



## **APPLICATION FOR AFFILIATION OF INSTITUTIONS**

**(Academic Session 2021-22)**

### **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: \_\_\_\_\_



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**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



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**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 Village

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: \_\_\_\_\_



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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				



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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



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**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



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**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.

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

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





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**Format of Affidavit to be given on Rs. 100 Non-Judicial stamp 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.



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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 हैं 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 विरुद्ध 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



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**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/Municipality/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 Institution 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.	



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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)	<b>Floor</b>	<b>Area</b>	<b>Roofing</b>
		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:

- 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.
- 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.
- 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



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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	