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. 1100/-

File No. Acad

Session: 2022-23

Affiliation Form For New Course(s) in Existing College

| Name of Course(s): | | |
|--|---|---|
| Name of College: | | |
| Address : | | 27 000 H 1 1 |
| Contact No. | Mobile No. : | Email id |
| Website: | | |
| Γhe Registrar Raj Rishi Bhartrihari Ma Alwar | atsya University, | |
| | ur to apply for new course(s) in exis 2022-23. I beg to furnish the follow | sting college for provisional affiliation to the ing information: |
| (A) Details of Man | agement are as under : | |
| Full Name of Socie (With Address) | ety/Trust | |
| Name of Chairper | son/ | Registration No. of |
| Secretary/Managin | | 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 signator | ry's Name | Designation |
| Letter No. of State | has been issued by the State Gov Govt. NOC | t. for the session 2022-23? • Yes •Letter Date of State Govt. NOC |

No Whether the NOC has been issued by the NCTE/BCI for the session 2022-23? O Yes ONO 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 | : |
|----|-----------|----|-----------|----|-------|-------------|--------|---|
|----|-----------|----|-----------|----|-------|-------------|--------|---|

| Subjects |
|----------|
| |
| |
| |

| Name of Subject | |
|-----------------|-----------------|
| | |
| | |
| | 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. | management of the second secon | |
| 4. | AARST | |
| 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: