



पंडित दीनदयाल उपाध्याय शेखावाटी विश्वविद्यालय, सीकर (राज)

(श्री कल्याण राजकीय महाविद्यालय के पीछे, सीकर-332001)

टेलीफोन नं. 01572-272100, 273100, 273200 टेलीफेक्स 01572-273100

वेबसाईट: www.shekhauni.ac.in ई-मेल: reg.shekhauni@gmail.com

Cost of Form Rs. 1000/-
File No. Acad.

Session: 2017-2018

Affiliation Form For Provisional Extension

Name of Course(s) -----
Name of College * -----
College Code * -----
Address * -----
Contact NO. * ----- Mobile No.*-----
Email ID* ----- Website -----

**THE REGISTRAR,
PANDIT DEENDAYAL UPADHYAYA
SHEKHAWATI UNIVERSITY
SIKAR 332001**

Dear sir,

I have the honor to apply for Extension for Provisional Affiliation to the University for the year 2017-2018. I beg to furnish the following information.

(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 Account 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.? Yes No.
Session for NOC issued . _____
Letter No. of State Govt. NOC ----- and date -----

Whether the NOC has been issued by the NCTE? Yes No.
Session for NOC issued . _____
Letter No. of NCTE NOC ----- and date -----

Whether the NOC has been issued by the BCI? Yes No.
Session for NOC issued . _____
Letter No. of BCI NOC ----- and date -----

Whether the NOC has been issued by the RCI? Yes No.
NOC was issued for the Session _____
Letter No. of RCI NOC ----- and 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 Affiliation fees deposited:

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

(E)Reference of Affiliation Granted for the session 2016-17:

Office Order No.-----Dated-----Name of Course(s)-----

(F) Details of Affiliation granted:

Session (Past three years)	Type of Affiliation	Name of Course	Intake Capacity Sanctioned	Student Admitted
2016-17				
2015-16				
2014-15				

(G) Statement of Conditions/Deficiency Mentioned and Fulfillment of the same :

Type of Deficiency	Details of Deficiency	Details of Action Taken
Principal		
Teaching Staff		
Library Books		
Laboratory		
Payment of Salary		
Building		
Hostel/Play Ground		

(H) Details of the Staff working in the college:

(A) Teaching: ----- (B) Non Teaching: -----
(C) Lab Staff: ----- (D) Class IV : -----

(I) Details of the Books in the Library:

(A) Text Books:----- (B) Journals:-----
(C)Magazines:-----

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

Prof./Dr.-----Contact No.-----

Attach Required Documents:-

S.No.	Document Type	Documents	Download
1.	Affidavit		
2.	Certificate of Registration of Society/Trust with Laws.		
3.	List of Principal and staff (Teaching and nun teaching both).		
4.	NOC issued by state Govt.		
5.	Photo of college Building (At list two).		
6.	Registered Deed/Rental Deed of the College Building		
7.	Original D.D. of require Fee.		
8.	NOC issued by NCTE/UGC/BCI.		

I hereby undertake that I shall abide by the provisions/directions of the State Govt./Pandit Deendayal Upadhyaya Shekhawati University, Sikar/UGC/NCTE/BCI. An affidavit to this effect is enclose here with duly attested by the magistrate.

Encl: Affidavit

Place: -----

Date: -----

Signature
Principal of College



पंडित दीनदयाल उपाध्याय शेखावाटी विश्वविद्यालय, सीकर (राज)

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Session: 2017-2018

Affiliation Form For Additional Subject/Increased Seats

Note :- Without granting permission for Increased Intake/Subjects, no admission will be permissible in any Case.

Name of Course(s) -----
Name of College * -----
College Code * -----
Address * -----

Contact NO. * ----- Mobile No.*-----
Email ID* -----Website -----

**THE REGISTRAR,
PANDIT DEENDAYAL UPADHYAYA
SHEKHAWATI UNIVERSITY
SIKAR 332001**

Dear sir,

I have the honor to apply Additional Subject/Increase Seats for Provisional Affiliation to the University for the year 2017-2018. I beg to furnish the following information.

