डॉ० शकुन्तला मिश्रा राष्ट्रीय पुनर्वास विश्वविद्यालय, लखनऊ

मोहान रोड, लखनऊ–226 017,
वेबसाइट: http://dsmru.up.nic.in

विज्ञापन सं0 : 01/412(111)/सम्बद्धता/2019-20 दिनांक : 05 अक्टूबर, 2019

महाविद्यालयों/शैक्षणिक संस्थाओं की सम्बद्धता (शैक्षिक सत्र 2020–21) हेतु आवेदन

उत्तर प्रदेश के ऐसे महाविद्यालय एवं अन्य संस्थाएं, इस विश्वविद्यालय अधिनियम, 2009 के अनुच्छेद 5(दो) में वर्णित व्यवस्थान्तर्गत शैक्षिक सत्र 2020–21 में सम्बद्धता हेतु केवल ऐसे ही पाठ्यक्रमों में आवेदन कर सकते हैं, जो दिव्यांगता से सम्बन्धित हो तथा दिव्यांग विद्यार्थियों के पुनर्वासन हेतु कार्यरत् हों।

अतः इच्छुक सोसाइटी/ट्रस्ट/कम्पनी/सरकारी संस्थाएं/स्थानीय निकाय द्वारा संचालित महाविद्यालय/संस्था विश्वविद्यालय से सम्बद्धता हेतु आवेदन कर सकते हैं। सम्बद्धता से सम्बन्धित आवेदन–पत्र, आवेदन शुल्क एवं अन्य वांछित सूचनायें, विश्वविद्यालय की वेबसाइट http://dsmru.up.nic.in से डाउनलोड करके निर्धारित प्रारूप एवं शुल्क के साथ जमा किया जा सकता है। सम्बद्धता हेतु आवेदन जमा किये जाने की अन्तिम तिथि 30 नवम्बर, 2019 है। तदोपरान्त विलम्ब शुल्क के साथ (जो आवेदन शुल्क का 10% शुल्क होगा) आवेदन करने की अन्तिम तिथि 15 दिसम्बर, 2019 है। समय–समय पर सम्बद्धता से सम्बन्धित/निर्गत वांछित सूचनायें/आदेश विश्वविद्यालय की वेबसाइट पर उपलब्ध रहेंगी।

कुलसचिव

डा0 शकुन्तला मिश्रा राष्ट्रीय पुनर्वास विश्वविद्यालय,लखनऊ
Dr. Shakuntala Misra National Rehabilitation University
मोहान रोड, लखनऊ दूरभाष नं0– 0522–2999862/3, 3294434 वेबसाइट: http://dsmru.up.nic.in

GENERAL INSTRUCTIONS FOR AFFILIATION OF NEW & OLD INSTITUTIONS TO THIS UNIVERSITY

1. **Eligibility:** The following categories of institution are eligibile for consideration of affiliation to this University.
   - **1.1** The institution established by or under the authority of the state Government.
   - **1.2** Institutions financed by State Government.
   - **1.3** Self-financed educational institutions established and operated by Societies, Trust and Company duly registered under the Societies Registration Act, 1860; Indian Trusts Act, 1882; and Companies Act, 2013 respectively or a Government Body or a Local Authority.
   - **1.4** Affiliation shall be granted to those educational institutions which are in working in the field of disability and rehabilitation.
   - **1.5** Territory will be entrie state of Uttar Pradesh.

2. **The following information should be furnished while filling affiliation application forms.**
   - **2.1** Particulars of authorized signatory/applicant.
   - **2.2** Particulars of applicant Society/Trust/Company/Govt. Body/Local Authority.
   - **2.3** Particulars of the applicant institutions.
   - **2.4** Details of programmes of Rehabilitation Council of India (RCI).
   - **2.5** Details of existing programmes other than RCI being run by the applicant Society/Trust/Company/Govt. Body/Local Authority.
   - **2.6** Details already submitted/ to be submitted alongwith application to RCI for approval of educational programmes.
   - **2.7** Details of infrastructural facilities including Land and Building.
   - **2.8** Details of instructional facilties.
   - **2.9** Registration Certificate under RPD Act, 2016/Pwd Act, 1995.
   - **2.10** Society Registration Certificate, Campus Certificate, Trust Registration Certificate

3. **Application by educational institution for affiliation shall be submitted in two copies to the "Registrar, Dr. Shakuntala Misra National Rehabilitation University, Lucknow" alongwith the following documents.**
   - **3.1** An affidavit in prescribed format.
   - **3.2** Copies of land documents, relating to ownership on the name of Society/Trust/ Company (lease is allowed for 30 years only from Govt. Authority) duly certified by office of sub-registrar.
   - **3.3** Building Plan approved by the competent authority.
   - **3.4** Land/commerce land use certificate under section 143 issued by the competent authority.
   - **3.5** Non-encumbrance certificates issued by competent authority.
   - **3.6** Approval/Recognition order, if any, from RCI or others Regulatory Bodies like NCTE/AICTE/PCI?INC/MCI/DCI/BCI etc. at the stage of finalization of affiliation.

