



“श्री कल्पनाथ राय विद्या प्रसारक समिति”

अखिलभाग्य महाविद्यालय

AKHILABHAGYA DEGREE COLLEGE

रानापार, पोस्ट - विशुनपुरा वाया बरही, गोरखपुर-273405

पत्रांक 240/NCTE/2008

दिनांक 04.03.2008

To ,

**The Regional Director
Northern Regional Committee
National Council For Teacher Education
Jaipur-302004**

Dear Sir,

We submit herewith our application in the prescribed Performa in triplicate requesting for recognition/approval of starting B.Ed. Programme at our institution from the academic session 2008-09. The documents required in this connection are enclosed the following order :

S.No	Particulars	Annexure No.	Page No.
1	Photo copy of Receipt of Application form fee Rs. 1000.00		
2	Original D.D for Processing fee Rs. 40000.00 Draft No. 690164; Punjab National Bank Deehghat, Gorakhpur payable at Jaipur.		
3	Original F.D.R for Endowment fund Rs.5.00 lacs No. 71/2008 dated 26-02-2008 issued by P.N.B Deehghat, Gorakhpur		
4	Original F.D.R for Reserve fund Rs.3.00.lacs No. 73/2008 dated 28-02-2008 issued by P.N.B Deehghat, Gorakhpur		
5	Duly filled Application form		
6	photocopy of Receipt of Application form fee Rs. 1000.00		71
7	photocopy of D.D for Processing fee Rs. 40000.00		70
8	Notarised Original Affidavit on 100 Rs. Stamp Paper.		67-69
9	Notarised Original Affidavit on 10 Rs. Stamp Paper.		66
10	Copy of Certificate of Registration, Memorandum of Association & bylaws of Society	1	51-65
11	Website address	2	49-50
12	Letter of Affiliation of college	3	48





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पत्रांक.....

12	Letter of Affiliation of college	3	48
13	Tehsildar order copy of land use for education purpose	4	41-47
14	Khatauni and copy of registered sale deed	5,6	22-40
15	Tehsildar order copy of Joint land	7	21
16	Site plan and Building plan Approved by Gram Pradhan	8	20
17	Resolution certificate of Gram Panchayat	9	19
18	Building completion certificate of Building consultant and Gram Pradhan	10,11	17,18
19	Detail of Laboratory Facilities & Play Ground	12	15-16
20	List of School & Colleges	13	12-14
21	Copy of Balance sheet of Society	14	3-11
22	Photo copy of F.D.R Rs. Five lacs for endowment fund (Original F.D.R enclosed on cover Page of Application form.)	15	2
23	Photo copy of F.D.R Rs. Three lacs for Reserve fund (Original F.D.R enclosed on cover Page of Application form.)	16	1

Please accept the same.

Sudhir
(DR. SUDHIR KUMAR RAI)
Manager प्रबन्धक

अखिलभाग्य महाविद्यालय
रानापार, पोस्ट: विशुनपुरा
जिला: गोरखपुर

For office use

Code No. _____ Year _____

Regional Committee

Date of Application _____

Course _____

Category: New Institution/New Course/Additional Intake

Type of Management _____

Affiliating Body _____

1. Official Position in the Governing Body of the Society/Trust

SECRETARY / MANAGER

2. Particulars of applicant Society/Trust/Body

2.1 Name of the applicant Society/Trust/Body

SRI KALPNATH SAI VIDYA PRASARAK SAMITI

2.2 Whether a copy of Certificate of Registration and MOA/Bye-laws attached

Yes No

Form of Application for Grant of Recognition to Institutions including Permission for Conducting a New Course/Additional Intake in Teacher Education Programme under Section 14/15 the NCTE Act, 1993

Door/Flat Number 27-A

Street Number NEW RAI COLONY

Village/Town MAHEWA CHUNGI

Post office NEW SHIVPURI COLONY

Town/Taluka SADAR Town/City GORAKHPUR

District GORAKHPUR Pin Code 273016

State UTTAR PRADESH STD Code 0551

Telephone No. 2335124 Mobile No. +91 983 933 6064

Fax No. 2335124 E-Mail ID sudhakar010@gmail.com

Website Address _____



गुरुर्गुणतपो धाम
NCTE

National Council for Teacher Education
Address of the Regional Committee concerned
with address of the Website/e-mail/Telephone/Fax

Price Rs. 1000/-

Application for Grant of Recognition/Permission to Institutions for conducting a New Course/Enhancement of Intake under Section 14/15 of the NCTE Act, 1993

NOTE: Please refer to the instructions at page-14 before submitting the application.

