



RAJ RISHI BHARTRIHARI MATSYA UNIVERSITY, ALWAR

(Temporary Office : Girls Hostel Building, Babu Shobha Ram Govt. Arts College Campus, Alwar)

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Cost of Form Rs. 1330/-

File No. Acad

Session : 2024-25

Affiliation Form For Additional Subjects/Increased Seats

Name of Course(s) :

Name of College :

Address :

Contact No.

Mobile No. :

Email id

Website :

The Registrar
Raj Rishi Bhartrihari Matsya University,
Alwar

Dear Sir,

I have the honour to apply additional subject/increase seats affiliation to the university for the year 2024-25. I beg to furnish the following information:

(A) Details of Management are as under :

Full Name of Society/Trust
(With Address)

Name of Chairperson/
Secretary/Managing Trustee

Registration No. of
Society/Trust

Contact No. 1

Contact No. 2

A/C No.

Name of Account Holder

Name of Bank

Name of Branch

IFSC Code

A/C opened on

Authorised signatory's Name

Designation

Name of the Principal :

Contact No.

Name of the Principal :

Contact No.

(B) Details of NOC :

Whether the NOC has been issued by the State Govt. for the session 2024-25? Yes No

Letter No. of State Govt. NOC.....Letter Date of State Govt. NOC.....

Whether the NOC has been issued by the NCTE/BCI for the session 2024-25? Yes No NA

Letter No. of NCTE/BCI NOC.....Letter Date.....

(C) Details of Course (s) Already being run by the College :

S. No.	Name of Course	No. of Seats	Subjects

Name of the Principal :

Contact No.

(D) Details of Affiliation fees deposited :

Affiliation Fee :

Late Fee:

Penalty :

Cost of Form :

Total Amount :

D. D. No.

Date :

Name of Bank :

(E) Details of Course(s) in which Affiliation Sought :

S. No.	Name of Course	No. of Seats	Subjects

Name of Course	Name of Subject

(F) Reference of Affiliation granted for the session 2023-24:

Office order No.

Date :

Name of Course :

Last Inspection Held :

(G) Details of Affiliation granted :

Session	Type of Affiliation	Name of Course	Intake Capacity Sanctioned	Student Admitted

(H) Statement of Conditions mentioned and fulfilled :

Type of Conditions	Conditions Mentioned	Conditions Fullfilled
Approval of Principal		
Approval of Teaching Staff		
Est. of Website		
Est. of Biometric Machine		
Payment of Min. Basic Salary		
Display on Website		
Library Books		
Laboratory		
Building		
Hostel/Pay Ground		

(I) Details of the staff working in the college :

- | | |
|---------------------|------------------------|
| 1. Teaching | 2. Non Teaching |
| 3. Lab Staff | 4. Class IV |

(J) Details of the Books in the Library :

- | | | |
|------------------------|--------------------|-----------------------|
| 1. Text Books : | 2. Journals | 3. Magazines : |
|------------------------|--------------------|-----------------------|

(K) Additional facility added for increase intake/Additional Subject :

Teaching Staff :

Library Books :

Laboratory :

No. of Rooms :

Furniture :

(L) Name of the University Nominee in the Management Committee :

Prof./Dr.

Contact no. :

List of Enclosures :

S. No.	Document Type	Document
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

I hereby undertake that I shall abide by the provisions/directions of the State Govt./RRBMU, Alwar/UGC/NCTE/BCI. An affidavit to this effect is enclosed herewith duly attested by the magistrate.

Enclosed : Affidavit

Signature of the Applicant

Place :

Date :