3.7 Fire NOC & NBC certificates and Balanace-sheet.
3.8 Khasra and Khatauni of proposed land/Building. (Original Copy)
3.9 Contiguous/Adjacent certificate of land from Tehsildar.
3.10 Certificate of verification of land from competent authority or Tehsildar.
3.11 Resolution of Management Committee of Society/Trust/Company etc. regarding establishment of new College and allocation of Land and creation of Instructional/infrastructural facilties.
3.12 Affidavit regarding acceptance of terms and conditions as laid-down by this University time to time.
3.13 Last 03 (three) years progress report of organisation.
3.14 Financial Source of Organisation.
3.15 Balance Sheet of last 03 years certified by authorised auditor.
3.16 Application fee (Non Refundable) Rs. 25,000/- payable through demand draft in favour of **"Finance Officer, Dr. Shakuntala Misra National Rehabilitation University, Lucknow"**.
3.17 Processing Fee Rs. 1,00,000/- payable through demand draft in favour of **"Finance Officer, Dr. Shakuntala Misra National Rehabilitation University, Lucknow".**

4. **Land Requirement :** As per RCI/State Government Norms or as prescribed in DSMNRU Rules.
5. **Building Requirement:** As per RCI/State Government Norms or as prescribed in DSMNRU Rules.
6. **Details of Endowment Fund :** As per university Affiliation Bye Laws, 2018 & Ordinanece 2018.
7. **Affiliation Fee to be paid Annually:** As per university Affiliation Bye Laws, 2018 & Ordinanece 2018.
   The Fees will be paid through Bank Draft in favour of **"Finance Officer, Dr. Shakuntala Misra Rehabilitation University, Lucknow".**
8. At the time of inspection the building of Institution shall be completed in the form of permanent structure on the land possessed by the institution equipped with all amenities and fulfilling all requirements as prescribed as Government norms. The applicant institution shall produce the original completion certificate issued from competent authority.
9. **AFFILIATION OF INSTITUTIONS**
   Affiliation of Colleges and other institutes of the State of Uttar Pradesh shall be granted by the University in accordance to the provisions of the Act and statute of Dr. Shakuntala Misra National Rehabilitation University.
   The Act, 2009 under 5(ii) provides: "To affiliate such colleges and other institutes of the state who, in addition to routine branches of knowledge provide special education as per norms of the rehabilitation Council of India, as the University may deem fit, hold examinations and to confer degrees and grant diplomas or certificates and other academic distinctions to such conditions as the University may determine."

APPLICATION FOR AFFILIATION OF INSTITUTIONS

(Academic Session 2020-21)

1. Particulars of the Authorized Applicant/signatory

1.1 Name of the Applicant _____

1.2 Designation : _____

1.3 Address : _____

_____

_____

1.4 E-mail Address : _____

1.5 Telephone No./ Mobile No. _____

2. Name of the Applicant/Society/Trust/Company/Concerned body/Local authority

2.1 Postal Address : _____

_____

2.2 E-mail Address : _____

2.3 Telephone No./ Mobile No._____

2.4 Website : _____

2.5 Permanent Account No. (PAN) of Society/ Trust/Company _____

2.6 Registration No. and validity of Society/Trust/Company:_____

_____

2.7 Registration No. under RPwD Act, 2016: _____

3. Details of Programme Approved by RCI (if any)

Name and Address of the Institution	Name of the Programme	Level of Programme	Duration of the programme	Year of starting the programme	Name of the Affiliating Board/University	Approving body

4. Details of Programs other than RCI, if any, run by the same applicant Society/ Trust/Company/Institution :

Name and Address of the Institution	Name of the Programme	Level of Programme	Duration of the programme	Year of starting the programme	Name of the Affiliating Board/University	Approving body

5. Details of Programme seeking approval from RCI

Name and Address of the Institution	Name of the Programme	Level of Programme (Diploma/Certificate/ UG/PG)	Duration of the programme	Proposed Year of starting the programme

