



CHHATTISGARH SWAMI VIVEKANAND TECHNICAL UNIVERSITY

छत्तीसगढ़ स्वामी विवेकानंद तकनीकी विश्वावेद्यालय

APPLICATION FOR EXISTING INSTITUTE AFFILIATION 2020-21

To,

The Registrar,
Chhattisgarh Swami Vivekanand Technical University,
Bilai (C.G.)

Sir,

I have the honour to apply for the Extension of affiliation of

(Name of the Institution/College)

to the Chhattisgarh Swami Vivekanand Technical University, Bilai for the _____ year Dip./B.E./B.Arch/MCA/ME/MBA/B.Pharmacy/ D. Pharmacy course in the following Existing disciplines for the session _____

Sl No.	Programme (UG/PG/Diploma)	Disciplines	Existing Intake	Applied Intake
1				
2				
3				
4				
5				
6				
7				

I also hereby apply for the affiliation of the following new Courses.

Sl No.	Programme (UG/PG/Diploma)	Disciplines	Applied Intake
1			

The filled up Application Form along with the Affiliation fee* of Rs. _____ deposited in SBI Power Jyoti Account No:- 030921501167 through Challan, is being submitted for kind consideration.

Challan details

Date _____

No. _____

Amount _____

Yours faithfully

Signature _____

Designation _____

Full Address _____

P.T.O.

* The Affiliation Fee is to be paid as per the detail given below:

RATES OF THE AFFILIATION FEE PAYABLE BY THE INSTITUTIONS/COLLEGES ADMITTED TO THE PRIVILEGES OF THE UNIVERSITY for the session 2020 -21

1. Diploma Course:
 - (i) up to three disciplines Rs. 30,000/-
 - (ii) for each additional discipline Rs. 5,000/-
2. Degree Course:
 - (i) up to three disciplines Rs. 40,000/-
 - (ii) for each additional discipline Rs. 10,000/-
3. P.G. Course:

for each discipline Rs. 40,000/-
4. Inspection Fee Rs.10,000/-
5. Processing fees for examining the proposal of new technical institution (UG/PG) Rs.30,000/-
6. Processing fees for examining the proposal of Existing technical institution :
 - a. Variation intake capacity graduate courses (Engg./Arch/Pharmacy) - 10,000/-
 - b. Variation in intake capacity of PG Courses - Rs.15,000/-
 - c. For starting additional graduate courses - Rs.20,000/-
 - d. For starting additional PG courses - Rs.20,000/-
 - e. Variation in intake capacity of diploma course - Rs.10,000/-
7. Processing fee for examining the proposal of New Polytechnic- Rs.30,000/-
8. Processing fee for examining the proposal of additional diploma course- Rs.10,000/-

Fee calculation Details

Affiliation fee:		
Programme	No. of Disciplines	Amount
UG		
PG		
Diploma		
Processing fee (please specify):-		
Details		Amount
Inspection Fee		Rs. 10,000/-
Grand Total		

Application for Affiliation of the Diploma/Graduate/Post Graduate Degree Programmes/Courses in Chhattisgarh Swami Vivekanand Technical University for the academic year 2020 -21

INSTITUTIONAL DETAILS

1. Name and Address of the Institution

Name		
Address	Permanent Location as approved by AICTE	Temporary Location (if applicable)
Village		
Taluka		
District		
PIN		
State		
STD Code		Phone No.
Fax No.		E-Mail:
Web site		
Nearest Rly Station		Distance in Kms
Nearest Airport		Distance in Kms

2. Type of Technical Institution (Tick ✓ whichever is applicable)

- | | |
|----------------------------------|--------------------------|
| 1. State Government | <input type="checkbox"/> |
| 2. Government Aided | <input type="checkbox"/> |
| 3. Self-Financing (Minority) | <input type="checkbox"/> |
| 4. Self-Financing (Non-Minority) | <input type="checkbox"/> |
| 5. Any other (Specify) | <input type="checkbox"/> |

3.(i) Name and Address of the Society/Trust (In case of self financing institution)

