

For office use

Code No. _____ Year _____

_____ Regional Committee

Date of Application _____

Course _____

Category: New Institution/New Course/Additional Intake

Type of Management _____

Affiliating Body _____

**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**



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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: DETAILS OF THE APPLICATION IF SUBMITTED ON-LINE

DATE OF SUBMISSION _____ APPLICATION ID _____

1. Particulars of the authorized applicant

- | | | |
|-----|--|-----------------|
| 1.1 | Name of the Applicant | PUSHPA ARYA |
| 1.2 | Father's/Husband's Name | Sh. KANHIYA LAL |
| 1.3 | Occupation | SOCIAL SERVICE |
| 1.4 | Official Position in the Governing Body of the Society/Trust | PRESIDENT |

2. Particulars of applicant Society/Trust

2.1 Name of the Society/Trust

S.D. ARYA EDUCATIONAL SOCIETY, BALSAMAND ROAD, HISAR-125001 (Haryana)

2.2 Whether a copy of Registration certificate attached.

Yes✓ No

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

Village/Town	HISAR	Post office: Hisar
Door/Plot Number	34	
Street Number	ARYA COLLEGE COMPLEX, BALSAMAND ROAD, HISAR.	
Tehsil/Taluka	HISAR	Town/City HISAR
District	HISAR	State HARYANA
Pin Code	125001	STD Code 01662
Telephone No.	01662- 240085	Mobile No 0 9254123752, 09215580230, 01662-232887 09354323752, 09416080230
Fax No.	01662-232887	E-MailID garghisar@gmail.com
Website Address	<u>www.aryacollegehisar.com</u>	

3. **Details about the programme/course applied for**

a.	Nature of proposal (Please tick only one choice)	- First Time Recognition ✓ - Enhancement of Intake - Additional Course	
b.	Name of the Course applied for	B.Ed.	
c.	Level of the Course applied for	Secondary Teacher Training Programme	
d.	Medium of Instruction	Hindi & English	
e.	Whether Course Curriculum fulfills the duration stipulated by NCTE norms and standards	Yes	
f.	Mode	Distance/ Face to Face ✓	
g.	Intake proposed	100	
h.	Affiliating Body/University	Name	Kurukshetra University
		Address	Kurukshetra (Haryana)
		Telephone No.	01744-238021 01744-238039
i.	Normal month of commencement of the course	August	

4. **Particulars of the applicant institution**

4.1 Name of the Institution
(in capital letters)

<p>SITA RAM ARYA MEMORIAL COLLEGE OF EDUCATION , HISAR</p>

4.2 Complete Postal Address [As mentioned in the Affidavit]
(Strike out/ Leave blank any of the following which is not applicable)

Village/Town	VILLAGE --BHERIAN		
Post office	MUKLAN		
Door/Plot Number	16 K.M. STONE		
Street Number	RAJGARH ROAD		
Tehsil/Taluka	HISAR	Town/City	HISAR
District	HISAR	State	HARYANA
Pin Code	125004	STD Code	01662
Telephone No.	01662- 232887	Mobile No	0 9254123752, 09215580230 0 9354323752, 09416080230

Fax No.

01662-240085

E-Mail ID garghisar@gmail.com

Website Address

www.aryacollegehisar.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 institution.

Sl. No.	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

4.7 Details of courses other than Teacher Education Programme if any, run by the same institution.

Sl. No.	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

5. Fees and Funds

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

Name of the Nationalized Bank	STATE BANK OF INDIA
Name of the Branch	SBI MANDI BRANCH, HISAR
Address	SBI MANDI BRANCH, HISAR
Draft Number	034166
Date	29/12/2007
Receipt Number, if purchased	

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

Name of the Nationalized Bank	STATE BANK OF INDIA
Name of the Branch	SBI MANDI BRANCH, HISAR
Address	SBI MANDI BRANCH, HISAR
Draft Number	034168
Date	29/12/2007

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

- 5.3 Details of the Endowment fund (self-financed institutions/programmes)?
(Please see Clause 9 (1) of the NCTE (Recognition Norms and Procedure) Regulations, 2005 published on 13.1.2006)

Amount of Endowment Fund			
Fixed Deposit Receipt Number			
Duration of the FDR (Minimum five years)			
Date of issue			
Name of the Nationalized Bank			
Full address			
Phone numbers.			
Has the FDR been enclosed in original	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	

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

Amount of Reserve Fund			
Fixed Deposit Receipt Number			
Duration of the FDR (Minimum five years)			
Date of issue			
Name of the Nationalized Bank			
Full address			
Phone numbers.			
Copy of the Fixed Deposit Receipt has been enclosed	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	

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

6.1 Land

An affidavit on Rs. 100/- stamp paper duly attested by Notary on the prescribed format as required under Clause 8(6) of the NCTE Regulations, 2005

Yes ✓	No
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6.2 Building

(Please refer to Clause 8 of NCTE (Recognition Norms and Procedure) Regulations, 2005

