



# आर्यभट्ट ज्ञान विश्वविद्यालय

ARYABHATTA KNOWLEDGE UNIVERSITY

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

Chanakya National Law University Campus, Mithapur, Patna-800 001

Phone No: 612-2351919, website: [www.akubihar.ac.in](http://www.akubihar.ac.in), email: akuniv10@gmail.com

## 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                              | : | <input type="checkbox"/> | } Form- A to be |
| B. Courses recognized by PCI                                | : | <input type="checkbox"/> |                 |
| C. Courses recognized by "National Council of Architecture" | : | <input type="checkbox"/> |                 |
| D. Courses recognized by "NCTE"                             | : | <input type="checkbox"/> |                 |
| E. Courses recognized by DCI                                | : | <input type="checkbox"/> | } Form- B to be |
| F. Courses recognized by MCI                                | : | <input type="checkbox"/> |                 |
| G. Courses recognized by INC                                | : | <input type="checkbox"/> |                 |
| H. Courses recognized by CCIM                               | : | <input type="checkbox"/> | } Form- C to be |
| I. Others Courses   | : | <input type="checkbox"/> |                 |

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

- (a) Degree  (b) 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- AFFILIATION 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 (Branch Name with intake \_\_\_\_\_).

### 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
	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



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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 ratio 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 on Affidavit containing all deficiencies pointed out by last inspection team should be complied.

25. 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

- Year of Establishment :
- Date on which first approval was accorded by MCI/DCI/INC/CCIM:
- 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
7	Refractionist	Yes/No



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16.	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 ratio 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
	19	Toilets for Girls	Yes/No



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



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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

23. 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.



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Chanakya National Law University Campus, Mithapur, Patna-800 001

Phone No: 612-2351919, website: [www.akubihar.ac.in](http://www.akubihar.ac.in), email: akuniv10@gmail.com

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 on Affidavit containing all deficiencies pointed out by last inspection team should be complied.

## 28. 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.

## 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





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year 201\_\_\_\_\_ - 201\_\_\_\_\_ of course \_\_\_\_\_ (Branch Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_).

## 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)

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

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

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

Name			
Qualifications		Date of Birth	
Experiences			



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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

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

	1	Registrar	Yes/No
	2	Training & Placement Officer	Yes/No
	3	Accounts Officer	Yes/No
	4	Office Superintendent	Yes/No
	5	Assistant	Yes/No



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17.	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
	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 ratio 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



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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

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.

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



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	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).

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, use additional papers)

24. Declaration on Affidavit containing all deficiencies pointed out by last inspection team should be complied.

## 25. Declaration

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- All the enclosures to this application are true copy of the original and self-attested by me.
- 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

Performa for Teaching Faculty members including Principal/Director and Non-Teaching Staff (relevant proof documents must be attached)



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Sl. No.	Name of faculty member/ Non-Teaching Staff	Designation	Date of Birth	Date of Joining	Subject (For faculty members)	Qualification	Aadhaar No.	PAN No.	Status of submission of quarterly Bank Statement

Aryabhatta Knowledge University