



महाराजा सूरजमल बृज विश्वविद्यालय, भरतपुर

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

Website – 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 :
Date :

Signature of the Applicant
(With Office Seal)