



# महाराजा सूरजमल बृज विश्वविद्यालय, भरतपुर

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Website – www.msbrijuniversity.ac.in

Cost of Form : Rs. 1500/-

Session : 2019-20

## Affiliation Form For New College

Name of Course(s) : .....

Name of College: .....

College Code : ..... (for office use only) Email id .....

Address : .....

..... Pin Code .....

Contact No. .... Mobile No. : .....

Website of College: .....

The Registrar  
Maharaja Surajmal Brij University,  
Bharatpur

Dear sir/ madam,

I have the honor to apply for Affiliation for new course(s) in the new college to the University for the Year 2019-20.

I hereby declare that the following information furnished by me is true in my knowledge -

(A) Details of Management are as under :

Full Name of Society/Trust (With Address) .....

.....

Name of Chairperson/ .....

Secretary/Managing Trustee : .....

Registration No. of Society/Trust: .....

Contact No. 1:	Contact No. 2 :
A/C No.	Name of Acct. Holder -
Name of Bank -	Name of Branch -
IFSC Code -	A/C opened on -
Authorized Signatory's Name –	Designation –

(B) Details of NOC:

Whether the NOC has been issued by the State Govt. for the session 2019-20?  Yes  No

If Yes, Letter No. of State Govt. NOC.....Date of State Govt. NOC.....

Whether the NOC has been issued by the NCTE/BCI for the session 2019-20?  Yes  No  N.A.

If Yes, Letter No. of NCTE/BCI NOC..... Letter Date.....

**(C) Details of Affiliation fees deposited :**

<b>Affiliation Fee :</b>	<b>Inspection Fee:</b>	<b>Cost of Form :</b>
<b>Late Fee :</b>	<b>Penalty :</b>	<b>Total Amount :</b>
<b>D.D. No.</b>	<b>Date :</b>	<b>Name of Bank :</b>

**(D) Details of Course(s) in which Affiliation Sought :**

**Name of the Proposed College :**

<b>Name of Course</b>	<b>Name of Subject</b>	<b>No. of Seats Sought</b>

**Name of the Principal : .....** **Contact No. : .....**

**Proposed additional Staff :**

<b>Teaching</b>	<b>Clerks</b>	<b>Lab Staff</b>	<b>Class IV</b>

<b>Land Area of College (Sq. Mtrs)</b>	
<b>Covered Area (Sq. Mtrs)</b>	
<b>No. of Rooms</b>	
<b>Total Seating Capacity No. of Labs</b>	
<b>Total Working Capacity</b>	
<b>Owner's Name</b>	
<b>Need/Justification of Course :</b>	

**List of Enclosures:**

<b>S. No.</b>	<b>Type of Document</b>	<b>Document</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

**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)