



डा० शकुन्तला मिश्रा राष्ट्रीय पुनर्वास विश्वविद्यालय, लखनऊ
Dr. Shakuntala Misra National Rehabilitation University
मेहान रोड, लखनऊ वेबसाइट: <http://dsmru.up.nic.in>

APPLICATION FORM
FOR
AFFILIATION
OF
INSTITUTIONS/COLLEGES

Academic Session
2025-26



APPLICATION FOR AFFILIATION OF INSTITUTIONS/COLLEGES

(Academic Session 2025-26)

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. Deatail of the Society/Trust/Company/Concerned body/Local authority

2.1 Name of Chairperson: _____

2.2 Designation : _____

2.3 Postal Address : _____

2.4 E-mail Address : _____

2.5 Telephone No./ Mobile No. _____

2.6 Website : _____

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

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

2.9 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 National Rehabilitation University

6.1 Name of the Institution/College _____

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



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- 7.6 Area of the Land in possession (in sq.mts.): _____
- 7.7 Built up area earmarked for the proposed 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 building completion certificate: _____
- 7.11 Address of the competent authority for approval: _____ of building plan and issue of building completion certificate
- 7.12 Whether building is disabled-friendly as per the Govt. norms/guidelines _____
- 7.13 Total Built up Area (in sq. meter) : _____
- 7.14 Total Built up Area (in sq. ft.) _____
- 7.15 **Details of Land conversion (CLU):**
- 7.15.1 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				



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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



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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 resources available as per Sec. 3.2.2 DSMNRU Affiliation Ordinance 2018.

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



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12.2 Undertaking to the University that it has adequate recognizing 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/- only Per course 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 duly

attested by Oath Commissioner/Notary Public

Before Registrar of Dr. Shakuntala Misra National Rehabilitation University

AFFIDAVIT

I,(Name of the authorized person) son ofand.....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 titledwith 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 ofyears (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 declarations 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.....
.....Situating athave
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.																			
14.	Telephone connection No.																			
	Water connection no.																			
15.	Total land area of the institution																			
	Total built up area of the institution																			
16.	Total land area earmarked for particular of the course/faculty																			
17.	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)	<table border="1"> <thead> <tr> <th>Floor</th> <th>Area</th> <th>Roofing</th> </tr> </thead> <tbody> <tr> <td>Ground</td> <td>Sq.ft.</td> <td>YES</td> </tr> <tr> <td>First</td> <td>Sq.ft.</td> <td>YES</td> </tr> <tr> <td>Second</td> <td>Sq.ft.</td> <td></td> </tr> <tr> <td>Third</td> <td>Sq.ft.</td> <td></td> </tr> <tr> <td>Total built up area</td> <td>Sq.ft.</td> <td>YES</td> </tr> </tbody> </table>	Floor	Area	Roofing	Ground	Sq.ft.	YES	First	Sq.ft.	YES	Second	Sq.ft.		Third	Sq.ft.		Total built up area	Sq.ft.	YES
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.....																		



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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

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	