



RAJ RISHI BHARTRIHARI MATSYA UNIVERSITY, ALWAR

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

Phone : 0144-2730321, 2730327, 2980046 FAX : 0144-2730321

E-Mail : matsyauniv.alwar@gmail.com Website : www.rrbmuniv.ac.in

Cost of Form Rs. 1330/-

File No. Acad

Session : 2024-25

Affiliation Form For New Course(s) in Existing College

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 for new course(s) in existing college for provisional 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

(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 run by the College :

S. No.	Name of Course	Affiliation Year	Affiliating University	Sanctioned strength

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

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

Name of Course	Name of Subject

Need Justification of Course :

Last Inspection Held :

Name of the Principal :

Contact No.

Existing Staff : (A) Teaching

(B) Clerks

(C) Lab Staff

(D) Class

IV

Proposed additional Staff : (A) Teaching

(B) Clerks

(C) Lab Staff

(D) Class Iv

Land Area of College (Sq. Mtrs)

Covered Area (Sq. Mtrs)

Owner's

Name

No. of Rooms

Total Seating Capacity

No. of Labs

Total Working Capacity

Attached Document :

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

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 :