

महाराजा सूरजमल बुज विश्वविद्यालय, भरतपुर

Ph. & Fax No. 05644-220560, Email- affiliation_btp@msbrijuniversity.ac.in Website – www.msbrijuniversity.ac.in

Cost of Form Rs. 1500/ Session: 2019-20 **Affiliation Form For Provisional Extension** Name of Course(s): Name of College: **College Code:** Email id Address: Pin Code **Mobile No.:.....** Website of College: The Registrar Maharaja Surajmal Brij University, Bharatpur Dear sir, I have the honor to apply for Extension for Provisional Affiliation 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 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...... Letter Date......

S.No. Name of Cou		se No. of Seats		its	Name of Subject		
	ne Principal :			•••••	Contact No	0.:	
Affiliation Fee :		Inspection Fee:			Cost of Form :		
Late Fee :		Penalty:			Total Amount :		
D.D. No.		Date :			Name of Bank :		
(E) Referen	nce of Affiliation gran	ted for tl	ne session 201	8-19 :			
Office order No.		Date			Last Inspection Held		
(F) Details	of Affiliation granted	:					
Session	Type of Affiliation	Nam	Name of Course Intake Capaci Sanctioned			Student Admitted	
2016-17							
2017-18							
2018-19							
(G) Statem	ent of Conditions me	ntioned a	nd fulfilled:				
Type of Conditions		Conditions Mentioned			Conditions Fulfilled		
Approval of Principal							
Approval of	f Teaching Staff						
Estb. of We	ebsite						
Estb. of Bio	ometric Machine						
Payment of	Min. Basic Salary						
Display on	Website						
Library Boo	oks						
Laboratory							

Hostel/ Play Ground

Teaching		
Non Teaching		
List of Enclosures:		
S. No.	Type of Document	Document
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
	take that I shall abide by provisions/directions E/BCI. An affidavit in this regard is enclosed her	

Place : Date :

Signature of the Applicant (With Office Seal)