



आर्यभट्ट ज्ञान विश्वविद्यालय

ARYABHATTA KNOWLEDGE UNIVERSITY

(Established by Government of Bihar, Under Bihar Act 24, 2008)

Chanakya National Law University Campus, Near Mithapur Bus Stand, Patna-800 001

Phone No: 612-2351919, website: www.akubihar.ac.in

APPLICATION FOR PROVISIONAL AFFILIATION/EXTENSION OF AFFILIATION

To,
The Registrar
Aryabhatta Knowledge University, Patna-1

Sir,

I have the honour to apply for the affiliation/extension of affiliation of _____ (Name of the Institute/College) to the Aryabhatta Knowledge University, Patna for the applicable study/Teaching area with the status of degrees and corresponding disciplines for the session 201_____ - 201_ ____.

1. Applicable study/Teaching Area :(Tick out the relevant area)

A. Courses recognized by AICTE

B. Courses recognized by PCI

C. Courses recognized by "National Council of Architecture"

D. Courses recognized by "NCTE" :

E. Courses recognized by DCI

F. Courses recognized by MCI

G. Courses recognized by INC

H. Courses recognized by CCIM

I. Others Courses

Form- A to be filled

Form- B to be filled

Form- C to be filled

2. As referred in (1) the status of degree to be awarded (Tick out the relevant portion)

(a) Degree (d) Post Graduate Degree

3. Disciplines/Programme (a) _____ (b) _____ (c) _____ & so on

(a) In case of fresh application An Application fee of Rs. _____ (as prescribed) in the form of Bank Draft payable to "ARYABHATTA KNOWLEDGE UNIVERSITY- AFFILIATION FUND", payable at Patna.

(b) As inspection and processing fee of Rs. _____ (as prescribed) in the form of Bank Draft payable to "ARYABHATTA KNOWLEDGE UNIVERSITY- INSPECTION CUM PROCESSING FUND", payable at Patna.

(c) In case of Extension of Affiliation, no application fee shall be charged.

Details of the bank Draft:

Yours Faithfully,

Bank Draft Nos. _____

Signature _____

Date _____

Designation _____

Drawn at bank _____

Full Address _____

Note: (1) Application fee mentioned in 3 (a) is not applicable to Government Institutions.

(2) Affiliation fee includes Application fee. In case the Institute/College found not suitable for affiliation, application money will be deducted and the rest will be refunded.

(3) A separate DD of Rs.2500/- (Two thousand five hundred) in favour of "ARYABHATTA KNOWLEDGE UNIVERSITY- MISCELLANEOUS FUND", payable at Patna shall be paid with downloaded application form.



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FORM - A

Application for Provisional Affiliation/Extension of Provisional Affiliation of the Graduate/Post Graduate Degree Programmes/Courses in Aryabhatta Knowledge University, Patna for the academic year 201__ - 201__ of course _____.

INSTITUTIONAL DETAILS :

1. Name of the College/Institute :

2. Complete Postal Address :

Including the nearest Rly.

Station and Airport

3. Telephone Number :

Fax :

Email id :

Website :

4. Location of College/Institute with surroundings

East :

West :

North :

South :

5. Information on Establishment of the Institute

a. Year of Establishment :

b. Date on which first approval was accorded by AICTE/NCTE/COA/PCI:

c. Year of commencement of the first batch :

6. AICTE/NCTE/COA/ PCI approved discipline and related courses during academic year 201__-201__ for which affiliation is sought. (Approval letter be attached).

| Sl.No. | Courses | Year of Approval by AICTE/NCTE/COA/ PCI (Give approval ref. No. & Date) | Approved Intake | Actual Number of Students admitted | Status of Accreditation (Yes/No) |
|--------|---------|---|-----------------|------------------------------------|----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

7. Approval by state Government (Approval letter be attached)

| Sl.No. | Year /Semester | Courses | Date of approval | Approved intake | remarks |
|--------|----------------|---------|------------------|-----------------|---------|
| | | | | | |
| | | | | | |
| | | | | | |

