

DETAILS OF BENCHMARKING INSTITUTE WISE

1. **Name of the institute: -** \_\_\_\_\_
  
2. **Address of the Institute :-** \_\_\_\_\_
  
3. **Telephone/ Fax/ Email :-** \_\_\_\_\_
  
4. **Name of the Director / Principal/ Capt. Supdt. :-** \_\_\_\_\_
  
5. **Details of Benchmarking\* and the courses conducted by the institute :-**

**Pre Sea Courses**

Sl. No.	Name of the course	Approved Capacity of the course	Date of Approval	Name of the Agency conducting Benchmarking alongwith details of MoU signed	Date of Grading	Status of Benchmarking of courses	Grade Awarded if not likely date of same	Remarks

**Post Sea Courses**

Sl. No.	Name of the course	Approved Capacity of the course	Date of Approval	Name of the Agency conducting Benchmarking alongwith details of MoU signed	Date of Grading	Status of Benchmarking of courses	Grade Awarded if not likely date of same	Remarks

\* Benchmarking compulsory w.e.f 01.01.2006

6. Any other information

(Authorised Signatory)