



महर्षि दयानन्द सरस्वती विश्वविद्यालय, अजमेर

क्रमांक:एफ.14()शैक्ष.॥/मदसविवि/2018/

दिनांक:
पंजीकृत

प्राचार्य,
म.द.स. विश्वविद्यालय, अजमेर से
सम्बद्धता प्राप्त समस्त बी.एड./बी.ए.बी.एड.
व बी.एससी.बी.एड. महाविद्यालय।

विषय :-सत्र 2018-2019 के लिए बी.एड./ बी.ए. बी.एड./ बी.एससी. बी.एड. पाठ्यक्रमों अस्थायी सम्बद्धता वृद्धि/नवीन अस्थायी सम्बद्धता के लिए दिनांक 03 से 06 जुलाई 2018 शिविर आयोजन बाबत।

संदर्भ: एफ.14()शैक्ष.॥/मदसविवि/2018/ 14882-900 दिनांक 23.06.2018

महोदय/महोदया,

उपरोक्त विषयांतर्गत एवं संदर्भित पत्र के क्रम में विश्वविद्यालय द्वारा सत्र 2018-2019 में बी.एड./बी. ए. बी.एड./बी.एससी. बी.एड. पाठ्यक्रमों की अस्थायी सम्बद्धता वृद्धि/नवीन अस्थायी सम्बद्धता हेतु 03 से 06 जुलाई 2018 तक विश्वविद्यालय के बृहस्पति भवन (विद्या परिषद कक्ष) में आयोजित शिविर में जिलेवार महाविद्यालय निम्नानुसार तिथियों को उपस्थित होना सुनिश्चित करें:-

क्र०सं०	जिले का नाम	दिनांक	समय
1	अजमेर व भीलवाड़ा	04.07.2018	10.30 से 4.30
2	टोंक	05.07.2018	10.30 से 4.30
3	नागौर	06.07.2018	10.30 से 4.30

साथ ही संलग्न फार्म 1 से 06 में वांछित सूचना विश्वविद्यालय पत्रांक 14882-900 दिनांक 30.6.2018 में अंकितानुसार मय दस्तावेज महाविद्यालयों को विश्वविद्यालय द्वारा गठित समिति के समक्ष प्रस्तुत करनी होगी।

संलग्न: उपरोक्तानुसार

भवदीय,

Sd.
उपकुलसचिव (शैक्ष.॥)

दिनांक:

क्रमांक:एफ.14()शैक्ष.॥/मदसविवि/2018/

प्रतिलिपि सूचनार्थ एवं आवश्यक कार्यवाही हेतु निम्नलिखित को प्रेषित है:-

- वेब एडमिनिस्ट्रेटर, म.द.स. विश्वविद्यालय, अजमेर को भेजकर लेख है कि उक्त पत्र को विश्वविद्यालय वेबसाइट पर अपलोड कराने का श्रम करें।
- उप कुलसचिव (सा.प्र.), मदस विश्वविद्यालय, अजमेर को प्रेषित कर लेख है कि उक्त शिविर हेतु स्थान तथा जलपान की व्यवस्था करवाने हेतु सम्बन्धित को निर्देशित कराने का श्रम करावें।
- निजी सचिव-कुलपति/निजी सहायक-कुलसचिव, मदस विश्वविद्यालय, अजमेर।

Sd.
अनुभागाधिकारी (शैक्ष.॥)

LIST OF DOCUMENTS REGARDING FOR AFFILIATION FOR 2018-19

1. Name of College : _____
2. College Code : _____
3. Type of College : _____

S.No.	Particulars	Tick (Yes/No)
1.	Application form	
2.	Receipts for deposit of affiliation fee	
3.	संस्था का पंजीकरण पत्र (Society Registration Letter)	
4.	विधान की प्रति	
5.	NOC from State Government	
6.	NOC from NCTE in case of B.Ed./B.A. B.Ed./M.Ed.	
7.	Land Registration No.	
8.	Khasra No. and Map	
9.	Land Use Certificate	
10.	Rent Details if College is being run in a rental premises but not more than a period of five years	
11.	Water Bill	
12.	Electricity Bill	
13.	Telephone Bill	
14.	Internet Connection Proof	
15.	Staff: Principal	
	Teachers	
16.	Supportive Staff	
17.	Institute's Bank Statement of last Six months	
18.	Copy of affiliation order previous year	
19.	College Photograph/videos in CD	
20.	Affidavit and I.D.	
21.	Library books as NCTE Norms	

Place:

Dated:

Signature of Applicant
(or Authorized Signatory)

DECLARATION

On behalf of the _____ (name of Trust/Society,
I/We _____ son/ daughter of _____
r/o _____ do hereby declare that the particulars
furnished above in the application for grant of fresh affiliation/Extension of Provisionally affiliation/ to
_____ (name of college/ institution) are correct to the best of my
knowledge and belief and that I am prepared to accept any penalty, if any of the particulars furnished is
found to be false or misleading. I/ We also declare that I/We shall abide by the conditions, rules and
regulatory measures imposed by the M.D.S. University, Ajmer/Govt. of Rajasthan/UGC from time to time
for granting permission/ affiliation to establish and run this college/ institution and maintain the academic
standards. I/We further declare that the Trust/Society/ College will be falling under the Right to
Information Act, 2005, as applicable.

