|  |  |
| --- | --- |
| LOGO FINAL |  |
|  |

### APPLICATION FOR EXISTING INSTITUTE

**AFFILIATION 2021-22**

To,

The Registrar,

Chhattisgarh Swami Vivekanand Technical University,

Bhilai (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, Bhilai 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.

Yours faithfully

Challan details

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 PRIVILAGES OF THE UNIVERSITY for the session 2021 -22

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 2021 -22**

### 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 |

1. Type of Technical Institution (*Tick 🗸 whichever is applicable*)

|  |  |  |
| --- | --- | --- |
| 1. | State Government |  |
|  |  |  |
| 2. | Government Aided |  |
|  |  |  |
| 3. | Self-Financing (Minority) |  |
|  |  |  |
| 4. | Self-Financing (Non-Minority) |  |
|  |  |  |
| 5. | Any other (Specify) |  |

**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 commen-cement** | **AICTE/ Council of Arch/ Pharmacy Council of India Approved Intake for**  **2020 -2021** | **Actual number of students admitted for 2020-21** | **Status of Accredita-tion (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 Hose(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 2021-22 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 from 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 Signature with Date**

**Chairman/Secretary of the Institution 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 | Design-ation | Date of ratification | Qualifications and  Specializati-on | 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 | Qualifi-  cations | 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 | Qualifi-  cations | Experience  (in yrs) | Date of joining the Institution | Basic Pay | Salary | Thumb impression | Photo-graph |
|  |  |  |  |  |  |  |  |  |  |  |

**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** | **2018-19** |  |  |  |  |
| **2** | **2019-20** |  |  |  |  |
| **3** | **2020-21** |  |  |  |  |

* **if paid please enclosed the copy of challan.**

**Signature with Date**

**Principal/Director**