DATE OF SUBMISSION _____ APPLICATION ID _____

1. Particulars of the authorized applicant

- 1.1 Name of the Applicant DR. SUDHIR KUMAR RAI
- 1.2 Father's/Husband's Name DR. AKHILANAND RAI
- 1.3 Occupation SERVICE
- 1.4 Official Position in the Governing Body of the Society/Trust SECRETARY / MANAGER

2. Particulars of applicant Society/Trust/Body

2.1 Name of the applicant Society/Trust/Body

SRI KALPNATH RAI VIDYA PRASARAK SAMITI

2.2 Whether a copy of Certificate of Registration and MOA/ Bye-laws attached.

Yes No

(Applicable in case the institution is managed by Society/Trust)

2.3 Complete Postal Address of the applicant Body.
(Strike out/ Leave blank any of the following which is not applicable)

Door/Plot Number 27-A,

Street Number NEW RAI COLONY

Village/Town MAHEWA CHUNGI

Post office NEW SHIVPURI COLONY

Tehsil/Taluka SADAR Town/City GORAKHPUR

District GORAKHPUR Pin Code 273016

State UTTAR PRADESH STD Code 0551

Telephone No. 2333772 Mobile No. +91 983 933 6064

Fax No. 2335124 E-Mail ID sudhirrai010@gmail.com

Website Address www.abmahavidyalaya.com

3. Details about the programme/course applied for

(i)	Nature of proposal (Please tick only one choice)	<input checked="" type="checkbox"/> First Time Recognition <input type="checkbox"/> Enhancement of Intake <input type="checkbox"/> Additional Course	
(ii)	Name of the Course applied for	B. Ed.	
(iii)	Level of the Course applied for	Graduation	
(iv)	Medium of Instruction	Hindi	
(v)	Whether Course Curriculum fulfills the duration stipulated by NCTE norms and standards	Yes	
(vi)	Mode	Distance/ Face to Face <input checked="" type="checkbox"/>	
(vii)	Intake proposed	One Unit (100)	
(viii)	Affiliating Body/University	Name	D.D.U. Gorakhpur University
		Address	Gorakhpur - 273009
		Telephone No.	0551-2340363
(ix)	Normal month of commencement of the course	July	

4. Particulars of the applicant institution

4.1 Name of the Institution
(in capital letters)

AKHILABHAGYA MAHAVIDYALAY

4.2 Complete Postal Address [As mentioned in the Affidavit]
(Strike out/ Leave blank any of the following which is not applicable)
Land Identification (Plot/Khasra No.) 318

Address of the Land 318, RANAPAR

Door/Plot Number

Street Number

Village/Town RANAPAR

Post office BISHUNPURA VIA BARAHI

Tehsil/Taluka CHAURI-CHAURA Town/City

District GORAKHPUR Pin Code 273405

State UTTAR PRADESH STD Code 0551

Telephone No. 2333772 Mobile No. +919839336064

Fax No. 2335124 E-Mail ID sudhirrai010@gmail.com

Website Address www.abmahavidyalaya.com

4.3 Whether the institution is for (tick in the box)

Boys

Girls

Co-Ed

4.4 Whether the Institution is a Minority institution
(Attach documentary proof issued by the Govt. concerned)

Yes

No

4.5 Type of Management (Please tick only one out of the following)

- (i) A Govt. institution
- (ii) A Govt.-aided institution
- (iii) A university department
- (iv) A deemed to be university Pvt/ Govt.
- (v) A self-financing private institution
- (vi) Any other, please specify.

(Please attach supporting documents. In case of institutions financed by Central Govt./State Govt./UT Admn. to the extent of not less than 50% of their recurring cost, a certificate to this effect from the Government concerned.)

4.6 Details of the existing Teacher Education Programmes/courses run by the same applicant Society/Trust/ Body.

Sl. No	Name of the institution	Name of the programme	Academic session from which commenced	Existing approved intake	Regional Committee		Name of Affiliating Body	
					Recognition Order Number	Date	Name	Date of Affiliation
				N. A.				

4.7 Details of courses other than Teacher Education Programme if any, run by the same applicant Society/ Trust/ Body.

Sl. No.	Name of the institution	Name of the course/programme	Level of the course	Duration of the course	Year of starting of the course	Affiliating Body	
						Name	Date of Affiliation
01.	Alakhilabagya Mahavidyalaya, Ramdhar, Gorakhpur	B. A.	Above 10+2 level	Three Years	2005-06	D.D.U. Gorakhpur University	01.07.2005

5. Fees and Funds

5.1 Details of cost of application form of Rs. 1000/-
(not applicable in case of application submitted online)

Draft Number	
Date	19.02.2008
Name of the Nationalized Bank	
Name of the Branch	
Address	
Receipt Number, if purchased	6000