6. Details of Course/Programme to be affiliated from Dr. Shakuntala Misra Rehabilitation University

6.1 Name of the Institution _____

6.2 Address of the Institution: _____

_____

6.3 Name of Course/programme :
(1) _____

(2) _____

(3) _____

6.4 Level of Programme : _____
(UG/PG/Diploma/Certificate)

6.5 Nature of Application : (1) New or old _____

6.6 Mode of Course : Face or distance : _____

7. Details of Infrastructural facilities available for proposed Institutions:

7.1 Land Identification (Plot/Khsra no.)

7.2 Land title

7.3 Villege

7.4 Post, Tehsil

7.5 District, State

7.6 Area of the Land in possession (in sq.mts.): _____

7.7 Built up area earmarked for the programme (in sq.mts): _____

7.8 Whether the building constructed/proposed to be constructed on the same land. : YES/NO.

7.9 Date of Completion of construction of the building: _____

7.10 Name of the competent authority for approval of building plan and issue of completion certificate: _____

7.11 Address of the competent authority for approval: _____
of building plan and issue of completion certificate

7.12 Whether Building is disabled- friendly as per the law: _____

7.13 Total Built up Area (in sq. meter) : _____

7.14 Total Built up Area (in sq. ft.) _____

7.14 **Details of Land conversion :**

7.14.1 Order No. :_____Dated_____

8. Details of Instructional facilities:

8.1 Specification of the Lecture Hall/Rooms/Labs

Description	Number	Length in meter	Breadth in meter	Carpet area in sq. meter
Lecture Hall				
Seminar Hall				
Library				
Laboratories				
Tutorial Room				
Administrative Office				
Store Room				
Girls Common Room				
Boys Common Room				
Workshop/Music Room				
Computer Centre				

Faculty Room				
Account Room				
Any other Room				

8.2 Details of Instructional Resources

1. Library : _____
2. Total Number of Titles : _____
3. Total Number of Books : _____
4. Journals : _____
5. Computer Laboratory: _____
6. No. of Computers : _____
7. Internet Access : _____
8. LAN : _____

9. Details of Academic Staffs *(Applicable for existing institutions)*

Details of Academic Posts available at present *(Please annexed details of faculty)*

Name of the Post	Number of Post	Pay Scale	No. of Filled Posts	No. of Vacant Posts

10. Details of non academic staff

10.01 Technical Supports Staff

Name of the Post	Number of Post	Pay Scale	No. of Filled Posts	No. of Vacant Posts

10.2 Administrative Staff

(Details of Non-Academic Staff available at present)

Name of the Post	Number of Post	Pay Scale	No. of Filled Posts	No. of Vacant Posts

11. Details of extra curricular facilities (Games & Sports)

Number of Playgrounds	Length in meter	Breadth in meter	Carpet area in sq. meter

12. Details of financial position of the Institute seeking affiliation:

12.1 Financial premises available as per Sec. 3.2.2 DSMNRU Affiliation Ordinance 2018.

12.2 Endowment fund available.

• **Amount of Endowment Fund**_____
• **Fixed Deposit Receipt Number :** _____
• **Duration of the FDR** _____
• **Date of issue (dd/mm/yyyy) :** _____
• **Name of the Nationalized Bank:** _____

12.3 Undertaking to the University that it has adequate recognising income from its own resources for its continued and efficient functioning.

13. Attach Registration certificate of society/trust/copy, etc. as is applicable.

14. Attach Registration Certificate of RPwD Act, 2016.

15. Details of fee for consent of Affiliation (Rs. 25,000/ which is non-refundable)

15.1 DD/Pay order No.: _____

15.2 Date of Issue: _____

15.3 Name of Bank: _____

15.4 Name of Branch: _____

15.5 Total Amount: _____

Date:_____

Place: _____

Signature of Authorized
Person with seal

Format of Affidavit to be given on Rs. 100 Non-Judicial stam paper durly attested by Oath Commissioner/Notary Public

Before Registrar of Dr. Shakuntala Misra National Rehabilitation University

AFFIDAVIT

I, ...(Name of the authorized person) son of .....and.....of the.....name of the College/Institution/Trust/Society/Company,etc.) aged about.....years, resident of .....,am the authorized signatory of the application made to the Dr. Shakuntala Misra National Rehabilitation University, Lucknow of seeking grant of recognition/permission for conducting a course in titled .....with intake/additional intake of.....

2. That the ..... Society/Trust/Company/Institution/college/ (strike out whichever is not applicable) is in possession of land as per the following description :-

2.1 Total Area of the land (in sq. Mts.)

2.2 Address:
Plot No.:
Khasra No.:
Village/Town/City
District:
State:
Bounded by North:
South:
East:
West:

Registered in the office of : .....on.....

3. That the land is on ownership basis/lease from Govt./Govt. Institution for a minimum period of .....years (in figures and words)(Strike out whichever is not applicable).

4. That the land is free from all encumbrances.

5. That the land is exclusively meant for running the educational institution and the permission of the Competent Authority to this effect has been obtained vide letter No.....dated.....and a copy thereof is enclosed.

