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| LOGO FINAL |  |
|  |

### APPLICATION FOR AFFILIATION FOR NEW INSTITUTE

Year 2021-22

To,

The Registrar,

Chhattisgarh Swami Vivekanand Technical University,

Bhilai (C.G.)

Sir,

I have the honour to apply for the affiliation of New Institute

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(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 | Applied Intake |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |

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 A copy of constitution of the Foundation Society. Please attach as (**Annexure\_\_\_\_)**

b. Certified copies of the trust Deeds and title deeds of the property, if any. **(Annexure\_\_\_)**

c 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 \_\_\_\_)**

d An undertaking that the Foundation Society shall, before the Institution is granted affiliation, deposit with the University Endowment Fund of the Institution. Please attach as (**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.** 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 |  | |  | |  |  |

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

**6.** Approval by State Government (please attach Approval letter) **(Annexure\_\_\_)**

**7.** 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

**8.** 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 |  |  |  |

**9**. (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 ) |  |  |  |

(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) |  |  |  |

**10.** Library:

a) Books

|  |  |  |
| --- | --- | --- |
| Category | Total books available as on date | |
|  | 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) library Networking facility -available/not available

f) Annual library budget as a percent

of annual student fee collected. - ……………

g) Reprographic Facility - Available /not available

**11.** 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 |  |

**12. FACULTY INFORMATION please attach list in Form 2, programmewise and Branchwise**

**I) Faculty: (For BE/Diploma/B Arch-** 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 |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**13** (a).Details of Supporting Technical staff Staff. Please attach details as **(Annexure \_\_)in Form 4**

|  |  |
| --- | --- |
| Department | No. of Staff |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

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

Please attach details as **(Annexure \_\_\_) in Form 5**

|  |  |
| --- | --- |
| Department | No. of Staff |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**18. 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 | Industry Institute Interaction |  |
| 2 | Placement and Training |  |
| 3 | Back up Electric supply |  |
| 4 | ERP Software |  |
| 5 | Transport facility |  |
| 6 | Post/Bank facility/ATM |  |
| 7 | CCTV System |  |
| 8 | LCD Projector in Class-room |  |
| 9 | Staff quarters |  |
| 10 | Display of courses and approved intake |  |
| 11 | Public announcement system at strategic locations |  |
| 12 | Group insurance for the employees & Insurance for students |  |
| 13 | Display of courses and approved intake in the institute at the entrance of the institute |  |

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 Annexure.

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 identified faculties. 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**

**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-4**

**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 |
|  |  |  |  |  |  |  |  |  |  |  |

**Signature with Date**

**Principal/Director**