(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 Account 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.? Yes No.
Session for NOC issued . _____
Letter No. of State Govt. NOC ----- and date -----
Whether the NOC has been issued by the NCTE? Yes No.
Session for NOC issued . _____
Letter No. of NCTE NOC ----- and date -----
Whether the NOC has been issued by the BCI? Yes No.
Session for NOC issued . _____
Letter No. of BCI NOC ----- and date -----
Whether the NOC has been issued by the RCI? Yes No.
NOC was issued for the Session _____
Letter No. of RCI NOC ----- and date -----

(C)Details of Affiliation fees deposited:

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

(D)Details of Course(s) already being run by the College:-

S.No.	Name of Course	Affiliation Year	Name of Subject(s)	Students	Sanctioned Strength

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

S.No.	Name of Course	Infra. Facility	Necessity of Course

Name of Course	Name of Subject

Name of the Principal _____ Contact No. _____

(F) Details of Affiliation granted:

Session (Past three years)	Type of Affiliation	Name of Course	Intake Capacity Sanctioned	Student Admitted	Required Increase/Intake
2016-17					
2015-16					
2014-15					

(G) Statement of Conditions/Deficiency Mentioned and Fulfillment of the same :

Type of Deficiency	Details of Deficiency	Details of Action Taken
Principal		
Teaching Staff		
Library Books		
Laboratory		
Payment of Salary		
Building		
Hostel/Play Ground		

(H)Additional Facility added for Increase Intake/Additional Subject:

(A) Teaching Staff: ----- (B)Library Books: -----
(C) Laboratory: ----- (D) No. of Rooms : -----
(E) Furniture:-----

(I) Details of the Staff working in the college:

(A) Teaching: ----- (B) Non Teaching: -----
(C) Lab Staff: ----- (D) Class IV : -----

(J) Details of the Books in the Library:

(A) Text Books:----- (B) Journals:-----

(C)Magazines:-----

(K) Name of the University Nominee in the Management Committee:

Prof./Dr.-----Contact No.-----

Attach Required Documents:-

S.No.	Document Type	Documents	Download
1.	Affidavit		
2.	Certificate of Registration of Society/Trust with Laws.		
3.	List of Principal and staff (Teaching and nun teaching both).		
4.	NOC issued by state Govt.		
5.	Photo of college Building (At list two).		
6.	Registered Deed/Rental Deed of the College Building		
7.	Original D.D. of require Fee.		
8.	NOC issued by NCTE/UGC/BCI.		
9.	Statement of Library Books		

I hereby undertake that I shall abide by the provisions/directions of the State Govt./Pandit Deendayal Upadhyaya Shekhawati University, Sikar/UGC/NCTE/BCI. An affidavit to this effect is enclose here with duly attested by the magistrate.

Encl: Affidavit

Place: -----

Date: -----

Signature
Principal of College



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Cost of Form Rs. 1000/-
File No. Acad.

Session: 2017-2018

Affiliation Form For New Course(s) in existing College

Name of Course(s) -----
Name of College * -----
College Code * -----
Address * -----
Contact NO. * ----- Mobile No.*-----
Email ID* -----Website -----

**THE REGISTRAR,
PANDIT DEENDAYAL UPADHYAYA
SHEKHAWATI UNIVERSITY
SIKAR 332001**

Dear sir,

I have the honor to apply for Fresh Provisinal Affiliation to the University for the year 2017-2018. I beg to furnish the following information.

(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 Account 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.? Yes No.
Session for NOC issued . _____
Letter No. of State Govt. NOC ----- and date -----

Whether the NOC has been issued by the NCTE? Yes No.
Session for NOC issued . _____
Letter No. of NCTE NOC ----- and date -----

Whether the NOC has been issued by the BCI? Yes No.
Session for NOC issued . _____
Letter No. of BCI NOC ----- and date -----

Whether the NOC has been issued by the RCI? Yes No.
NOC was issued for the Session _____
Letter No. of RCI NOC ----- and date -----

(C)Details of Affiliation fees deposited:

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

(D)Details of Course(s) already being run by the College:-

S.No.	Name of Course	Affiliation Year	Affiliating University	Students	Sanctioned Strength

