference to your letter mentioned above, I ……
(Name of the LIC Chairman)
visited the Institute/College…….
……
(Name of the Institute/College & University ID)
On ……at ……
(Date) (Time)
to verify the conditions laid down by the Local Inquiry Committee under my Chairmanship for the courses …….. for A.Y. ……
(Name of the course and intake)

Sr. No	Conditions	Compliance made by the Institute/College	Remark (Complied/In Process / Not Complied

Recommendation: ……

*(Compliance Report should not be conditional and all the terms and conditions stipulated by Local Inquiry Committee should be fulfilled)

Name and Sign of LIC Chairman

Attachments: 1) Conditional Letter for A.Y. …… given by SPPU.
2) Conditions given by Local Inquiry Committee in LIC Report.