5.2. Details of Processing Fee of Rs. 40,000/- only

Draft Number	690164
Date	26.02.2008
Name of the Nationalized Bank	Punjab National Bank
Name of the Branch	Deehghat
Address	Deehghat, Gorakhpur.
Has the DD will enclosed in original	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>

(Please see Rule 9 of NCTE Rules, 1997 in terms of which Government Institutions are exempt from payment of processing fee)

5.3 Details of the Endowment fund (self-financed institutions/programmes)?
(Please see Clause 10 (1) of the NCTE (Recognition Norms and Procedure) Regulations, 2007 published on 10.12.2007)

(i) Particulars of the Endowment fund (to be filled in the case of self-financed institutions/ programmes)?

Amount of Endowment Fund	Rs. Five lac
Fixed Deposit Receipt Number	71/2008
Duration of the FDR (Minimum five years)	Five years
Date of issue	26.02.2008
Name of the Nationalized Bank	Punjab National Bank
Full address	Deehghat, Gorakhpur
Phone numbers.	0551-2732224
Has the FDR been enclosed in original	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>

- (ii) Particulars of the reserve fund (to be filled in the case of self-financed institutions/ programmes)?

Amount of Reserve Fund	Rs. Three lac
Fixed Deposit Receipt Number	73/2008
Duration of the FDR (Minimum five years)	Five Years
Date of issue	28.02.2008
Name of the Nationalized Bank	Punjab National Bank
Full address	Deehghat, Gorakhpur.
Phone numbers.	0551-2732224
Has the FDR been enclosed in original	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

6. Details of Infrastructural Facilities available for proposed programme/course

- (i) Area of the land in possession (in sq. mts.) 20 | 22 | 3.00
- (ii) Built up area earmarked for the course (in sq. mts.) 21 | 47 | 19
- (iii) Whether an affidavit on Rs. 100/- stamp paper duly attested by Notary / Oath Commissioner on the prescribed format as required under Clause 8(8) of the NCTE Regulations, 2007 has been submitted. Yes No
- (iv) Whether certified copies of land ownership/lease documents are enclosed as per Regulation 8(8) of the Regulations, 2007 Yes No
- (v) Whether English Version of Land Ownership/Lease Documents, duly Notarized are enclosed Yes No
- (vi) Whether copy of approved building plan is enclosed. Yes No
- (vii) Whether copy of building completion certificate is enclosed, in case building is constructed Yes No
- (viii) Whether the building constructed is proposed to be constructed in the same land as indicated in col. 4.2 Yes No

6.1 Building
(Please refer to Clause 8 of NCTE (Recognition Norms and Procedure) Regulations, 2007)

Description	To be filled in by Institution																
i) Date of approval of the Building plan by the competent authority/State Govt.	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>2</td><td>0</td><td>0</td><td>1</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	2	0	0	1	2	0	0	8
D	D	M	M	Y	Y	Y	Y										
2	0	0	1	2	0	0	8										
ii) Date of completion of construction of the building, if already completed	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>2</td><td>5</td><td>0</td><td>2</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	2	5	0	2	2	0	0	8
D	D	M	M	Y	Y	Y	Y										
2	5	0	2	2	0	0	8										
iii) If construction of the building is not complete, the likely date of completion of construction	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p style="text-align: right;">N.A.</p>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y										
iv) Name and address of the competent authority for approval of building plan and issue of completion certificate	Gram Pradhan, Ranapur, Brahmpur, Gorakhpur.																
v) Whether completion certificate obtained from the competent authority	✓/N																
vi) Whether Bldg. disabled -friendly as per relevant laws.	✓/N																
vii) Whether fire safety norms are being followed.	✓/N																
viii) Total Built up Area (in sq. meter) (in sq.ft.)	<table border="1"> <tr> <td></td><td>2</td><td>1</td><td>4</td><td>7</td><td>.19</td> </tr> <tr> <td></td><td>2</td><td>3</td><td>0</td><td>8</td><td>.15</td> </tr> </table>		2	1	4	7	.19		2	3	0	8	.15				
	2	1	4	7	.19												
	2	3	0	8	.15												

6.2 Specification of Rooms and other infrastructural facilities

S.No.	Description	Room No.	Length In meter	Breadth In meter	Carpet area in sq. meter
1	2	3	4	5	6
1	Class Room	1	11.27	7.62	85.88
2	Class Room	1	11.27	7.62	85.88
3	Multipurpose Hall	1	22.56	7.62	171.87

