



APPLICATION FOR AFFILIATION FOR
NEW INSTITUTE/ EXISTING INSTITUTE
Year 20.... - 20....

To,

The Registrar
Raja Shankar Shah University,
Chhindwara (M.P.)

Sir,

I have the honour to apply for the affiliation of New Institute / Existing Institute
.....
to the Raja Shankar Shah University, Chhindwara (M.P.) for the Year Diploma/
Degree course in the following disciplines for the session _____

S.NO.	Programme (UG/PG/Diploma)	Disciplines	Applied Intake (20.... – 20.....)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

The filled up Application Form along with the Affiliation fee* of Rs. _____ is to be deposited through On line mode (available on the website of the University).

In case of any technical issue occurs, the payment should be made through NEFT in **SBI Bank**, Ganj Area Chhindwara (M.P.). The **Account No. is 39462404454**, **IFSC Code- SBIN0005940**, in favour of **RSSU AFFILIATION & RENEWAL FEES**.

Details of Receipt (on line mode)

Date _____

No. _____

Amount _____

UTR No. (NEFT) _____

Amount _____

Yours faithfully

Signature _____

Designation _____

Full Address _____

Application for Affiliation of the Diploma/Graduate/Post Graduate Degree Programmes Courses in Chhattisgarh Swami Vivekanand Technical University for the academic year 2025 -26

INSTITUTIONAL DETAILS

1. Name and Address of the Institution

Name			
GST No.			
Address	Permanent Location as approved by MPPC	Temporary Location (if applicable)	
Village			
Taluka			
District			
PIN			
State			
STD Code		Phone No.	
Fax No.		E-Mail:	
Web site			
Nearest Rly Station		Distance in Kms	
Nearest Airport		Distance in Kms	

2. Type of Technical Institution (Tick ✓ whichever is applicable)

- 1. State Government
- 2. Government Aided
- 3. Self-Financing (Minority)
- 4. Self-Financing (Non-Minority)
- 5. Any other (Specify)

3. (i) Name and Address of the Society/Trust (In case of self financing institution)

Name	
Address	
Pin	
Phone No.(M)	
E-Mail	
Web site	

- (ii) a. The Constitution of the Governing Body. Please attach as (**Annexure**____)
- b. The names of the members of the Governing Body. (**Annexure** ____)
- c. Whether the Governing Body composed according to regulatory body norms. Yes/No
- d. A copy of constitution of the Foundation Society. Please attach as (**Annexure**____)
- e. Certified copies of the trust Deeds and title deeds of the property, if any. (**Annexure**____)
- f. A certificate from the Technical Education, Govt. of Chhattisgarh showing that the Govt. of Chhattisgarh has permitted the establishment of the institution. Please attach as (**Annexure** ____)
- g. Attach the copy of receipt the Endowment Fund (**Annexure**
- h. Details of Sports fee deposit for last three years. Please attach copies of receipt/challan and details in Form 6. (**Annexure**.....)
- i. Please attach copies of minutes of last three meetings of Governing Body (**Annexure**.....)
- j. The Constitution of ICC (Internal Complaint Committee) under Act 2013 (prevention, prohibition and redressal of sexual harassment of women at workplace (**Annexure**.....)

4. Land details (Annexure.....)

- i) Land Category: Metro/State Capital/Dist. Headquarters/Rural
- ii) Land area available for the entire Institution in _____ acres.
- iii) Land ownership details Please attach as (Annexure _____)

5. Finance Detail (For self-financing institution only) Please attach following documents (Annexure....)

- (i) Balance sheet of last year
- (ii) Audit report of last year
- (iii) Budget of last year
- (iv) Budget of current year

6. Name and Particulars of the Head of the Institution (Principal/Director)

Name	
Qualifications	
Date of Birth	
Phone No. (O)	
Phone No. (M)	
E-Mail	
Date of ratification under Statute-19 of the University (only for self financed institutions)	
Date of Joining	

N.B.

Please attach appointment order, UG, PG and Ph.D. degree certificate of Principal/Director(**Annexure**.....)

7. Information on Establishment of the Institution

1. Year of Establishment _____
 2. Date on which first approval was accorded by the MPPC

 3. Year of Commencement of the first batch _____
- 8. MPPC/ University approved existing course(s) of study during academic year 20..... -20.... (approval letter be attached as **Annexure** _____)**

S. No	Programme	Course	Year of first approval by MPPC (give approval ref. No. & date)	Year of commencement	MPPC Approved Intake for 2024 - 2025	Actual number of students admitted for 2024-25	Status of Accreditation (Yes/No)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

N.B. Please attach Accreditation letter , if any (**Annexure.....**)