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

Name of College:-----

S.No.	Name of Course	No. of Seats

Need/Justificaton of Courses: -----

Last Inspection Held:-----

Name of the Principal _____ Contact No. _____

E xisting Staff:

(A) Teaching: ----- (B) Clerks: -----
(C) Lab Staff: ----- (D) Class IV : -----

Proposed Additional Staff:

(A) Teaching: ----- (B) Clerks: -----
(C) Lab Staff: ----- (D) Class IV : -----

Land Area of College(Sq.Mts.)----- Convered Area (Sq.Mts.)-----

Owner's Name:-----

No. Of Rooms:----- Total Seating Capacity-----

No. Of Labs:----- Total Working Capacity:-----

Attach Required Documents:-

S.No.	Document Type	Documents	Download
1.	Affidavit		
2.	Certificate of Registration of Society/Trust with Laws.		
3.	List of Principal and staff (Teaching and nun teaching both).		
4.	NOC issued by state Govt.		
5.	Photo of college Building (At list two).		
6.	Photo of college Building (At list two).		
7.	Registered Deed/Rental Deed of the College Building		
8.	Original D.D. of require Fee.		
9.	NOC issued by NCTE/UGC/BCI.		
10.	Statement of Library Books		

I hereby undertake that I shall abide by the provisions/directions of the State Govt./Pandit Deendayal Upadhyaya Shekhawati University, Sikar/UGC/NCTE/BCI. An affidavit to this effect is enclose here with duly attested by the magistrate.

Encl: Affidavit

Place: -----

Date: -----

Signature
Principal of College



पंडित दीनदयाल उपाध्याय शेखावाटी विश्वविद्यालय, सीकर (राज)

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Cost of Form Rs. 1000/-
File No. Acad.

Session: 2017-2018

Affiliation Form For New College

Name of Course(s) -----
Name of Proposed College *-----
Address * -----

Contact NO. * ----- Mobile No.*-----
Email ID* ----- Website -----

**THE REGISTRAR,
PANDIT DEENDAYAL UPADHYAYA
SHEKHAWATI UNIVERSITY
SIKAR 332001**

Dear sir,

I have the honor to apply for New Course(s) in the New College to the University for the year 2017-2018. I beg to furnish the following information.

(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 Account 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.? Yes No.
Session for NOC issued . _____
Letter No. of State Govt. NOC ----- and date -----
Whether the NOC has been issued by the NCTE? Yes No.
Session for NOC issued . _____
Letter No. of NCTE NOC ----- and date -----
Whether the NOC has been issued by the BCI? Yes No.
Session for NOC issued . _____
Letter No. of BCI NOC ----- and date -----
Whether the NOC has been issued by the RCI? Yes No.
NOC was issued for the Session _____
Letter No. of RCI NOC ----- and date -----

(C)Details of Affiliation fees deposited:

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

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

Name of Proposed College:-----

S.No.	Name of Courses	No. of Seats	Name of Subjects

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

(E) Proposed Additional Staff:

(A) Teaching: ----- (B) Clerks: -----
 (C) Lab Staff: ----- (D) Class IV : -----

(F) Land Area of College (Sq.Mtrs)----- Covered Area (Sq. Mtrs.)-----

Owner's Name:-----
 No. Of Rooms:----- Total Seating Capacity-----
 No. Of Labs:----- Total Working Capacity:-----
 Need/Justification of Course:-----

Attach Required Documents:-

S.No.	Document Type	Documents	Download
1.	Affidavit		
2.	Certificate of Registration of Society/Trust with Laws.		
3.	List of Principal and staff (Teaching and nun teaching both).		
4.	NOC issued by state Govt.		
5.	Photo of college Building (At list two).		
6.	Registered Deed/Rental Deed of the College Building		
7.	Original D.D. of require Fee.		
8.	NOC issued by NCTE/UGC/BCI.		

I hereby undertake that I shall abide by the provisions/directions of the State Govt./Pandit Deendayal Upadhyaya Shekhawati University, Sikar/UGC/NCTE/BCI. An affidavit to this effect is enclose here with duly attested by the magistrate.
 Encl: Affidavit

Place: -----
 Date: -----

Signature
 Principal of College