Place:

Dated:

Signature of Applicant
(or Authorized Signatory)

Witness

Name & address

Signature

1. _____

2. _____

(To be submitted alongwith the application forms on a non-judicial stamp paper of Rs.100/- duly attested by Notary Public)

UNDERTAKING

I/We _____ son/daughter of _____
R/o _____ (Complete address) do hereby undertake
and declare as under:

- a) That I/We will adhere to the rules and regulations framed by M.D.S. University, Ajmer for admissions, management, academic standards or any other matter helping in maintaining the quality standard of education in this respect.
- b) That I/We will abide by the guidelines of the UGC/Government of Rajasthan/NCTE/ M.D.S. University, Ajmer regarding the establishment of new College.
- c) That I/We will abide by the Government of Rajasthan / M.D.S. University, Ajmer directions issued from time to time regarding the admission procedure, fee chargeable from the students or any other matter in this regard.
- d) That I/We will abide by the Government rules regarding obtaining necessary approval for constructing buildings and abide by the guidelines of Government.
- e) That I/We will abide by directions of the M.D.S. University, Ajmer to provide necessary record of the College to the Inspection Team of the time of scheduled/surprise inspections/visit.
- f) That I/We will abide by UGC/ M.D.S. University, Ajmer/Government of Rajasthan directions from time to time regarding the recruitment/selection of faculty/staff or any other matter in this regard.
- g) That I/We will abide by the Government of Rajasthan/UGC Rules and regulations regarding welfare of employees/labour such as ESI, EPF, Minimum wages etc.
- h) That I/We will abide by the provisions of Right to information Act, 2005 , as applicable
- i) That I/We will abide by the provisions with respect to revision of fee structure/charges and other terms and conditions related to affiliation rules and regulations of this college by State Govt./University, at any time, without any prior notice.
- j) All the faculties members recruited should be duly certified and recognized by the M.D.S. University, Ajmer. The details are given in the formate.

Place:

Dated:

Signature of Applicant
(or Authorized Signatory)

FORMAT FOR PARTICULARS OF STAFF OF BE SUBMITTED TO THE UNIVERSITY

FORM NO.4

PARTICULAR OF STAFF

Session.....

Name and address of the Institution.....

Courses.....

DETAILS OF PRINCIPAL & TEACHING STAFF (AS PER UGC /NCTE NORMS)																			
S.No.	Name & Date of Birth	Aadhaar No.	Attested Photographs of the Appointed Staff	CATEGORY (SC/ST/OBC/OTHER)	Designation	B.Ed. Yes/No If Yes % of Marks	M.Ed. Yes/No If Yes % of Marks	M.A.(Education) Yes/No	Master's Degree in school subjects If yes % of Marks	Subject of Teaching	Ph.D (Yes/No) (Edu/specify the subject)	M.Phil Yes/No	Passed UGC NET or equivalent (Yes/No)	Teaching Experience in Recognized College (Enclose Experience Certificate issued by the Principal	Date of Joining Date of Initial Appointment as UGC Norms	Appointment mode Regular/ Part Time	Salary P.M.	Bank Name & Account No.	REMARKS
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

Date:-----

Note: 1. Use Photo copy of the above format in case of more than two entries .

Note:2 The institutions shall submit the above list as per the provisions of UGC/NCTE Regulations in force indicating qualification, percentage of marks, teaching experience etc. with attested copy of professional qualification & experience certificate and attested photographs of staff duly countersigned by the competent authority of the affiliating or endorsement of the same by submitting a written approval of the competent authority of the affiliating body as per the above format.

**Name & Signature of the
Authorized Representative of the Institution**

FORMAT FOR PARTICULARS OF STAFF OF BE SUBMITTED TO THE UNIVERSITY

FORM NO.5

PARTICULAR OF STAFF

Session.....

Name and address of the Institution.....

Courses.....

DETAILS OF NON TEACHING STAFF

S.No.	Name & Date of Birth	Aadhaar No.	Home District	Attested Photographs of the Appointed Staff	CATEGORY (SC/ST/OBC/OTHER)	Qualification	Designation	Appointment Mode	Salary P.M.	Date of Joining	REMARKS
1	2	3	4	5	6	7	8	9	10	11	12

The above appointments have been made on the basis of recommendations of the Selection Committee constituted as per the policy of the UGC the University/Affiliating Body.

Date:-----

Note: 1. Use Photo copy of the above format in case of more than two entries .

Note:2 The institutions shall submit the above list as per the provisions of UGC/NCTE Regulations in force indicating qualification, percentage of marks, teaching experience etc. with attested copy of professional qualification & experience certificate and attested photographs of staff duly countersigned by the competent authority of the affiliating or endorsement of the same by submitting a written approval of the competent authority of the affiliating body as per the above format.

**Name & Signature of the
Authorized Representative of the Institution**

DETAILS OF LAND AND BUILDING

FORM NO.6

Session.....

Name and address of the Institution.....

Courses.....

DETAILS OF PRINCIPAL & TEACHING STAFF (AS PER UGC /NCTE NORMS)

S.No.	Name of the society/trust i.e. Management of the institution	PAN/TAN No. of the society/trust	Whether society sponsoring the institution has transfer and vest the title of the land and building in the name of the institution	Location with khata/khasra/street No./ward No. name of the place corporation/Municipality/ Panchayat	Date of Registration of land	Registered in the office of Sub-Registrar/ Tehsildar with address	The location of the land of the institution is not in a single plot or different plots	If the location of the land of the institution is not in a single plot the distance of different plots be mention	Type of ownership of land	Building Plan approved by (address of Corporation/Municipality/Panchayat/any other Govt. Agency.	Year of Construction of the Building	Purpose for which the building is being used/proposed to be used	Electric Connection No.	Telephone Connection No.	Water connection No.	Total land area of the institution	Total built up area of the institution	Details of construction of building (Roofing-pl. mention RCC/ Asbestos/Tiled/any other pl. Specify	No. of floors in the building	No. of Class Rooms in the building	No. of Students chairs
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22

Date:-----

Note: 1. Use Photo copy of the above format in case of more than two entries .

**Name & Signature of the
Authorized Representative of the Institution**