9. Approval by State Government (please attach Approval letter) (**Annexure____**)

10. Total Number of Students in Institute (Including all semester/year)

Programme	No of Students	No. of Division
DIPLOMA		
UG		
PG		
CERTIFICATE		
Total (UG+PG+DIPLOMA+ CERTIFICATE)		

11. Details of Academic Area available

Particulars	Number	Approx. Area of each (in Sq.m.)	Total Available Area (in Sq. m.)	Seating Capacity
Class rooms (UG)				
Class rooms (PG)				
Class rooms (CERTIFICATE)				
Tutorial Rooms				
Laboratory				
Research Laboratory				
Drawing Hall				
Seminar Hall				
Computer Centre				
Library & Reading Room				
Workshop				

Please attach details of laboratory and workshop facilities (**Annexure.....**)

12. Administrative Area

Type	Number	Approx. Area of each (in Sq.m.)	Total Available Area (in Sq. m.)
Principal Room			
Faculty Rooms			
Cabins for Head of Deptt.			
Board Room			
Office all inclusive			
Central Store			
Maintenance			
Security			
Housekeeping			
Pantry for staff			
Examination Control Office			
Placement Office			

13. (i) Amenities Area

Type	Number	Approx. Area of each (in Sq.m.)	Total Available Area (in Sq. m.)
Boys Common Room			
Girls Common Room			
Cafeteria/Canteen			
Stationery Store			
First aid cum Sick Room			
Toilets (Ladies and Gents)			

(ii) Other Amenities Area

Type	Number	Approx. Area of each (in Sq.m.)	Total Available Area (in Sq. m.)
Principal's quarter (Desirable)			
Guest House (Desirable)			
Sports /Gymnasium (Desirable)			
Auditorium / Amphitheater (Desirable)			
Boys Hostel(Desirable)			
Girls Hostel(Desirable)			

14. Library:

a) Books

Category	Total books available as on date		Total additions during last two years	
	Total No. of titles	Total No. of Volumes	Total No. of titles	Total No. of Volumes
Text Books				
Reference section				
Others				
Total				

b) Journals

Particulars	Total no. of Journals subscribed presently		Total
	Supporting Departments	Technical Departments	
National			
International			
E-journals			

- c) Reading Room - Available /not available
- d) Library Management Software - Available/not available
- e) Working hours of library -
- f) library Networking facility -available/not available
- g) Annual library budget as a percent of annual student fee collected. -%
- h) Indicate the Usage data of the library in terms of books issued to the faculty & students etc.
- i) Reprographic Facility - Available /not available

15. Computational Facilities

Type	Available/Not available
Internet Bandwidth/ Internet Accessibility (in Kbps & hrs)	
Hardware Specification-IV / Latest Configuration	
No. of Terminals on LAN/WAN	
Printers	
Legal Application S/W	
Legal System S/W	
PCs to Student ratio	

16. Faculty Information - please attach list programme-wise and Branch-wise

17 Details of Office/library/Administration/Non-Technical Staff.

Please attach details as **(Annexure ___)**

18. (a) Total no. of students placed by the Institution through its Placement Cell (Discipline wise)

S. NO.	Year	Discipline	Total no. of students passed out for (last 5 years)	Total no. of students placed through placement cell (last 5 years)
1				
2				
3				
4				
5				

(b) details of companies/industries visiting the institute for placement since the last five years.

S.No.	Year	Name of the Company/Industry	Number of Students placed
1			
2			
3			
4			
5			

19 Anti-Ragging Related Information

S. NO.	Details of Requirement	Yes / No
1	Constitution of Anti-Ragging Committee	
2	Constitution of Anti-Ragging Squad	
3	Affidavit obtained from all Students	
4	Appointment of Counselors	
5	Affidavit obtained from parents of all the students	
6	Affidavit obtained from students staying in Hostel:	
7	Affidavit obtained from parents of students staying in Hostel	

20 ICC (Internal Complaint Committee)

S. NO.	Details of Requirement	Yes / No
1	Formation of Internal Complaint Committee as per the Gazette of UGC New Delhi dated 2 nd May 2016	Yes or No
2	Constitution of ICC as per UGC New Delhi Gazette Notification dated 2 nd May 2016	Yes or No.
2.a	• A presiding Officer who shall be a woman faculty member employed at a senior level (not below an Associate Professor or Reader)	
2.b	• Two faculty members and two non teaching employees, preferably committed to the cause of women or who have had experience in social work or have legal knowledge.	
2.c	• Three students, if the matter involves students, who shall be enrolled at the undergraduate, master's and research scholar levels respectively.	
2.d	• At least one-half of the total members of the ICC shall be women.	
2.e	• Persons in senior administrative positions in the HEI, such as Vice-Chancellor, Pro Vice Chancellors, rectors, Registrar, Deans, HoDs etc shall not be the members of the ICC	
2.f	• The term of office of the members of the ICC shall be for a period of three years. HEIs may also employ a system whereby one-third of the members of the ICC may change every year.	
2.g	• Records of the above meeting	