Name			
Address			
Pin		STD Code	
Phone No.		Fax No.	
E-Mail		Web site	

- (ii) a. The Constitution of the Governing Body. Please attach as (Annexure____)
- b. The names of the members of the Governing Body. (Annexure ____)
- c. Whether the Governing Body composed according to AICTE norms. Yes/No
- d. A copy of constitution of the Foundation Society. Please attach as (Annexure____)

- e. Certified copies of the trust Deeds and title deeds of the property, if any. (Annexure___)
- f. A certificate from the Technical Education, Govt. of Chhattisgarh showing that the Govt. of Chhattisgarh has permitted the establishment of the institution. Please attach as (Annexure ____)
- g. An undertaking that the Foundation Society shall, before the Institution is granted affiliation, deposit with the University Endowment Fund of the Institution. Please attach original (Annexure _____)
- h. Endowment Fund Deposit. Please attach a copy of receipt (Annexure)
- i. Details of Sports fee deposit for last three years. Please attach copies of receipt/challan and details in Form 6. (Annexure.....)
- j. Please attach copies of minutes of last three meetings of Governing Body (Annexure.....)

4. Land details

- i) Land Category: Metro/State Capital/Dist Headquarters/Rural
- ii) Land area available for the entire Institution in _____ acres.
- iii) Land ownership details Please attach as (Annexure _____)

5. Finance Detail (For self financing institution only) Please attach following documents (Annexure....)

- (i) balance sheet of last year
- (ii) Audit report of last year
- (iii) Budget of last year
- (iv) Budget of current year

6. Name and Particulars of the Head of the Institution (Principal/Director)

Name				
Qualifications			Date of Birth	
STD Code		Phone No. (O)	Fax No.	
STD Code		Phone No. (R)	Fax No.	
E-Mail			Mobile Phone	
Date of Joining			Date of ratification under Statute-19 of the University (only for self financed institutions)	

N.B. Please attach appointment order, UG, PG and Ph.D. degree certificate of Principal/Director(Annexure.....)

7. Information on Establishment of the Institution

- 1. Year of Establishment _____
- 2. Date on which first approval was accorded by the AICTE _____
- 3. Year of Commencement of the first batch _____

8. AICTE/Council of Arch/Pharmacy Council of India/ University approved existing course(s) of study during academic year 2019 -20 (approval letter be attached as Annexure _____)

S. No	Programme	Course	Year of first approval by AICTE/ Council of Arch/ Pharmacy Council of India (give approval ref. No. & date)	Year of comment	AICTE/ Council of Arch/ Pharmacy Council of India Approved Intake for 2019 - 2020	Actual number of students admitted for 2019-20	Status of Accreditation (Yes/No)

N.B. Please attach Accreditation letter , if any (Annexure.....)

9. Approval by State Government (please attach Approval letter) (Annexure_____)

10. Total Number of Students in Institute (Including all semester/year)

Programme	No of Students	No. of Division
DIPLOMA		
UG		
PG		
Total (UG+PG+DIPLOMA)		

11. Details of Academic Area available

Particulars	Number	Approx. Area of each (in Sq.m.)	Total Available Area (in Sq. m.)	Seating Capacity
Class rooms (UG)				
Class rooms (PG)				
Tutorial Rooms				
Laboratory				
Research Laboratory				
Drawing Hall				
Seminar Hall				
Computer Centre				
Library & Reading Room				
Workshop				

Please attach details of laboratory and workshop facilities (Annexure.....) in Form-1

12. Administrative Area

Type	Number	Approx. Area of each (in Sq.m.)	Total Available Area (in Sq. m.)
Principal Room			
Faculty Rooms			
Cabins for Head of Deptt.			
Board Room			
Office all inclusive			
Central Store			
Maintenance			
Security			
Housekeeping			
Pantry for staff			
Examination Control Office			
Placement Office			

13. (i) Amenities Area

Type	Number	Approx. Area of each (in Sq.m.)	Total Available Area (in Sq. m.)
Boys Common Room			
Girls Common Room			
Cafeteria/Canteen			
Stationery Store			
First aid cum Sick Room			
Toilets (Ladies and Gents)			

