**Price of Application Form Rs. 1000/-**

**Academic Session:**

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**PANDIT DEENDAYAL UPADHYAYA SHEKHAWATI UNIVERSITY, SIKAR (RAJ.)**

**(Affiliation Providing Institution)**

(BEHIND SHREE KALYAN GOVT. COLLEGE, SIKAR-332001)

TELE. NO. 01572-272100, 273100, FAX 01572-273100

WEB: www.shekhauni.ac.in E-MAIL: affiliation.shekhauni@gmail.com & reg.shekhauni@gmail.com

**APPLICATION FORM FOR ADMISSION TO THE PRIVILEGES (AFFILIATION) OF THE UNIVERSITY FOR NEW ACADEMIC PROGRAMME/ INCREASE/EXTENSION/INTAKE SEATS**

THE REGISTRAR,

PANDIT DEENDAYAL UPADHYAYA
SHEKHAWATI UNIVERSITY,

SIKAR

Dear Sir,

 I, ............................................................................................... Designation.................................................................... on behalf of my Trust/ Society submit this application to come under the privileges of this University by way of an affiliation for the course for the Academic Session 20......-...... as per detail mentioned below. I solemnly state and verify that all the information furnished in this ‘application’ in all the parts are true.

**The information required for this application part -I to part –III it submitted as under as the parts of this application.**

(Signature of the Authority submitting application on behalf of the Trust/Society.)

**PART: I**

**(Details of the Academic/Professional Programme)**

1. **Mention the Name of the Academic** / **Professional Programme for which Affiliation is Proposed:**

**Faculty:**

1. **Arts & Social Science (Class and Subject...............)**
2. **Commerce (Class and Subject...............)**
3. **Education(Class and Subject...............)**
4. **Science(Class and Subject...............)**
5. **Law(Class and Subject...............)**

 **2 When did your College Started this (.................................................................................) Academic** / **Professional Programme:**

|  |  |
| --- | --- |
| **Existing** | **New/ Fresh** |
|  |  |

 **3 Application for Intake (Number of Seats) :**

|  |  |
| --- | --- |
| **Proposed in Fresh Course** | **Increase in Existing Course** |
|  |  |

**Fill Number of Seats According Subject:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.NO.** | **Name of Programme** | **Subject** | **Existing Seat** | **Increase Seat** |
|  |  |  |  |  |

 **4. A . If Existing: Furnish Detail with Attested Documents in Supports:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.N.** | **Year/ Session** | **University** | **Endowment Fund** **(Attached Certified copy of F.D.)** | **University Inspection** **(Attached Certified copy of Affiliation order)** | **NCTE Inspection****(Attached Certified copy of NOC)** | **State NOC** | **Detail of Principal**  | **Details of Teaching Staff** | **Details of Non- Teaching Staff** | **Account Details of the College** |
|  |  |  | **Amount** | **F.D.No. and date of maturity** | **Applied** | **Done** | **Affiliation order No.** | **Applied** | **Done** | **NOC No.** | **Granted** | **Not-Granted** | **Noc No.** | **Link CV** | **Link CV** | **Link CV** |  |

 **4. B. If Fresh: Furnish Detail with Attested Documents in Supports:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.N.** | **Year/ Session** | **University** | **Endowment Fund** **(Attached Certified copy of F.D.)** | **University Inspection** **(Attached Certified copy of Affiliation order)** | **NCTE Inspection****(Attached Certified copy of NOC)** | **State NOC** | **Detail of Principal**  | **Details of Teaching Staff** | **Details of Non- Teaching Staff** | **Account Details of the College** |
|  |  |  | **Amount** | **F.D.No. and date of maturity** | **Applied** | **Done** | **Affiliation order No.** | **Applied** | **Done** | **NOC No.** | **Granted** | **Not-Granted** | **Noc No.** | **Link CV**  | **Link CV** | **Link CV** |  |

**The List of Principal/Teachers:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **Designation** | **Name of Principal/ Teacher** | **Father\*s Name** | **Subject** | **Post** | **Duration Year/Month** | **Pay Scale** | **Aadhar Number(Attached Certified copy of** Aadhar) | **(Attached Certified copy of** CV) |
|  |  |  |  |  |  |  |  |  |  |

**5. Detail of the Fee deposited by the College for Granting Affiliation by the University:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fee**  |  **Amount in Rs.** | **Name of Bank** | **D.D. Number** | **Date** |
| **Affiliation Fee** |  |  |  |  |
| **Inspection Fee** |  |  |  |  |
| **Late Fee, if any** |  |  |  |  |
| **Cost of Application Form for Affiliation** |  |  |  |  |

**PART: II**

**(PARTICULARS OF THE COLLEGE)**

1 . Name of the College seeks Affiliation from the University (Affiliation Receiving Institution):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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2 . Address of the college

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3. Contact No.

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4. Mobile No.

