

For office use

Code No. _____ Year _____
_____ Regional Committee

Date of Application _____

Course _____

Category: New Institution/New Course/Additional Intake

Type of Management _____

Affiliating Body _____

**Form of Application for Grant of Recognition to Institutions including Permission
for Conducting a New Course/Additional Intake in Teacher Education Programme
under Section 14/15 the NCTE Act, 1993**



गुरुर्गुरुतमो घाम
NCTE

National Council for Teacher Education
Address of the Regional Committee concerned
with address of the Website/e-mail/Telephone/Fax

Price Rs. 1000/-

Application for Grant of Recognition/Permission to Institutions for conducting a New Course/Enhancement of Intake under Section 14/15 of the NCTE Act, 1993

NOTE: DETAILS OF THE APPLICATION IF SUBMITTED ON-LINE

DATE OF SUBMISSION 14/02/07 APPLICATION ID _____

1. Particulars of the authorized applicant

1.1 Name of the Applicant M.K. Mohi
1.2 Father's/Husband's Name Dr. M. Mohi
1.3 Occupation Contractor
1.4 Official Position in the Governing Body of the Society/Trust Secretary

2. Particulars of applicant Society/Trust

2.1 Name of the Society/Trust Assaria Alpanchayat Education Avam Chikitsa welfare Society

2.2 Whether a copy of Registration certificate attached. ☒ Yes ☐ No

2.3 Complete Postal Address of the Society/Trust.
(Strike out/ Leave blank any of the following which is not applicable)

Village/Town Piplani

Post office Piplani

Door/Plot Number 35, Rajat Nagar

Street Number _____

Tehsil/Taluka Bhopal Town/City Bhopal

District Bhopal State M.P.

Pin Code 462021 STD Code 755

Telephone No. 3291424 Mobile No. 9993779584

Fax No. _____ E-Mail ID 9893072400

Website Address www.acsbhopal.org Emohd12@yahoo.com

3. Details about the programme/course applied for

a.	Nature of proposal (Please tick only one choice)	<input checked="" type="checkbox"/> First Time Recognition <input type="checkbox"/> Enhancement of Intake <input type="checkbox"/> Additional Course	
b.	Name of the Course applied for	D. Ed.	
c.	Level of the Course applied for	Primary	
d.	Medium of Instruction	Hindi / English	
e.	Whether Course Curriculum fulfills the duration stipulated by NCTE norms and standards	Yes	
f.	Mode	Distance/ Face to Face	
g.	Intake proposed	50	
h.	Affiliating Body/University	Name	M.P. Board of Secondary Edu.
		Address	Board office circle. Bhopal
		Telephone No.	
i.	Normal month of commencement of the course	July - Aug.	

4. Particulars of the applicant institution

4.1 Name of the Institution
(in capital letters)

A.E.S. College of Education.

4.2 Complete Postal Address [As mentioned in the Affidavit]
(Strike out/ Leave blank any of the following which is not applicable)

Village/Town Ratanpur. Near. L.B.S. college.
 Post office Misrod.
 Door/Plot Number 273-274.
 Street Number _____
 Tehsil/Taluka Bhopal Town/City Bhopal
 District Bhopal State M.P.
 Pin Code _____ STD Code 755
 Telephone No. _____ Mobile No. 9993779584
 Fax No. _____ E-Mail ID _____
 Website Address www.aesbhopal.org.

4.3 Whether the institution is for (tick in the box)

Boys

☐

Girls

☐

Co-Ed

☒

4.4 Whether the Institution is a Minority institution
(Attach documentary proof issued by the Govt. concerned)

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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4.5 Type of Management (Please tick only one out of the following)

- (i) A Govt. institution
- (ii) A Govt.-aided institution
- (iii) A university department
- (iv) A deemed to be university Pvt/ Govt.
- ☒ (v) A self-financing private institution
- (vi) Any other, please specify.

(Please attach supporting documents. In case of institutions financed by Central Govt./State Govt./UT Admn. to the extent of not less than 50% of their recurring cost, a certificate to this effect from the Government concerned.)

4.6 Details of the existing Teacher Education Programmes/courses run by the same institution. M/A.

Sl. No.	Name of the programme	Academic session from which commenced	Existing approved intake	Regional Committee		Name of Affiliating Body	
				Recognition Order Number	Date	Name	Date of Affiliation

- 4.7 Details of courses other than Teacher Education Programme if any, run by the same institution. N/A

Sl. No.	Name of the course/programme	Level of the course	Duration of the course	Year of starting of the course	Affiliating Body	
					Name	Date of Affiliation

5. Fees and Funds

- 5.1 Details of cost of application form of Rs. 1000/-
(not applicable in case of application submitted online)

Name of the Nationalized Bank	
Name of the Branch	
Address	
Draft Number	
Date	
Receipt Number, if purchased	