13. (ii) Other Amenities Area

Type	Number	Approx. Area of each (in Sq.m.)	Total Available Area (in Sq. m.)
Principal's quarter (Desirable)			
Guest House (Desirable)			
Sports / Gymnasium (Desirable)			
Auditorium / Amphitheater (Desirable)			
Boys Hostel (Desirable)			
Girls Hostel (Desirable)			

14. Library:

a) Books

Category	Total books available as on date		Total additions during last two years	
	Total No. of titles	Total No. of Volumes	Total No. of titles	Total No. of Volumes
Text Books				
Reference section				
Others				
Total				

b) Journals

Particulars	Total no. of Journals subscribed presently		Total
	Supporting Departments	Technical Departments	
National			
International			
E-journals			

- c) Reading Room - Available /not available
- d) Library Management Software - Available/not available
- e) Working hours of library -
- f) library Networking facility -available/not available
- g) Annual library budget as a percent of annual student fee collected. -%

- h) Indicate the Usage data of the library in terms of books issued to the faculty & students etc.
- i) Reprographic Facility - Available /not available

15. Computational Facilities

Type	Available/Not available
Internet Bandwidth/ Internet Accessibility (in Kbps & hrs)	
Hardware Specification-IV / Latest Configuration	
No. of Terminals on LAN/WAN	
Printers	
Legal Application S/W	
Legal System S/W	
PCs to Student ratio	

16. FACULTY INFORMATION please attach list in Form 2 and Form 3, programmewise and Branchwise

I) Faculty: (For BE- First Year (I & II Sem))

First Year Intake_____

Sl. No.	Subject	Professor	Associate Professor	Assistant Professor	Total
1	Chemistry				
2	Physics				
3	Maths				
4	English				

II) Faculty: (For B E Courses-IInd year onwards/ and other UG Courses)

Sl. No	Course	Intake capacity	Year of Commencement	Professor	Associate Professor	Assistant Professor	Total

III) Faculty - PG Courses

Sl. No	Course	Intake capacity	Year of Commencement	Professor	Associate Professor	Assistant Professor	Total

IV) Faculty: (For Diploma Courses- I & II Semester)

First Year Intake_____

Sl.No.	Course /Subject	Intake capacity	No of Lecturers

V) Faculty: (For Diploma Courses)- II nd year onwards

First Year Intake_____

Sl.No.	Course	Intake capacity	Year of commencement	Total No. of Students	HoD	Lecturer	Total

17 (a).Details of Supporting Technical staff Staff. Please attach details as (Annexure __)in Form 4

Department	No. of Staff

17(b).Details of Office/library/Administration/Non-Technical Staff.

Please attach details as (Annexure ___) in Form 5

Department	No. of Staff

18. (a) Total no. of students placed by the Institution through its Placement Cell (Discipline wise)

S. NO.	Year	Discipline	Total no. of students passed out for (last 5 years)	Total no. of students placed through placement cell (last 5 years)

(b) details of companies/industries visiting the institute for placement since the last five years.

S.No.	Year	Name of the Company/Industry	Number of Students placed

19 Anti-Ragging Related Information

S. NO.	Details of Requirement	Yes / No
1	Constitution of Anti-Ragging Committee	
2	Constitution of Anti-Ragging Squad	
3	Affidavit obtained from all Students	
4	Appointment of Counselors	
5	Affidavit obtained from parents of all the students	
6	Affidavit obtained from students staying in Hostel:	
7	Affidavit obtained from parents of students staying in Hostel	

20. Amenities

(a)Essential Amenities

S.No	Particulars	Availability (YES/NO)
1	Stand alone language laboratory. This lab shall have 25 computers for every 1000 students	
2	Potable water supply and outlet for drinking water at strategic locations	
3	Electric supply	
4	Sewage disposal	
5	Telephone and fax	
6	Vehicle Parking	
7	Institution website with mandatory disclosure	
8	Barrier free built environment for disabled and elderly persons as per the guidelines/standards by CPWD, Ministry of Urban & Employment, Govt. of India	
9	Safety provisions including fire and other calamities	
10	Digital Library with multimedia facility/Internet surfing in reading room	
11	Classification of books in the Library as per standard	
12	Availability of NPTEL facility in the library	
13	General insurance provided for assets against fire, burglary and other calamities	
14	Motorised Road	
15	General Notice boards and Departmental Notice boards	
16	First Aid, Medical and counseling Facilities	
17	Establishment of Grievance Redressal Committee and appointment of OMBUDSMAN	
18	Constitution of Committee for preventing anti-sexual harassment at the workplace	
19	Meeting records of above three committees	