8. Letter no. & Date of previous University Affiliation, if any :



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9. Type of Institution : State Government/ Government Aided/Self-Financing (Minority)/Self-Financing (Non-Minority)/ Any other (Specify):
(Note: **Proof or relevant document should be attached**)

10. In case of self-financing Institution

- i. Name :
ii. Address :
iii. Phone Number :
iv. Fax Number :
v. Email id :
vi. Website of the Society/Trust :

11. Please enclose the following documents or provide the information:

- A. The Constitution of the Governing Body.(Appended as Annexure)
B. The Names of the members of the Governing Body.(Appended as Annexure)
C. Is the Governing Body registered according to AICTE/NCTE/COA/ PCI norms? - Yes/No
D. Details of last meeting of Governing Body (Attach the Proceeding).
E. Certified copies of trust deeds and title deeds of the property (Appended as Annexure)
F. Provide the fund position of the college/Trust/Society including the reserve Fund, if any, mentioning the A/C nos. and the name of the Banks/Post office(Appended as Annexure)
G. Means of Financial mobilization :
i. Contribution of the applicant :
ii. Grants :
iii. Donations :
iv. Equity :
v. Term loans :
vi. Other sources if any :

12. An undertaking that the foundation society shall, before the institution is granted affiliation, deposit with the university, Endowment Fund of the Institution. (Appended as Annexure)

13. Name and Particulars of the Head of the Institution (Principal/Director):

| | | | | | |
|----------------|--|--------------|---------------|---------|--|
| Name | | | | | |
| Qualifications | | | Date of Birth | | |
| Experiences | | | | | |
| STD Code | | Phone No.(O) | | Fax No. | |
| STD Code | | Phone No.(R) | | Fax No. | |
| E-Mail | | | Mobile No | | |



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14. Profile/testimonials and salary proof of all the existing Faculty members including Principal/Director in the enclosed Performa. (Also to be submitted as soft copy in the excel sheet provided)

15. Human Resources:

TEACHING FACULTY

| | | |
|------|-------------------------------|---|
| i) | Principal (Whether Qualified) | Yes/No (Bio data to be appended as Annexure) |
| ii) | Faculty Cadre Ratio | : : Prof. Associate Prof. Asstt. Prof. |
| iii) | Teacher Taught Ratio | 1: |
| iv) | Librarian | Yes/No. Bio Data to be appended as Annexure |

Note: List of all faculty members including Principal and the proceedings of selection committee of appointed teaching/non-teaching staff including principal must be attached.

16. Non-Teaching technical staff (Enumerate them post wise, if not included in the list and write yes/No, if according to AICTE/NCTE/COA/ PCI directive or not) Append the documentary evidences including the appointments letters as Annexure.

| | | | |
|-----|----|----------------------|--------|
| 16. | 1 | Computer Programmer | Yes/No |
| | 2 | Technical Assistant | Yes/No |
| | 3 | Lab Attendant- Lab 1 | |
| | 4 | Lab Attendant- Lab 2 | Yes/No |
| | 5 | Lab Attendant- Lab 3 | Yes/No |
| | 6 | Lab Attendant- Lab 4 | Yes/No |
| | 7 | Lab Attendant- Lab 5 | Yes/No |
| | 8 | Librarian | Yes/No |
| | 9 | Asst. Librarian | Yes/No |
| | 10 | & So on, if any | |



