



# **Maharaja Surajmal Brij University, Bharatpur**

Email- [brijuniversitybtp@gmail.com](mailto:brijuniversitybtp@gmail.com)

Website – [www.brijuniversity.ac.in](http://www.brijuniversity.ac.in)

Cost of Form Rs. 1000/-

File No. Acad

Session : 2016-17

## **Affiliation Form For Additional Subjects/Increased Seats**

Name of Course(s) :

Name of College:

College Code :

Email id

Address :

Contact No.

Mobile No. :

Website :

The Registrar  
Maharaja Surajmal Brij University,  
Bharatpur

Dear sir,

I have the honor to apply Additional Subject/Increase Seats Affiliation to the University for the Year 2016-17.

I beg to furnish the following information :

### **(A) 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**

**Authorised Signatory's Name**

**Designation**

**Name of the Principal :**

**Contact No.**

**Name of the Principal :**

**Contact No.**

### **(B) Details of NOC :**

Whether the NOC has been issued by the State Govt. for the session 2016-17 ?  Yes  No

Letter No. of State Govt. NOC.....Letter Date of State Govt. NOC.....

Whether the NOC has been issued by the NCTE/BCI for the session 2016-17 ?  Yes  No  NA

Letter No. of NCTE/BCI NOC.....Letter Date.....

**(C) Details of Course(s) already being run by the college :**

| S.No. | Name of Course | No. of Seats | Subjects |
|-------|----------------|--------------|----------|
|       |                |              |          |
|       |                |              |          |
|       |                |              |          |

**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) Details of Course(s) in which Affiliation Sought :**

| S.No. | Name of Course | No. of Seats | Subjects |
|-------|----------------|--------------|----------|
|       |                |              |          |

| Name of Course | Name of Subject |
|----------------|-----------------|
|                |                 |
|                |                 |
|                |                 |

**(F) Reference of Affiliation granted for the session 2015-16 :**

**Office order No.**

**Date :**

**Name of Course :**

**Last Inspection Held :**

**(G) Details of Affiliation granted :**

| Session | Type of Affiliation | Name of Course | Intake Capacity Sanctioned | Student Admitted |
|---------|---------------------|----------------|----------------------------|------------------|
|         |                     |                |                            |                  |
|         |                     |                |                            |                  |
|         |                     |                |                            |                  |
|         |                     |                |                            |                  |

**(G) Statement of Conditions mentioned and fulfilled :**

| Type of Conditions         | Conditions Mentioned | Conditions Fullfilled |
|----------------------------|----------------------|-----------------------|
| Approval of Principal      |                      |                       |
| Approval of Teaching Staff |                      |                       |
| Est. of Website            |                      |                       |

|                                     |  |  |
|-------------------------------------|--|--|
| <b>Est. of Biometric Machine</b>    |  |  |
| <b>Payment of Min. Basic Salary</b> |  |  |
| <b>Display on Website</b>           |  |  |
| <b>Library Books</b>                |  |  |
| <b>Laboratory</b>                   |  |  |
| <b>Building</b>                     |  |  |
| <b>Hostel/ Play Ground</b>          |  |  |

**(H) Details of the staff working in the college :**

- |                     |                        |
|---------------------|------------------------|
| <b>1. Teaching</b>  | <b>2. Non Teaching</b> |
| <b>2. Lab Staff</b> | <b>4. Class IV</b>     |

**(I) Details of the Books in the Library :**

- |                        |                    |                       |
|------------------------|--------------------|-----------------------|
| <b>1. Text Books :</b> | <b>2. Journals</b> | <b>3. Magazines :</b> |
|------------------------|--------------------|-----------------------|

**(J) Additional facility added for increase intake/Additional Subject :**

- |                         |                        |
|-------------------------|------------------------|
| <b>Teaching Staff :</b> | <b>Library Books :</b> |
| <b>Laboratory :</b>     | <b>No. of Rooms :</b>  |
| <b>Furniture :</b>      |                        |

**(k) Name of the University Nominee in the Management Committee :**

|                    |                      |
|--------------------|----------------------|
| <b>Prof./Dr. :</b> | <b>Contact no. :</b> |
|--------------------|----------------------|

**List of Enclosures :**

| <b>S.No.</b> | <b>Document Type</b> | <b>Document</b> |
|--------------|----------------------|-----------------|
| <b>1.</b>    |                      |                 |
| <b>2.</b>    |                      |                 |
| <b>3.</b>    |                      |                 |
| <b>4.</b>    |                      |                 |
| <b>5.</b>    |                      |                 |
| <b>6.</b>    |                      |                 |
| <b>7.</b>    |                      |                 |
| <b>8.</b>    |                      |                 |

**I hereby undertake that I shall abide by provisions/directions of the State Govt./MSBU Bharatpur/UGC/ NCTE /BCI. An affidavit to this effect is enclosed herewith duly attested by the Magistrate..**

**Enclosed : Affidavit**

**Place :  
Date :**

**Signature of the Applicant**