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>0</td><td>4</td><td>1</td><td>0</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	0	4	1	0	2	0	0	6
D	D	M	M	Y	Y	Y	Y										
0	4	1	0	2	0	0	6										
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>0</td><td>7</td><td>1</td><td>1</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	0	7	1	1	2	0	0	7
D	D	M	M	Y	Y	Y	Y										
0	7	1	1	2	0	0	7										
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>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y										
iv) Name and address of the competent authority	SURPANCH, GRAM PANCHAYAT, V.P.O. BHERIAN, POST MUKLAN DIST. HISAR (Haryana)																
v) Whether completion certificate obtained from the competent authority	Y/N YES																
vi) Whether Bldg. disabled -friendly as per relevant laws.	Y/N YES																
vii) Whether fire safety norms are being followed.	Y/N YES																
viii) Total Built up Area (in sq. meter) (in sq.ft.)	<table border="1"> <tr> <td>0</td><td>3</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td>3</td><td>2</td><td>2</td><td>8</td><td>0</td> </tr> </table>	0	3	0	0	0	3	2	2	8	0						
0	3	0	0	0													
3	2	2	8	0													

6.3. Specification of Rooms and other infrastructural facilities

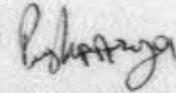
S.No.	Description	Room No.	Length In meter	Breadth In meter	Carpet area in sq. meter
1	2	3	4	5	6
1	Class Room	2	7.62=25 ft.	6.09=20 ft.	46.41=500 sq.ft.
2	Class Room	2	8.23=27 ft.	5.64=18.5 ft.	46.41=500 sq.ft.
3	Multipurpose Hall	1	12.19=40 ft.	11.43=37.5 ft.	139.39=1500 sq.ft.
4	Multipurpose Room				
5	Seminar room/tutorial room	4	5.64=18.5 ft.	4.11=13.5 ft.	23.21=250 sq.ft.
6	Principal Room	1	5.64=18.5 ft.	4.11=13.5 ft.	23.21=250 sq.ft.
7	Administrative office	1	5.64=18.5 ft.	4.11=13.5 ft.	23.21=250 sq.ft.
8	Store Room	1	5.64=18.5 ft.	4.11=13.5 ft.	23.21=250 sq.ft.
9	Sports Store Room				
10	Girls Common Room	1	9.14=30 ft.	4.57=15 ft.	41.76=450 sq.ft.
11	Boys Common Room	1	6.09=20 ft.	4.57=15 ft.	27.83=300 sq.ft.
12	Art & Crafts Room	1	6.09=20 ft.	3.04=10 ft.	18.56=200 sq.ft.
13	Music Room				
14	Socially Useful Productive Work (SUPW) Room	1	6.09=20 ft.	3.04=10 ft.	18.56=200 sq.ft.
15	Science Lab1	1	8.23=27 ft.	5.64=18.5 ft.	46.41=500 sq.ft.
16	Science Lab2				
17	Psychology lab	1	7.62=25 ft.	6.09=20 ft.	46.41=500 sq.ft.
18	Educational Technology (ET) /ICT Lab	1	7.62=25 ft.	6.09=20 ft.	46.41=500 sq.ft.
19	Workshop				
20	Any other Room/Hall				
21	Toilets	1	5.64=18.5 ft.	2.74=9 ft.	15.47=166.5 sq.ft.
	(i) Male	1	5.64=18.5 ft.	2.74=9 ft.	15.47=166.5 sq.ft.
	(ii) Female				

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	CRICKET	60	60	3600
2	VOLLEYBALL	18	9	162
3	BADMINTON	13	6	78
4	ATHELITICS	200	10	2000

S. P. Arya Educational Society

Chairman 

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

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 already existing college in the name of SITA RAM ARYA MEMORIAL COLLEGE OF EDUCATION, Village : BHERIAN , HISAR for grant of basic unit of recognition for 100 basic unit of intake for B.Ed. and hereby undertake to comply with the following:-

- (i) That infrastructural, instructional and other facilities will be provided as per the NCTE norms, standards and guidelines prescribed from time to time.
- (ii) 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.
- (iii) That there shall be reservation of seats for SC/ST/OBC/handicapped etc. as per the Policy of State Govt.
- (iv) That admission to the Course will be made only after recognition is granted by the concerned Regional Committee of the NCTE.
- (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 as required at any time.
- (xii) In the event of non-compliance by the Sita Ram Arya Memorial College of Education 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, and that where compelled, it will seek the concurrence of NCTE for discontinuation on the completion of the year/batch.
- (xiv) That the Management has seen, studied and understood the norms and conditions stipulated by the NCTE for grant of recognition to the programme proposed and feels that they are satisfied, or can be satisfied by the time of inspection, failing which it would be willing to accept an unfavourable decision.
- (xv) 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.

Dr. D. Arya Educational Society

Chairman *[Signature]*

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

Place: _____

Date: _____

NAME IN BLOCK LETTERS