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17. Non-Teaching administrative staff (Enumerate them post wise, if not included in the list and write Yes/No, if according to AICTE/NCTE/COA/ PCI directive or not) Append the documentary evidences including the appointment letters as Annexure

| | | | |
|-----|----|--|--------|
| 17. | 1 | Registrar | Yes/No |
| | 2 | Training & Placement Officer | Yes/No |
| | 3 | Accounts Officer | Yes/No |
| | 4 | Office Superintendent | Yes/No |
| | 5 | Assistant | Yes/No |
| | 6 | Steno | Yes/No |
| | 7 | Peon | Yes/No |
| | 8 | Chowkidar | Yes/No |
| | 9 | Sweeper | Yes/No |
| | 10 | Mali | Yes/No |
| | 11 | Pharmacist/Laboratory Technician (D.Pharm qualification) | Yes/No |
| | 12 | Laboratory Attendant | Yes/No |
| | 13 | Mechanic & Electrician | Yes/No |
| | 14 | & so on, if any | Yes/No |

18. **PHYSICAL INFRASTRUCTURE & OTHER FACILITIES/AMENITIES**

(All infrastructure provided by the institute as per guideline of AICTE/NCTE/COA/ PCI)

Infrastructure (Enumerate them infrastructure wise and write Yes/No, if they are according to AICTE/NCTE/COA/ PCI directive or not) Documentary evidences in support of each item should be appended as Annexure.

| | | | |
|----|---|---|--------|
| 18 | 1 | Total Area as per AICTE/NCTE/COA/ PCI norms | Yes/No |
| | 2 | Class rooms as per AICTE/NCTE/COA norms | Yes/No |
| | 3 | Tutorial rooms as per AICTE/NCTE/COA/ PCI norms | Yes/No |



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| | | |
|----|---|--------|
| 4 | Library as per AICTE/NCTE/COA/ PCI norms (Certifies copy of last 5 pages of accession register to be given as annexure) | Yes/No |
| 5 | Fully equipped labs as per AICTE/NCTE/COA/PCI norms (Certified inventories as per stock register and physical availability to be given as annexure) | Yes/No |
| 6 | _____ no of computers with ration to students (if as per AICTE/NCTE/COA/ PCI norms or not) | Yes/No |
| 7 | Conference hall | Yes/No |
| 8 | Common Room for Boys | Yes/No |
| 9 | Common Room for Girls | Yes/No |
| 10 | Dispensary | Yes/No |
| 11 | Principal Office | Yes/No |
| 12 | Reception office | Yes/No |
| 13 | Main office | Yes/No |
| 14 | Admin Office | Yes/No |
| 15 | Maintenance & Estate Office | Yes/No |
| 16 | Faculty Rooms | Yes/No |
| 17 | Toilets for Staff | Yes/No |
| 18 | Toilets for Boys | Yes/No |
| 19 | Toilets for Girls | Yes/No |
| 20 | Canteen | Yes/No |
| 21 | & More if any | Yes/No |



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19. Other facilities (Enumerate them other facilities wise and write Yes/No, if they are according to AICTE/NCTE/COA/ PCI directive or not) Documentary evidences in support of each item should be appended as annexure.

| | | | |
|-----|----|-----------------------|--------|
| 19. | 1 | Digital Library | Yes/No |
| | 2 | Electrical Generator | Yes/No |
| | 3 | Parking | Yes/No |
| | 4 | Internet Facility | Yes/No |
| | 5 | Communication Lab | Yes/No |
| | 6 | All weather Road | Yes/No |
| | 7 | Portable Water Supply | Yes/No |
| | 8 | Hostel For Boys | Yes/No |
| | 9 | Hostel for Girls | Yes/No |
| | 10 | Principal Quarter | Yes/No |
| | 11 | Staff Quarter | Yes/No |
| | 12 | Guest House | Yes/No |
| | 13 | Play Ground | Yes/No |
| | 14 | Sports | Yes/No |
| | 15 | Photocopier | Yes/No |
| | 16 | & More if any | Yes/No |

20. In case of extension of affiliation

- No. of books and journals purchased in library for current academic session.
- No. of Lab equipment's/computers/other accessories purchased in previous academic session.

21. Faculty members appointed in previous academic session.

22. No. of faculty members added for coming academic session (Proof must be attached).



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23. Copy of advertisement in two daily newspapers regarding the appointment of teaching and non-teaching staff.