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5. e-mail address

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 6. Website

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6.1 AISHE Code

7. Particulars of the Land Proposed to be used for this academic/Professional Programme: .

 7.1 . Owner of the Land/ Building

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |
| --- | --- |
| Rented | Own |

 7.2. Rented or Own:

 7.3 Total Area of the Land Proposed for this Academic Programme:

|  |  |  |
| --- | --- | --- |
| In Acres | In Bighas | In Sq.metrs |

 7.4 Location of Land:

7.4.1. Khasra No.

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |
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|  |  |  |

7.4.2. Patwari Halka No.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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 7.4.3. Tehsil

|  |
| --- |
|  |

7.4.4 District

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

8. Total Covered Area (in Sq. Metes)

9. No. Of Class Rooms (Size & Total)

|  |  |  |
| --- | --- | --- |
| **S.No,** | **Size** | **Number of Rooms**  |
|  |  |  |

10. Total Number of Laboratories :

|  |  |  |  |
| --- | --- | --- | --- |
| **S.NO.** | **Subject** | **Size** | **Total No.** |
| 1. | Botany |  |  |
| 2 | Zoology |  |  |
| 3 | Chemistry  |  |  |
| 4 | Geography |  |  |
| 5 | Psychology |  |  |
| 6 | Languages/ Phonetics |  |  |
| 7 | Computer Science |  |  |
| 8 | Home Science |  |  |
| 9 | Mathematics |  |  |
| 10 | Others .................................................. |  |  |

|  |  |  |
| --- | --- | --- |
| Students | Teachers | Staff |

11. Internet Provision in College:

12. **Central Facilities:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No,** | **Facilities**  | **Size** | **Total Number** |
| 1 | Hall |  |  |
| 2 | Library |  |  |
| 3 | Computer Lab |  |  |
| 4 | Canteen |  |  |
| 5 |  Auditorium (Theatre) |  |  |
| 6 | Toilets  |  |  |
| 7 | Separate Girls Toilets |  |  |
| 8 | Separate Female Staff Toilets |  |  |
| 9 | Workshop |  |  |
| 10 | Staff Room |  |  |
| 11 | Girls Common Room |  |  |
| 12 | Ramp for Differently abled in Administrative Block |  |  |
| 13 | Ramp for Differently abled in Academic Block |  |  |

13**. Library Resources:**

13.1 (Text/Reference Books)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No. | Subject (s) | Text/Reference Books  | Title of the Book | Total Number of Books of this titles | Annexure(s) of the Bills of the Purchasing of Books |
|  |  |  |  |  |  |

13**. Library Resources:**

13.2 (Periodicals: Journals & Magazines)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No. | Subject (s) | Journals/ Magazines | Title of the Journal/ Magazine | Total Number of Copies of this title | Annexure(s) of the Bills of the Purchasing of Copies |
|  |  |  |  |  |  |

13.3 **Library Resources: Total**

|  |  |
| --- | --- |
| Text Books  |  |
| Reference Books |  |
| Journals  |  |
| Magazines |  |

**PART: III**

**(PARTICULARS OF COLLEGE MANAGEMENT)**

1. Full Name of Society / Trust Proposed to Commence this Academic Programme:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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2. Address of the Society / Trust:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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3. Registration Number of the Society / Trust:

|  |  |  |  |
| --- | --- | --- | --- |
| Registration Number  | Date of Registration  | Office and Place of Registration | Copy of the Registration the Society / Trust Document and Certificate :(Attach the copy) |
|  |  |  |  |

4. Name of the Chairperson of the Society/ Trust:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

5. Name of the Secretary/ Managing Trustee of the Society:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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6. Contact Number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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7. Bank Details of the Society/ Trust to manage proposed Academic Programme:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Account Holder  | Account Number | Name of the Bank | Name of the Branch |
|  |  |  |  |
| IFSC Code No. | Date of Opening the Account  | Authorised Signatory  | Designation of the Signatory |
|  |  |  |  |

8. Details of the Trust/ Society running other Academic Programme/ carry out other commercial or charitable Activity

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.N. | Academic Programme | Commercial/ Charitable Activity | Name of the Institution | Address  |
|  |  |  |  |  |

9. Detail of the funds including the income and expenditures (when the Trust/ Society has not apply for the New/ Fresh Academic programme.) of the trust/society.

Note: Submit the certified copy of the income and expenditures with account statement by the Charted Accountant.

Furnish the Detail of all the enclose Annexure.

I, do here by submit and verify that:

1. All the Information furnished in this application are true. No part of it is false manufactured or forged.
2. I have submitted all the information sought in all the columns this application form with documentary evidences in support of all the information by way of Annexure.
3. Wherever, the information is not required I have mention the word, (N.A.)
4. I will have no objection if my application is rejected for the want of any information, part of the information, shortage of any document or for false information.
5. I will not admit any student unless the affiliation is granted by the University since University in this only Authority to grant the Affiliation.
6. I have sought the NOC from the State Government .
7. I have sought the NOC from the National Regularity Authority*( This statement is applicable only when the said statutory requirement is there)*
8. I shall cooperate the University Administration in conducting inspection of the college Annual and periodic since it is a statutory requirement.
9. I shall not create hurdles for University Administration directly and indirectly in performing its statutory obligations.
10. The Trust/ Society will not use the funds raised in conducting this academic programme for any other purpose then to this academic programme since it is a statutory requirement.

 Date: (Signature of the Authority submitting application on behalf of the Trust/Society.)

**Instructions:-**

1. **The entire column must be filled. No column should be left unattended.**
2. **The application is required to be submitted by all the applied for fresh academic programme or increasing the seats of the existing academic programme.**
3. **The Trust/Society/College/Institution who has any existing academic programme in its Institution and has TEMPORARY AFFILIATION shall be required to apply back since their affiliation automatically expires with the end of the academic session.**
4. **The online application is not a final application for the affiliation. The applicant is directed to download the hard copy of the application form and must submit it with all documents and Annexure on or before the last day of the submission of the hard copy of the application in the appropriate office in University.**
5. **copy of the application shall be the Original/Primary application. Failure in submission of it in the stipulated time will result in to its automatic cancellation.**
6. **The applicant directed to sign wherever required with all documents, Annexure and pages of application before submitting to the University.**
7. **The applicant directed to affix the photograph and get the signature and thumb impression of the teacher concerned on their C.V. and submitted the application.**
8. **The applicant directed to submitted to Videography and photograph of the infrastructure**