|  |  |
| --- | --- |
| 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. **1500/** Session : **2019-20**

**Affiliation Form For Provisional Extension**

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

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

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

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

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

**Contact No. ………………………………… 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**

**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 Course(s) in which Affiliation sought :**

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

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

**(D) Details of Total Affiliation fees deposited:**

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

**(E) Reference of Affiliation granted for the session 2018-19 :**

|  |  |  |
| --- | --- | --- |
| **Office order No.** | **Date** | **Last Inspection Held** |
|  |  |  |

**(F) Details of Affiliation granted:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Session** | **Type of Affiliation** | **Name of Course** | **Intake Capacity Sanctioned** | **Student Admitted** |
| **2016-17** |  |  |  |  |
| **2017-18** |  |  |  |  |
| **2018-19** |  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| **Type of Conditions** | **Conditions Mentioned** | **Conditions Fulfilled** |
| Approval of Principal  |  |  |
| Approval of Teaching Staff  |  |  |
| Estb. of Website  |  |  |
| Estb. of Biometric Machine  |  |  |
| Payment of Min. Basic Salary  |  |  |
| Display on Website |  |  |
| Library Books  |  |  |
| Laboratory |  |  |
| Building |  |  |
| Hostel/ Play Ground |  |  |

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

|  |  |
| --- | --- |
| **Teaching**  |  |
| **Non Teaching** |  |

**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)**