(If Space given is not sufficient to provide the information, us additional papers)

24. Declaration

I, (name)..... (designation)
of(college/institute) do hereby
solemnly affirm and declare that :-

- i. I am the duly authorized representative of this college.
- ii. All the enclosures to this application are true copy of the original and self-attested by me.
- iii. I solemnly declare and affirm that particulars given above are correct and true to the best of my knowledge and nothing concealed therein.

Place:

Signature with seal of Authorized

Date:

Signatory.



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FORM- B

Application for Provisional Affiliation/Extension of Provisional Affiliation of the Graduate/Post Graduate Degree Programmes/Courses in Aryabhatta Knowledge University, Patna for the academic year 201____ - 201____ of course _____.

INSTITUTIONAL DETAILS

1. Name of the College/Institute :
2. Complete Postal Address :
Including the nearest Rly.
Station and Airport
3. Telephone Number :
Fax :
Email id :
Website :
4. Location of College/Institute with surroundings
East :
West :
North :
South
5. Information on Establishment of the Institute
 - a. Year of Establishment :
 - b. Date on which first approval was accorded by MCI/DCI/INC/CCIM:
 - c. Year of commencement of the first batch :
6. MCI/DCI/INC/CCIM approved discipline and related courses during academic year 201____-201____ for which affiliation is sought. (Approval letter be attached).

| Sl.No. | Courses | Year of Approval by MCI/DCI/INC/CCIM (Give approval ref. No. & Date) | Approved Intake | Actual Number of Students admitted | Status of Accreditation (Yes/No) |
|--------|---------|--|-----------------|------------------------------------|----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |



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7. Approval by State Government (Approval letter be attached)

| Sl.No. | Year/Semester | Courses | Date of approval | Approved intake | remarks |
|--------|---------------|---------|------------------|-----------------|---------|
| | | | | | |
| | | | | | |
| | | | | | |

8. Letter no. & Date of previous University Affiliation, if any :

9. Type of Institution : State Government/ Government Aided/Self-Financing (Minority)/
Self-Financing (Non-Minority)/ Any other (Specify):

(Note: **Proof or relevant document should be attached**)

10. In case of self-financing institution

- i. Name :
- ii. Address :
- iii. Phone Number :
- iv. Fax Number :
- v. Email id :
- vi. Website of the Society/Trust :

11. Please enclose the following documents or provide the information:

- A. The Constitution of the Governing Body.(Appended as Annexure)
- B. The Names of the members of the Governing Body.(Appended as Annexure)
- C. Is the Governing Body registered according to MCI/DCI/INC/CCIM norms? - Yes/No
- D. Certified copies of trust deeds and title deeds of the property (Appended as Annexure)
- E. Provide the fund position of the college/Trust/Society including the reserve Fund, if any, mentioning the A/C nos. and the name of the Banks/Post office (Appended as Annexure).
- F. Undertaking by the Society/Trust.
 1. Land in the name of proposed society/trust/institution.
 2. Land use certificate from appropriate Authority.
 3. Pollution Control certificate as applicable.
- G. Means of Financial mobilization :
 1. Contribution of the applicant :
 2. Grants :
 3. Donations :
 4. Equity :
 5. Term loans :
 6. Other sources if any :



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12. An undertaking that the foundation society shall, before the institution is granted affiliation, deposit with the university, Endowment Fund of the Institution. (Appended as Annexure)

13. Name and Particulars of the Head of the Institution (Principal/Director):

| | | | | |
|----------------|--------------|--|---------------|--|
| Name | | | | |
| Qualifications | | | Date of Birth | |
| Experiences | | | | |
| STD Code | Phone No.(O) | | Fax No. | |
| STD Code | Phone No.(R) | | Fax No. | |
| E-Mail | | | Mobile No | |

14. Profile of all the existing Faculty members including Principal/Director in the enclosed Performa. (Also to be submitted as soft copy in the excel sheet provided)

