

महाराजा सूरजमल बृज विश्वविद्यालय, भरतपुर

Ph. & Fax No. 05644-220560, Email- brijuniversitybtp@gmail.com Website – www.brijuniversity.ac.in

Cost of Form Rs. 1000/-

Session: 2018-19

## Affiliation Form For New College

Name of Course(s):					
Name of College:					
College Code:	for office use only)	E			
Address:	and omy)	Email id:			
Contact No.		Mobile N			
Website:		Mobile No. :			
The Registrar Maharaja Surajmal Brij Univer Bharatpur	sity,				
Dear sir,  I have the honor to app 2018-19. I beg to furnish the fol	oly for Affiliation for ne lowing information:	w course(s) in the New College to the University for the Year			
(A) Details of Management are	e as under :				
Full Name of Society/Trust (With Address)		7			
Name of Chairperson/ Secretary/Managing Trustee		Registrartion No. of Society/Trust			
Contact No. 1		Contact No. 2			
A/C No.					
Name of Bank		Name of Account Holder			
IFSC Code		Name of Branch			
		A/C opened on			
Authorised Signatory's Name		Designation			
(B) Details of NOC:					
Whether the NOC has been issued If Yes Letter No. of State Govt. No.	UU				
Whether the NOC has been issued If Yes Letter No. of NCTE/BCI No.	by the NCTE/BCI fo	or the session 2018-19? Yes No  Date of State Govt. NOC.  or the session 2018-19? Yes No NA  Letter Date.			

(C) Details of Affiliation fees depo	sited:					
Affiliation Fee:	Fee: Inspection Fee:		Cost of Form:			
Late Fee:	Penalty:	enalty:		Total Amount :		
D.D. No. Bank: (D) Details of Course(s) in	Date : which Affiliation So	Name of Sought:				
Name of the Proposed College :						
Name of Course	Na	Name of Subject		No. of Seats Sought		
Name of the Principal :	Contact No. :					
Proposed additional Staff : (A) T	Ceaching (I	3) Clerks	(C) La	b Staff	(D) Class IV	
Land Area of College (Sq. Mtrs)	Covered Are	ea (Sq. Mtrs)	Own	ier's Name		
No. of Rooms	Tota	al Seating				
Capacity No. of Labs		Total				
Working Capacity Need/Justification	on of Course :					
List of Enclosures:						
S. No.	Type of Document			Document		
1.						
2.				-		

	Type of Document	Document
1.		
2.		
3.		
4.		
5.		
6.		
7.		

I hereby undertake that I shall abide by provisions/directions of the State Govt./MSBU Bharatpur/UGC/ NCTE /BCI. An affidavit in this regard is enclosed herewith duly attested by the Notary Public.

**Enclosed**: Affidavit

Place:

Date:

Signature of the Applicant (With Office Seal)