21. Amenities

(a) Essential Amenities

S.No	Particulars	Availability (YES/NO)
1	Stand alone language laboratory. This lab shall have 25 computers for every 1000 students	
2	Potable water supply and outlet for drinking water at strategic locations	
3	Electric supply	
4	Sewage disposal	
5	Telephone and fax	
6	Vehicle Parking	
7	Institution website with mandatory disclosure	
8	Barrier free built environment for disabled and elderly persons as per the guidelines/standards by CPWD, Ministry of Urban & Employment, Govt. of India	
9	Safety provisions including fire and other calamities	
10	Digital Library with multimedia facility/Internet surfing in reading room	
11	Classification of books in the Library as per standard	
12	Availability of NPTEL facility in the library	
13	General insurance provided for assets against fire, burglary and other calamities	
14	Motorised Road	
15	General Notice boards and Departmental Notice boards	
16	First Aid, Medical and counseling Facilities	
17	Establishment of Grievance Redressal Committee and appointment of OMBUDSMAN	
18	Meeting records of above committee	

(b)Desirable Amenities

Sl. No.	Details	Availability (YES/NO)
1	Alumni Association	
2	Industry Institute Interaction	
3	Placement and Training	
4	Back up Electric supply	
5	ERP Software	
6	Transport facility	
7	Post/Bank facility/ATM	
8	CCTV System	
9	LCD Projector in Class-room	
10	Staff quarters	
11	Display of courses and approved intake	
12	Public announcement system at strategic locations	
13	Group insurance for the employees & Insurance for students	
14	Display of courses and approved intake in the institute at the entrance of the institute	

22. If applied for New course/Increase in intake in Existing courses, please provide following details:

Resolution passed by Governing Body. Please attach as (**Annexure ____**)

Note:

1. All the above mentioned details will have to be produced before the expert committee who will be visiting your institution for verification of all the facilities/claims made by you in the application form.
2. Before submission of application please ensure that none of the fields has been left blank.
3. The applicant is required to submit approval of MPPC and other Statutory bodies and No Objection Certificate from Government of Chhattisgarh for the year 2024-25 in due course of time.
4. At the end of the affiliation form, please enclose list of Annexure.
5. Every page of application from as well as Annexure must be duly signed by Principal/Director of the institute.

UNDERTAKING BY MANAGEMENT & PRINCIPAL

On behalf of the Institution we undertake

1. to abide by the Rules and Regulations specified by MPPC and the University and also Notified by the MPPC / University from time to time
2. to submit to the University all necessary details regarding any change in the constitution and membership in the management and the staff of the Institution
3. to abide by the conditions stipulated by the University at the time of according approval for Affiliation
4. to acknowledge that all the details provided in the **annexure** are correct and true to our knowledge and belief.

We hereby declare that the institute is not having affiliation with any other University.

Signature with Date

Chairman/Secretary of the Institution

Signature with Date

Principal

Forms

Form-1 : Laboratory and Workshop facilities (detailed)

Department.....

Sl.No	Name of the Laboratory	Carpet Area (Sq.m)	Major Equipments available
	TOTAL		

Form-2 : List of faculties ratified under Statute-28 of the University or Regular faculty of Govt./Govt. aided institution. Department-wise and Programme-wise (for UG and PG Separately)

Programme_____

Course_____

Sl. No.	Name of the Faculty	Designation	Date of ratification	Qualifications and Specialization	Date of joining	Basic Pay	Total Salary	P F A/c No	PAN No.	Signature	Thumb impression	Photograph

Form-3 : List of faculty not selected as per Statute 28 of the University or Part Time /Adhoc/Contract faculty of Govt. or Govt. aided institution (Department-wise and Programme-wise)

Programme_____

Course_____

Sl. No.	Name of the Faculty	Designation	Qualifications and Specialization	Nature of appointment	Date of joining	Basic Pay	Total Salary	PAN No.	P F A/c No.	Sign.	Thumb impression	Photograph

Form-4 : Details of Supporting Technical Staff

Sl. No.	Name	Designation	Date of Birth	Qualifications	Experience (in yrs)	Date of joining the Institution	Basic Pay	Salary	Thumb impression	Photograph

Form-5 : Details of Office Staff /Admin/Non Technical Staff (Department-wise)

Sl. No.	Name	Designation	Date of Birth	Qualifications	Experience (in yrs)	Date of joining the Institution	Basic Pay	Salary	Thumb impression	Photograph

Form-6 : Details of Sports Fee for last three years

SL No.	Session	No. of Students	University share of sports fee per student	Total Amount	Amount Paid (Yes/No)
1					
2					
3					

- if paid please enclosed the copy of challan.

Signature with Date

Principal/Director