(b) Desirable Amenities

Sl. No.	Details	Availability (YES/NO)
1	Alumni Association	
2	Industry Institute Interaction	
3	Placement and Training	
4	Back up Electric supply	
5	ERP Software	
6	Transport facility	
7	Post/Bank facility/ATM	
8	CCTV System	
9	LCD Projector in Class-room	
10	Staff quarters	
11	Display of courses and approved intake	
12	Public announcement system at strategic locations	
13	Group insurance for the employees & Insurance for students	
14	Display of courses and approved intake in the institute at the entrance of the institute	

21. If applied for New course/Increase in intake in Existing courses, please provide following details:

Resolution passed by Governing Body. Please attach as (Annexure____)

Note: 1

All the above mentioned details will have to be produced before the expert committee who will be visiting your institution for verification of all the facilities/claims made by you in the application form.

Note: 2.

Before submission of application please ensure that none of the fields has been left blank.

Note: 3.

The applicant is required to submit approval of AICTE and other Statutory bodies and No Objection Certificate from Government of Chhattisgarh for the year 2020-21 in due course of time.

Note: 4

At the end of the affiliation form, please enclose list of Annexures.

Note: 5.

Every page of application form as well as Annexure must be duly signed by Principal/Director of the institute.

UNDERTAKING BY MANAGEMENT & PRINCIPAL

On behalf of the Institution we undertake

1. to abide by the Rules and Regulations specified by AICTE and the University and also Notified by the AICTE / University from time to time
2. to submit to the University all necessary details regarding any change in the constitution and membership in the management and the staff of the Institution
3. to abide by the conditions stipulated by the University at the time of according approval for Affiliation
4. to acknowledge that all the details provided in the annexure are correct and true to our knowledge and belief.

We hereby declare that the institute is not having affiliation with any other University.

Signature with Date
Chairman/Secretary of the Institution

Signature with Date
Principal

Forms

Form-1

Laboratory and Workshop facilities (detailed)

Department.....

Sl.No	Name of the Laboratory	Carpet Area (Sq.m)	Major Equipments available
	TOTAL		

Form-2

List of faculties ratified under Statute-19 of the University or Regular faculty of Govt./Govt. aided institution. Department-wise and Programme-wise (for UG and PG Separately)

Programme _____

Course _____

Sl. No.	Name of the Faculty	Designation	Date of ratification	Qualifications and Specialization	Date of joining	Basic Pay	Total Salary	P F A/c No	PAN No.	Sign	Thumb impression	Photo graph

Form-3

List of faculty not selected as per Statute 19 of the University or Part Time /Adhoc/Contract faculty of Govt. or Govt. aided institution (Department-wise and Programme-wise)

Programme _____

Course _____

Sl. No.	Name of the Faculty	Designation	Qualifications and Specialization	Nature of appointment	Date of joining	Basic Pay	Total Salary	PAN No.	P F A/c No.	Sign.	Thumb impression	Photo graph

Form-4

: Details of Supporting Technical Staff

Sl. No.	Name	Designation	Date of Birth	Qualifications	Experience (in yrs)	Date of joining the Institution	Basic Pay	Salary	Thumb impression	Photo graph

Form-5**Details of Office Staff /Admn/Non Technical Staff (Department-wise)**

Sl. No.	Name	Designation	Date of Birth	Qualifications	Experience (in yrs)	Date of joining the Institution	Basic Pay	Salary	Thumb Impression	Photograph

Form-6**Details of Sports Fee for last three years**

SL No.	Session	No. of Students	University share of sports fee per student	Total Amount	Amount Paid (Yes/No)
1	2017-18				
2	2018-19				
3	2019-20				

- if paid please enclosed the copy of challan.

**Signature with Date
Principal/Director**