6. That the said premises shall not be used for running any non-educational activity, other than the education programme.

7. That the said premises shall not be used for running any non-educational activity, other than the education programme.

8. I do hereby swear that my declaration under Paras (1) to (7) are true and correct and that it conceals nothing and that no part of this is false. In case the contents of affidavit are found to be incorrect or false, I shall be liable for action under the relevant provision of the Indian Penal Code and other relevant laws.

Signature: .....

Name of the Applicant: .....

Address: .....

.....

.....

Tel. :

E-mail address :

Website Address :

Place: .....

Date: .....

प्रमाण पत्र

हम.....अध्यक्ष/सचिव प्रबन्ध समिति.....

.....सदस्य प्रबन्ध समिति.....(संस्था/महाविद्यालय का नाम) शपथपूर्वक घोषणा करते हैं कि हमने आवेदन पत्र में जो भी विवरण/प्रविष्टियाँ अंकित की हैं, वे तथ्यों पर आधारित है और सही हैं। अस्थायी सम्बद्धता प्रदान किए जाने के लिए प्रस्तुत आवेदन पत्र में हमारे द्वारा न तो कोई तथ्य छुपाया गया है एवं न ही असत्य घोषित किया गया है।

यदि हमारे द्वारा सम्बद्धता प्रदान करने हेतु दिए गए आवेदन पत्र में अंकित किया गया कोई तथ्य गलत, असत्य या छुपाया गया पाया जाए तो हमारे विरूद्ध दण्डात्मक कार्यवाही की जा सकती है।

1. हस्ताक्षर
   नाम तथा पूरा पता
   अध्यक्ष/सचिव, प्रबन्ध समिति

2. हस्ताक्षर
   नाम तथा पूरा पता
   एक अन्य सदस्य, प्रबन्ध समिति

BUILDING COMPLETION CERTIFICATE

I,.....hereby certify that the institution namely.....

.....

.....Situated at

..... have personally inspected the land and building mentioned in the statement below and the same is based on the registered documents, date measurements and specifications found in the site.

1.	Name of the Society/Trust/Company i.e. Management of the Institution	
2.	The Society/Trust/Company i.e. management of the institution is having the PAN/TAN No.	
3.	Name of the Institution	
4.	Location with Khata/Khasra/Street No./Ward No., Name of the Place, Corporation/Muncipality/ Panchayat.	
5.	Date of Registration of Land	
6.	Registered in the office of Sub-Registrar/Tehsildar with address	
7.	The location of the land of the Insitution is in a single plot or different plots	
8.	If the location of the land of the Institution is not in a single plot the distance of different plots be mentioned.	
9.	Type of ownership of land	
10.	Building plan approved by (address of Corporation/ Municipality/Panchayat/any other) Govt. Agency.	
11.	Year of completion of construction of the building	
12.	Purpose for which the building is being used/ proposed to be used	
13.	Electricity connection No.	
	Telephone connection No.	
	Water connection no.	

14.	Total land area of the institution			
	Total built up area of the institution			
15.	Total land area earmarked for particular of the course/faculty			
16.	Details of construction of building(Roofing pl. mention RCC/Asbestos/Tiled/any other Pl. Specify) • (the column to be filled up in case the building of the institution is of more than one floor)	**Floor**	**Area**	**Roofing**
		Ground	Sq.ft.	YES
		First	Sq.ft.	YES
		Second	Sq.ft.	
		Third	Sq.ft.	
		Total built up area	Sq.ft.	YES
17.	Details of Land Use Certificate for Educational purposes from the concerned Govt. authorities/any other govt. local body details thereof. (*)	Date of issue of Certificate Issued by: Provisions of the law under which the concerned issuing authority is empowered for issuance of CLU.....		

On verification of the above on site, I hereby certify that:

i. The land & building of the institution is exclusively meant for proposed College/programmes. The institution's campus, building furniture etc. is barrier. There is no temporary structure, asbestos/tin sheet sheds available in the building. Safeguard against fire hazard has been provided in all parts of the building.

ii. The building of the institution is constructed keeping in view the provisions and bye - laws of the building construction as per the Bureau of Indian Standards and the same is structurally safe and secure to run educational institution.

iii. The construction of the building is completed in all respects and the building is structurally sound to be used for Educational purpose and having the load bearing capacity as per the latest Indian Standards.

_____

Signature with seal

Name of the approved / authorised Engineer /Architect	
Designation	
Office Address	

Certified by the competent Govt. Authority/Local Govt. Body

Signature with Seal

Name of the Component Authority	
Designation	
Office Address	

Countersigned by the authorized representative of the Management of the Institution

Signature with Seal

Name of the authorized representative of the Society/Trust/Company for proposed college	
Designation	
Office Address	