S.No.	Description	Room No.	Length in meter	Breadth in meter	Carpet area in sq. meter
1	2	3	4	5	6
4	Multipurpose Room	1	7.92	7.01	55.51
5	Seminar room/tutorial room	1	7.62	3.65	27.81
6	Library	1	12.19	7.01	85.45
7	Principal Room	1	7.62	3.65	27.81
8	Administrative office	1	7.62	7.62	58.06
9	Store Room	1	3.65	7.62	27.81
10	Sports Store Room	1	7.62	3.96	30.17
11	Girls Common Room	1	7.62	7.62	58.06
12	Boys Common Room	1	7.62	7.62	58.06
13	Art & Crafts Room	1	7.62	3.96	30.17
14	Music Room	1	7.01	4.27	29.93
15	Socially Useful Productive Work (SUPW) Room	1	7.62	7.32	55.78
16	Science Lab1	1	11.27	7.62	85.88
17	Science Lab2				
18	Psychology lab	1	11.27	7.62	85.88
19	Educational Technology (ET) /ICT Lab	1	12.19	7.01	85.45
20	Workshop	1	7.62	7.32	55.78
21	Any other Room/Hall	1	7.62	7.32	55.78
22	Toilets				
	(i) Male		3.65	3.96	14.45
	(ii) Female		3.65	3.65	13.32
23	Any other facility may be specified				

8. Arrangement for Games and Sports

8.1 Details of availability of playgrounds

Sl. No.	Number of Playgrounds	Length in meter	Breadth in meter	Area in sq mt.
1	01	9035	48.78	4407.27

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(Signature of the authorized designated authority giving undertaking alongwith his/her official and position office Seal)

प्रबन्धक

अखिल भाग्य महाविद्यालय
रानापार, पोस्ट: विष्णुपुरा
जिला: गोरखपुर

Undertaking

That I have read and understood the contents of the application and the same are true and correct on the basis of my personal knowledge and on the basis of records of the institution.

2. In connection with my/our application for grant of recognition/permission of Atahilabhagya Mahavidyalaya (Name of the Institution) to conduct B.Ed. course with One Unit intake/additional intake, and hereby undertake to comply with the following:-

- (i) That infrastructural, instructional and other facilities has been/shall be provided as per the NCTE norms, standards and guidelines prescribed from time to time.
- (ii) That admission to the Course will be made only after recognition is granted by the concerned Regional Committee of the NCTE and affiliation is granted by the concerned University/Affiliating Body.
- (iii) That admission of students, satisfying the eligibility conditions will be made either on the basis of marks obtained in the qualifying examination or in the entrance examination conducted by the State Govt./University as per its policy.
- (iv) That there shall be reservation of seats for SC/ST/OBC/handicapped etc. as per the Policy of State Govt.
- (v) That the supporting and other staff will be appointed as per the guidelines of the State Govt./the affiliating University.
- (vi) That the tuition and other fees will be charged at rates prescribed by the concerned state Govt./affiliating University.

- (vii) That the academic and other staff of the institution (including part time staff) shall be paid such salary as may be prescribed by the concerned State Govt./University from time to time.
- (viii) That the Management shall discharge the statutory obligations relating to provident fund, pension, gratuity etc. in respect of all its employees.
- (ix) That the Management will make adequate funds available for providing satisfactory facilities and for proper programme implementation.
- (x) That the accounts of the institution will be properly maintained and audited annually by the audit authorities or a Chartered Accountant, and will be open for inspection.
- (xi) That the Management will strictly follow all conditions and norms prescribed by NCTE from time to time, conduct the programme in all earnestness, and submit itself to inspection by the NCTE.
- (xii) In the event of non-compliance by the Sri Kalbnath Rai Vidya Prasarak Samithi (Name of the Society/Trustee/College/ Institution etc.) with regard to the norms and standards and any other condition laid down/prescribed by the NCTE from time to time, the NCTE or a body or a person authorized by it will be free to take all necessary measures for effecting withdrawal of its recognition or permission, without consideration of any other issue, and that all liabilities arising out of such a withdrawal would solely be that of the Institution/Management.
- (xiii) That the Management will not cause or allow discontinuation of the Course in any year or for any batch after grant of recognition, and that where compelled to do so, it will seek the concurrence of NCTE for discontinuation on the completion of the year/batch.
- (xiv) The (College/Institution) by virtue of the approval given by the NCTE shall not automatically become claimant of any financial grant or assistance from the Central or State Govt., or support from the NCTE.

(Signature of the authorized designated authority alongwith his/her official position office Seal)

Place: GORAKHPUR (U.P.)

Date: 28.02.2008

skrai
NAME IN BLOCK LETTERS
(DR. SUDHIR KUMAR RAI)

प्रबन्धक
जखिल भाग्य महाविद्यालय
पानावार, पोस्ट: विष्णुपुरा
जिला: गोरखपुर