15. Human Resources:

TEACHING FACULTY

| | | |
|------|-------------------------------|---|
| i) | Principal (Whether Qualified) | Yes/No (Bio data to be appended as Annexure) |
| ii) | Faculty Cadre Ratio | : : Prof. Associate Prof. Asstt. Prof. |
| iii) | Teacher Taught Ratio | 1: |
| iv) | Librarian | Yes/No. Bio Data to be appended as Annexure |

16. Non-Teaching Technical staff (enumerate them post wise, if not included in the list and write Yes/No, if according to MCI/DCI/INC/CCIM directive or not) append the documentary evidences including the appointment letters as Annexure

| | | |
|---|----------------------------|--------|
| 1 | ECG Technician | Yes/No |
| 2 | Psychiatric Social Workers | Yes/No |
| 3 | Child Psychologist | Yes/No |
| 4 | Health Educator | Yes/No |
| 5 | Lab Attendants | Yes/No |
| 6 | Social Worker | Yes/No |



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| | | | |
|-----|----|----------------------------|--------|
| 16. | 7 | Refractionist | Yes/No |
| | 8 | Audiometry Technician | Yes/No |
| | 9 | Speech Therapist | Yes/No |
| | 10 | Radiographic Technician | Yes/No |
| | 11 | Dark Room Assistant | Yes/No |
| | 12 | Dental Technician | Yes/No |
| | 13 | Modelers | Yes/No |
| | 14 | Dissection Hall Attendants | Yes/No |
| | 15 | & More, if any | Yes/No |

17. Non-Teaching administrative staff (Enumerate them post wise, if not included in the list and write Yes/No, if according to MCI/DCI/INC/CCIM directive or not) Append the documentary evidences including the appointment letters as Annexure

| | | | |
|-----|----|------------------------------|--------|
| 17. | 1 | Registrar | Yes/No |
| | 2 | Training & Placement Officer | Yes/No |
| | 3 | Accounts Officer | Yes/No |
| | 4 | Office Superintendent | Yes/No |
| | 5 | Assistant | Yes/No |
| | 6 | Steno | Yes/No |
| | 7 | Peon | Yes/No |
| | 8 | Chowkidar | Yes/No |
| | 9 | Sweeper | Yes/No |
| | 10 | Mali | Yes/No |
| | 11 | & so on, if any | Yes/No |



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18. PHYSICAL INFRASTRUCTURE & OTHER FACILITIES/AMENITIES

Infrastructure (Enumerate them infrastructure wise and write Yes/No, if they are according to MCI/DCI/INC/CCIM directive or not) Documentary evidences in support of each item should be appended as Annexure

| | | | |
|-----|----|---|--------|
| 18. | 1 | Total Area as per MCI/DCI/INC/CCIM norms | Yes/No |
| | 2 | Class rooms as per MCI/DCI/INC/CCIM norms | Yes/No |
| | 3 | Tutorial rooms as per MCI/DCI/INC/CCIM norms | Yes/No |
| | 4 | Library as per MCI/DCI/INC/CCIM norms(Certifies copy of last 5 pages of accession register to be given as annexure) | Yes/No |
| | 5 | Fully equipped labs as per MCI/DCI/INC/CCIM norms (Certified inventories as per stock register and physical availability to be given as annexure) | Yes/No |
| | 6 | _____ no of computers with ration to students | Yes/No |
| | 7 | Conference hall | Yes/No |
| | 8 | Common Room for Boys | Yes/No |
| | 9 | Common Room for Girls | Yes/No |
| | 10 | Dispensary | Yes/No |
| | 11 | Principal Office | Yes/No |
| | 12 | Reception office | Yes/No |
| | 13 | Main office | Yes/No |
| | 14 | Admin Office | Yes/No |
| | 15 | Maintenance & Estate Office | Yes/No |
| | 16 | Faculty Rooms | Yes/No |
| | 17 | Toilets for Staff | Yes/No |
| | 18 | Toilets for Boys | Yes/No |



