

NAAC Institutional Quality Sustenance and Development Survey

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2.

1. Kindly provide the details of the institution

Name of Institution:

Year of Establishment of the Institution:

Address Line 1:

Address Line 2:

City/Town:

State:

Postal Code:

Email Address:

2. NAAC Accreditation/ Reaccreditation Details

Year of Accreditation/ Reaccreditation:

Current Grade:

CGPA:

3. Institutional Status

4. Contact Person Details

Name of Head of Institution:

Contact Phone:

Email:

Website URL:

Name of IQAC Co-ordinator:

Email:

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