



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
Website : www.rrbmuniv.ac.in

Cost of Form Rs. 1100/-
File No. Acad

Session : 2022-23

Affiliation Form For New College

Name of Course(s) :

Name of College :

College Code :

Email id

Address :

Contact No. :

Mobile No. :

Website :

The Registrar
Raj Rishi BhartrihariMatsya University,
Alwar

Dear Sir,

I have the honour to apply for affiliation for new course(s) in the new college to the University for the Year 2022-23. 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 2022-23 ? 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 2022-23 ? Yes No
Letter No. of NCTE/BCINOC.....Letter Date.....

(C) Details of Affiliation fees deposited :

Affiliation Fee : **Late Fee:** **Penalty :** **Cost of Form :**

Total Amount :

D. D. No. **Date :** **Name of Bank :**

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

Name of the Proposed College:

Name of Course	Name of Subject	No. of Seats Sought

Name of the Principal :

Contact No. :

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**

Need/Justification of Course :

List of Enclosures:

S. No.	Document Type	Document
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

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 :