**iafMr nhun;ky mik/;k; 'ks[kkokVh fo'ofo|ky;] lhdj ¼jkt½**

¼Jh dY;k.k jktdh; egkfo|ky; ds ihNs] lhdj&332001½

VsyhQksu ua- 01572&272100] 273100] 273200 VsyhQsDl 01572&273100

osclkbZV: www.shekhauni.ac.in bZ&esy% reg.shekhauni@gmail.com

Cost of Form Rs. 1000/- Session:2016-2017

File No. Acad.

**Affiliation Form For Provisional Extension**

Name of Course(s) -------------------------------------------------------------

Name of College \* --------------------------------------------------------------------------------------------------------------

College Code \* --------------------------------------------------------------------------------------------------------------

Address \* --------------------------------------------------------------------------------------------------------------

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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 2016-2017. I beg to furnish the following information.

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: --------------------------------------------------

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 |
|  |  |  |  |
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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 2015-16:

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 |
| 2015-16 |  |  |  |  |
| 2014-15 |  |  |  |  |
| 2013-14 |  |  |  |  |

(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: Sikar Signature

Date: ----------------------------- Principal of College

**iafMr nhun;ky mik/;k; 'ks[kkokVh fo'ofo|ky;] lhdj ¼jkt½**

¼Jh dY;k.k jktdh; egkfo|ky; ds ihNs] lhdj&332001½

VsyhQksu ua- 01572&272100] 273100] 273200 VsyhQsDl 01572&273100

osclkbZV: www.shekhauni.ac.in bZ&esy% reg.shekhauni@gmail.com

Cost of Form Rs. 1000/- Session:2016-2017

File No. Acad.

**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 2016-2017. I beg to furnish the following information.

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: --------------------------------------------------

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 |
| 2015-16 |  |  |  |  |  |
| 2014-15 |  |  |  |  |  |
| 2013-14 |  |  |  |  |  |

(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: Sikar Signature

Date: ----------------------------- Principal of College

**iafMr nhun;ky mik/;k; 'ks[kkokVh fo'ofo|ky;] lhdj ¼jkt½**

¼Jh dY;k.k jktdh; egkfo|ky; ds ihNs] lhdj&332001½

VsyhQksu ua- 01572&272100] 273100] 273200 VsyhQsDl 01572&273100

osclkbZV: www.shekhauni.ac.in bZ&esy% reg.shekhauni@gmail.com

Cost of Form Rs. 1000/- Session:2016-2017

File No. Acad.

**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 2016-2017. I beg to furnish the following information.

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: --------------------------------------------------

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: Sikar Signature

Date: ----------------------------- Principal of College

**iafMr nhun;ky mik/;k; 'ks[kkokVh fo'ofo|ky;] lhdj ¼jkt½**

¼Jh dY;k.k jktdh; egkfo|ky; ds ihNs] lhdj&332001½

VsyhQksu ua- 01572&272100] 273100] 273200 VsyhQsDl 01572&273100

osclkbZV: www.shekhauni.ac.in bZ&esy% reg.shekhauni@gmail.com

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Cost of Form Rs. 1000/- Session:2016-2017

File No. Acad.

**Affiliation Form For New College**

Name of Course(s) -------------------------------------------------------------

Name of Proposed College \*---------------------------------------------------------------------------------------------------------

Address \* --------------------------------------------------------------------------------------------------------

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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 2016-2017. I beg to furnish the following information.

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: --------------------------------------------------

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 |
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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: Sikar Signature

Date: ----------------------------- Principal of College