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| | | |
|----|-------------------------------------|--------|
| 19 | Toilets for Girls | Yes/No |
| 20 | Canteen | Yes/No |
| 21 | Animal House | Yes/No |
| 22 | Mortuary | Yes/No |
| 23 | Cultural and Recreational Centre | Yes/No |
| 24 | Sports Complex | Yes/No |
| 25 | Others (State name of the facility) | Yes/No |

19. Other facilities (Enumerate them other facilities wise and write Yes/No, if they are according to MCI/DCI/INC/CCIM directive or not) Documentary evidences in support of each item should be appended as annexure.

| | | | |
|-----|----|-----------------------|--------|
| 19. | 1 | Digital Library | Yes/No |
| | 2 | Electrical Generator | Yes/No |
| | 3 | Parking | Yes/No |
| | 4 | Internet Facility | Yes/No |
| | 5 | Communication Lab | Yes/No |
| | 6 | All weather Road | Yes/No |
| | 7 | Portable Water Supply | Yes/No |
| | 8 | Hostel For Boys | Yes/No |
| | 9 | Hostel for Girls | Yes/No |
| | 10 | Principal Quarter | Yes/No |
| | 11 | Staff Quarter | Yes/No |
| | 12 | Guest House | Yes/No |
| | 13 | Play Ground | Yes/No |
| | 14 | Sports | Yes/No |



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| | | | |
|--|----|---------------|--------|
| | 15 | Photocopier | Yes/No |
| | 16 | & More if any | Yes/No |

20. Name and Address of the Existing Hospital :

21. Profile of category wise staff manning the hospital, administrative, other ancillary and support services including the head of existing hospital. (In detail with documentary evidence as annexure including the appointment letter)

(If Space given is not sufficient to provide the information, use additional papers)

22. Other details.

| | | | |
|-----|---|--|--------|
| 22. | 1 | Bed Strength (Whether according to MCI/DCI/INC/CCIM norms) | Yes/No |
| | 2 | Bed Distribution (Whether according to MCI/DCI/INC/CCIM norms) | Yes/No |
| | 3 | Bed Occupancy (Whether according to MCI/DCI/INC/CCIM norms) | Yes/No |
| | 4 | Whether norm of 5 in patients per student would be fulfilled | Yes/No |
| | 5 | Clinical and para clinical disciplines (whether according to MCI/DCI/INC/CCIM norms) | Yes/No |
| | 6 | OPDs department wise (whether according to MCI/DCI/INC/CCIM norms) | Yes/No |
| | 7 | Architectural and lay out plans (whether according to MCI/DCI/INC/CCIM Norms) | Yes/No |
| | 8 | Medical and allied equipment's (provide the list in a separate sheet)(whether according to MCI/DCI/INC/CCIM norms) | Yes/No |
| | 9 | Engineering services (whether according to MCI/DCI/INC/CCIM norms) | Yes/No |



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(Established by Government of Bihar, Under Bihar Act 24, 2008)

Chanakya National Law University Campus, Near Mithapur Bus Stand, Patna-800 001

Phone No: 612-2351919, website: www.akubihar.ac.in

23. In case of extension of affiliation

- i. No. of books and journals purchased in library for current academic session.
- ii. No. of Lab equipment's/computers/other accessories purchased in previous academic session.

24. Faculty members appointed in previous academic session.

25. No. of faculty members added for coming academic session (Proof must be attached).

26. Copy of advertisement in two daily newspapers regarding the appointment of teaching and non-teaching staff.

(If Space given is not sufficient to provide the information, use additional papers)

27. Declaration

I, (name)..... (designation)
of(college/institute) do hereby
solemnly affirm and declare that :-

- i. I am the duly authorized representative of this college.
- ii. All the enclosures to this application are true copy of the original and self-attested by me.
- iii. I solemnly declare and affirm that particulars given above are correct and true to the best of my knowledge and nothing concealed therein.

Place:

Signature with seal of Authorized

Date:

Signatory.



