

A. Profile of the Institution

1. Name and address of the institution : **SERVITE COLLEGE OF EDUCATION FOR WOMEN**
Therkkupallam
Thogaimalai - 621 313
Karur District
Tamil Nadu

2. Website URL : www.servite-bed.org

3. For communication:

Office

Name	Telephone Number with STD Code	Fax No	E-Mail Address
Head/Principal	04323-252370	04323-252263	sheelapooranam@yahoo.com
Vice-Principal	04323-252370	04323-252263	vanathiraman@yahoo.com
Self - appraisal Co-ordinator	9445884876	04323-252263	amutha.maria@gmail.com

Residence

Name	Telephone Number with STD Code	Mobile Number
Head/Principal	04323-252280	9865660241
Vice-Principal		9894353803
Self - appraisal Co-ordinator	04323-290754	9865660243

4. Location of the Institution:

Urban Semi-urban Rural Tribal

Any other (specify and indicate)

5. Campus area in acres:

**6 acres and
18.45 cent**

6. Is it a recognized minority institution? Yes No

7. Date of establishment of the institution:

Month & Year

MM	YYYY
December	2005

8. University/Board to which the institution is affiliated:

Tamilnadu Teacher Education University, Chennai

9. Details of UGC recognition under sections 2(f) and 12(B) of the UGC Act.

Month & Year

2f	MM	YYYY
	1	2012

Month & Year

12B	MM	YYYY
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10. Type of Institution

- | | |
|---------------|--|
| a. By funding | i. Government <input type="checkbox"/>
ii. Grant-in-aid <input type="checkbox"/>
iii. Constituent <input type="checkbox"/>
iv. Self-financed <input checked="" type="checkbox"/>
v. Any other (specify and indicate) <input type="checkbox"/> |
| b. By Gender | i. Only for Men <input type="checkbox"/>
ii. Only for Women <input checked="" type="checkbox"/>
iii. Co-education <input type="checkbox"/> |
| c. By Nature | i. University Dept. <input type="checkbox"/>
ii. IASE <input type="checkbox"/>
iii. Autonomous College <input type="checkbox"/>
iv. Affiliated College <input checked="" type="checkbox"/>
v. Constituent College <input type="checkbox"/>
vi. Dept. of Education of Composite College <input type="checkbox"/>
vii. CTE <input type="checkbox"/>
Viii. Any other (specify and indicate) <input type="checkbox"/> |

11. Does the University / State Education Act have provision for autonomy?

Yes No

If yes, has the institution applied for autonomy?

Yes No

12. Details of Teacher Education programmes offered by the institution:

Sl. No.	Level	Programme / Course	Entry Qualification	Nature of Award	Duration	Medium of instruction
i)	Pre-primary			Certificate		
				Diploma		
				Degree		
ii)	Primary/ Elementary			Certificate		
				Diploma		
				Degree		
iii)	Secondary/ Sr. secondary			Certificate		
				Diploma		
		B.Ed.	Graduate	Degree	1 Year	English
iv.	Post Graduate			Diploma		
				Degree		
v.	Other (specify)			Certificate		
				Diploma		
				Degree		

(Additional rows may be inserted as per requirement)

13. Give details of NCTE recognition (for each programme mentioned in Q.12 above)

Level	Programme	Order No. & Date	Valid upto	Sanctioned Intake
Pre-primary				
Primary/Elementary				
Secondary/ Sr.secondary	B.Ed.	FTN/SEC/SRO/NCTE/2005-2006/4109/21-11-05		
Post Graduate				
Other (specify)				

(Additional rows may be inserted as per requirement)