



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 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 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 fees deposited :

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

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

Name of the Proposed College :

Name of Course	Name of Subject	No. of Seats Sought

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

Proposed additional Staff :

Teaching	Clerks	Lab Staff	Class IV

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

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)