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FORM- C

Application for Provisional Affiliation/Extension of Affiliation of the Graduate/Post Graduate Degree Programmes/Courses in Aryabhatta Knowledge University, Patna for the academic year 201_____ - 201_____ of course _____.

INSTITUTIONAL DETAILS :

1. Name of the College Institute :

2. Complete Postal Address :

Including the nearest Rly.

Station and Airport

3. Telephone Number :

Fax :

Email id :

Website :

4. Location of College/Institute with surroundings

East :

West :

North :

South :

5. Information on Establishment of the Institute

a. Year of Establishment :

b. Date on which first approval was accorded by any Authorized body, if any (if Yes, then information to Be provided in item column 6) :

c. Year of commencement of the first batch :

6. If approval is accorded by some authorized body for the courses mentioned above during academic year 201_____ - 201_____ for which affiliation is sought. (Approval letter be attached).

| Sl.No. | Courses | Year of Approval by authorized body (Give approval ref. No. & Date) | Approved Intake | Actual Number of Students admitted | Status of Accreditation (Yes/No) |
|--------|---------|--|-----------------|------------------------------------|----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |



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7. Approval by state Government (Approval letter be attached)

| Sl. No. | Year/Semester | Courses | Date of approval | Approved intake | remarks |
|---------|---------------|---------|------------------|-----------------|---------|
| | | | | | |
| | | | | | |
| | | | | | |

8. Letter No. & Date of previous University Affiliation, if any :

9. Type of Institution : Sate Government/ Government Aided/Self-Financing (Minority)/Self-Financing (Non-Minority)/ Any other (Specify):
(Note: **Proof or relevant document should be attached**)

10. In case of self-financing institution

- i. Name :
- ii. Address :
- iii. Phone Number :
- iv. Fax Number :
- v. Email id :
- vi. Website of the Society/Trust :

11. Please enclose the following documents or provide the information:

- A. The Constitution of the Governing Body.(Appended as Annexure)
- B. The Names of the members of the Governing Body.(Appended as Annexure)
- C. Is the Governing Body registered according to authorized body norms? - Yes/No
- D. Certified copies of trust deeds and title deeds of the property (Appended as Annexure)
- E. Provide the fund position of the college/Trust/Society including the reserve Fund, if any, mentioning the A/C nos. and the name of the Banks/Post office(Appended as Annexure)
- F. Means of Financial mobilization :
 1. Contribution of the applicant :
 2. Grants :
 3. Donations :
 4. Equity :
 5. Term loans :
 6. Other sources if any :

12. An undertaking that the foundation society shall, before the institution is granted affiliation, deposit with the university, Endowment Fund of the Institution. (Appended as Annexure)



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13. Name and Particulars of the Head of the Institution (Principal/Director):

| | | | | | |
|----------------|--|--------------|--|---------------|--|
| Name | | | | | |
| Qualifications | | | | Date of Birth | |
| Experiences | | | | | |
| STD Code | | Phone No.(O) | | Fax No. | |
| STD Code | | Phone No.(R) | | Fax No. | |
| E-Mail | | | | Mobile No | |

14. Profile of all the existing Teaching Faculty members including Principal/Director in the enclosed Performa. (Also to be submitted as soft copy in the excel sheet provided)

15. Human Resources:

TEACHING FACULTY

| | | |
|------|-------------------------------|---|
| i) | Principal (Whether Qualified) | Yes/No (Bio data to be appended as Annexure) |
| ii) | Faculty Cadre Ratio | Prof. : Associate Prof. : Asstt. Prof. |
| iii) | Teacher Taught Ratio | 1: |
| iv) | Librarian | Yes/No. Bio Data to be appended as Annexure |

