|  |  |
| --- | --- |
| C:\Users\DELL\Desktop\MSBU Logo\Maharaja Surjmal logo PNG.png | egkjktk lwjtey c`t fo’ofo|ky;] HkjriqjPh. & Fax No. 05644-220560, Email- affiliation\_btp@msbrijuniversity.ac.inWebsite – www.msbrijuniversity.ac.in |

Cost of Form : **Rs.** **1650/** Session : **2020-21**

**Affiliation Form for Additional Subjects/Increase Intake/New Course in Existing College**

**Name of Course(s) : ………………………………………………………………………………**

**Name of College : ………………………………………………………………………………**

**College Code : ……………………… Email id ………………………………………………...**

**Address : ………………………………………………………………………........................**

 **…...................................................................................... Pin Code ...............**

**Contact No. ………………………………… Mobile No. : ………………………….**

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

**Website of College : ……………………………………….**

The Registrar

Maharaja Surajmal Brij University,

Bharatpur

Dear sir/ madam,

 I have the honor to apply for Additional Subject/Increase Seats/New course in our existing college Affiliation to the University for the Session 2020-21.

 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 2020-21? 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 2020-21? Yes No N.A.**

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

**(C) Details of Affiliation granted in previous three sessions:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Session** | **Type of Affiliation** | **Name of Course** | **Intake Capacity Sanctioned** | **Student Admitted** |
| **2017-18** |  |  |  |  |
| **2018-19** |  |  |  |  |
| **2019-20** |  |  |  |  |

**Details of Course(s) already being run by the college in session 2019-20:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Name of Course** | **No. of Seats** | **Subjects** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**(D) Reference of Affiliation granted for the session 2019-20 :**

|  |  |
| --- | --- |
| **Office order No.**  | **Date :**  |
| **Name of Course :** | **Last Inspection Date:** |

 **(E) Details of Course(s) in which affiliation is sought:**

 **(i) For Additional /New Course(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Name of New / Additional Course(s)** | **Subjects of New / Additional Course(s)** | **No. of Seats** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 Need Justification of New / Additional Course(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Whether the NOC has been issued by the State Govt. for above mentioned course for the session 2020-21? **Yes/No**

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

 **(ii) For Additional /New Subject(s)**

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Name of Subject(s)** | **In Which Course** |
|  |  |  |
|  |  |  |
|  |  |  |

 Need Justification of New / Additional Course(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Whether the NOC has been issued by the State Govt. for above mentioned course for the session 2020-21? **Yes/No**

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

 **(iii)** **For Additional/Intake Seats**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Name of Course** | **Already Alloted Seats** | **Required Additional Intake Seats** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Need Justification of New / Additional Course(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of Total Affiliation fees deposited From E(i) to E(iii):**

**(\*Where Applicable)**

|  |  |  |
| --- | --- | --- |
| Affiliation Fee (i)\*:   | Affiliation Fee (ii)\*:  | Affiliation Fee (iii)\*: |
| Inspection Fee :  | Cost of Form :  |  |
| Late Fee :  | Penalty :  | Total Amount Rs : |
| D.D. No.  | Date :  | Name of Bank : |

**(F) Statement of Conditions mentioned and fulfilled:**

|  |  |  |
| --- | --- | --- |
| **Type of Conditions** | **Conditions Mentioned** | **Conditions Fullfilled** |
| Approval of Principal |  |  |
| Approval of Teaching Staff |  |  |
| Payment of Minimum Basic Salary |  |  |
| Display on Website |  |  |
| Library Books |  |  |
| Laboratory |  |  |
| Building |  |  |
| Hostel/ Play Ground |  |  |

**(G) Details of the staff working in the college:**

 **1. Teaching - ……………………. 2. Non Teaching - …………………….**

 **3. Lab Staff - ……………………. 4. Class IV - …………………….**

**(H) Details of the Books in the Library:**

|  |  |  |
| --- | --- | --- |
|  **Text Books** | **Journals** | **Magazines** |
|  |  |  |

**(I) Additional facility added for Increase Intake/Additional Subject:**

 **Teaching Staff - ……………………. Library Books - …………………….**

 **Laboratory - ……………………. No. of Rooms - …………………….**

 **Furniture - …………………….**

**(J) Name of the University Nominee in the Management Committee:**

 **Prof./Dr. : Designation Contact no. :**

**List of Enclosures:**

|  |  |  |
| --- | --- | --- |
|  **S. No.** | **Type of Document** | **Document** |
| **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 : **Signature of the Applicant**

Date :  **(With Office Seal)**