16. Non-Teaching technical staff (Enumerate them pose wise, if not included in the list and write yes/No, if according to authorized body prescribed norm or not) Append the documentary evidences including the appointments letters as Annexure

| | | | |
|-----|---|----------------------------|--------|
| 16. | 1 | Computer Programmer | Yes/No |
| | 2 | Senior Technical Assistant | Yes/No |
| | 3 | Technical Assistant | Yes/No |
| | 4 | Lab Attendant | Yes/No |
| | 5 | & So on, if any | Yes/No |



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17. Non-Teaching administrative staff (Enumerate them post wise, if not included in the list and write Yes/No, if according to authorized body prescribed norm or not) Append the documentary evidences including the appointment letters as Annexure

| | | | |
|-----|----|------------------------------|--------|
| 17. | 1 | Registrar | Yes/No |
| | 2 | Training & Placement Officer | Yes/No |
| | 3 | Accounts Officer | Yes/No |
| | 4 | Office Superintendent | Yes/No |
| | 5 | Assistant | Yes/No |
| | 6 | Steno | Yes/No |
| | 7 | Peon | Yes/No |
| | 8 | Chowkidar | Yes/No |
| | 9 | Sweeper | Yes/No |
| | 10 | Mali | Yes/No |
| | 11 | & so on, if any | Yes/No |

18. PHYSICAL INFRASTRUCTURE & OTHER FACILITIES/AMENITIES

Infrastructure (Enumerate them infrastructure wise and write Yes/No, if they are according to authorized body directive or not) Documentary evidences in support of each item should be appended as Annexure

| | | | |
|-----|---|---|--------|
| 18. | 1 | Total Area as per norms | Yes/No |
| | 2 | Class rooms as per norms | Yes/No |
| | 3 | Tutorial rooms as per norms | Yes/No |
| | 4 | Library as per norms (Certifies copy of last 5 pages of accession register to be given as annexure) | Yes/No |



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| | | |
|----|---|--------|
| 5 | Fully equipped labs as per norms(Certified inventories as per stock register and physical availability to be given as annexure) | Yes/No |
| 6 | _____ no of computers with ration to students(if as per norms or not) | Yes/No |
| 7 | Conference hall | Yes/No |
| 8 | Common Room for Boys | Yes/No |
| 9 | Common Room for Girls | Yes/No |
| 10 | Dispensary | Yes/No |
| 11 | Principal Office | Yes/No |
| 12 | Reception office | Yes/No |
| 13 | Main office | Yes/No |
| 14 | Admin Office | Yes/No |
| 15 | Maintenance & Estate Office | Yes/No |
| 16 | Faculty Rooms | Yes/No |
| 17 | Toilets for Staff | Yes/No |
| 18 | Toilets for Boys | Yes/No |
| 19 | Toilets for Girls | Yes/No |
| 20 | Canteen | Yes/No |
| 21 | & More if any | Yes/No |



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19. Other facilities (Enumerate them other facilities wise and write Yes/No, if they are according to authorized body norms or not) Documentary evidences in support of each item should be appended as annexure.

| | | | |
|-----|----|-----------------------|--------|
| 19. | 1 | Digital Library | Yes/No |
| | 2 | Electrical Generator | Yes/No |
| | 3 | Parking | Yes/No |
| | 4 | Internet Facility | Yes/No |
| | 5 | Communication Lab | Yes/No |
| | 6 | All weather Road | Yes/No |
| | 7 | Portable Water Supply | Yes/No |
| | 8 | Hostel For Boys | Yes/No |
| | 9 | Hostel for Girls | Yes/No |
| | 10 | Principal Quarter | Yes/No |
| | 11 | Staff Quarter | Yes/No |
| | 12 | Guest House | Yes/No |
| | 13 | Play Ground | Yes/No |
| | 14 | Sports | Yes/No |
| | 15 | Photocopier | Yes/No |
| | 16 | & More if any | Yes/No |

20. In case of extension of affiliation

- No. of books and journals purchased in library for current academic session.
- No. of Lab equipment's/computers/other accessories purchased in previous academic session.

21. Faculty members appointed in previous academic session.

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Place:

Signature with seal of Authorized

Date:

Signatory