- 5.2 Details of Processing Fee of Rs. 40,000/- only

Name of the Nationalized Bank	Inclusind Bank
Name of the Branch	T.T. Nagar Bhopal
Address	Opp. Police Station T.T. Nagar
Draft Number	005983
Date	14/06/07

(Please see Rule 9 of NCTE Rules, 1997 in terms of which Government Institutions are exempted from payment of processing fee)

- 5.3 Details of the Endowment fund (self-financed institutions/programmes)?
(Please see Clause 9 (1) of the NCTE (Recognition Norms and Procedure) Regulations, 2005 published on 13.1.2006)

Amount of Endowment Fund	5,00,000.00
Fixed Deposit Receipt Number	995577
Duration of the FDR (Minimum five years)	60 Month
Date of issue	11/07/07
Name of the Nationalized Bank	UCO Bank
Full address	Malviya Nagar Bhopal
Phone numbers.	
Has the FDR been enclosed in original	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

- 5.4 Particulars of the reserve fund (to be filled in the case of self-financed institutions/programmes)?

Amount of Reserve Fund	
Fixed Deposit Receipt Number	
Duration of the FDR (Minimum five years)	
Date of issue	
Name of the Nationalized Bank	
Full address	
Phone numbers.	
Copy of the Fixed Deposit Receipt has been enclosed	<input type="checkbox"/> Y <input type="checkbox"/> N

6. Details of Infrastructural Facilities available for proposed programme/course

6.1 Land

An affidavit on Rs. 100/- stamp paper duly attested by Notary on the prescribed format as required under Clause 8(6) of the NCTE Regulations, 2005

Yes	No
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6.2 Building

(Please refer to Clause 8 of NCTE (Recognition Norms and Procedure) Regulations, 2005

Description	To be filled in by Institution																
i) Date of approval of the Building plan by the competent authority/State Govt.	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y										
ii) Date of completion of construction of the building, if already completed	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y										
iii) If construction of the building is not complete, the likely date of completion of construction	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y										
iv) Name and address of the competent authority																	
v) Whether completion certificate obtained from the competent authority	✓ Y/N																
vi) Whether Bldg. disabled -friendly as per relevant laws.	✓ Y/N																
vii) Whether fire safety norms are being followed.	✓ Y/N																
viii) Total Built up Area (in sq. meter) (in sq.ft.)	<table border="1"> <tr> <td>0</td><td>1</td><td>5</td><td>5</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table>	0	1	5	5	0											
0	1	5	5	0													

6.3. Specification of Rooms and other infrastructural facilities

S.No.	Description	Room No.	Length In meter	Breadth In meter	Carpet area in sq. meter
1	2	3	4	5	6
1	Class Room	01	8	6	48
2	Class Room	01	8	6	48
3	Multipurpose Hall	01	10	15	150
4	Multipurpose Room	01	10	15	150
5	Seminar room/tutorial room	01	10	15	150
6	Principal Room	01	6	5	30
7	Administrative office	01	6	5	30
8	Store Room	01	5	5	25
9	Sports Store Room	01	5	5	25
10	Girls Common Room	01	5	5	25
11	Boys Common Room	01	5	5	25
12	Art & Crafts Room	01	6	5	30
13	Music Room	01	6	5	30
14	Socially Useful Productive Work (SUPW) Room	01	6	5	30
15	Science Lab1	01	6	5	30
16	Science Lab2				
17	Psychology lab	01	6	5	30
18	Educational Technology (ET) /ICT Lab	01	6	5	30
19	Workshop	01	6	5	30
20	Any other Room/Hall				
21	Toilets				
	(i) Male	03	5	5	25
	(ii) Female	03	5	5	25

7. Instructional Facilities

7.1 Library
Total Area (In Sq. ft.)

1500

7.2 Manpower

7.2.1 Academic and Non-Academic Staff (Applicable for existing institutions)

7.2.1.1 Details of Academic Posts available at present

M/A

Name of the Post	Number of Post	Pay Scale	Filled	Vacant

7.2.1.2 Details of Non-Academic Staff available at present

M/A

Name of the Post	Number of Post	Pay Scale	Filled	Vacant

8.1 Details of availability of playgrounds



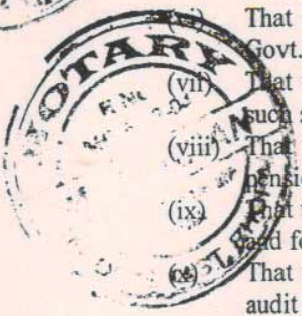
SECRETARY
I designated authority
Education & Welfare
and position office Seal)
BHOAL

Undertaking

That I have read and understood the contents of the application and the same are true and correct on the basis of my personal knowledge and on the basis of records of the institution.

2. In connection with my/our application for grant of recognition/permission of
A.P.S. No. 222 of 1978 (Name of the Institution) to conduct D.Ed. course with 50
intake/additional intake, and hereby undertake to comply with the following:-

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- (xii) In the event of non-compliance by the A.F.S. College of Education (Name of the Society/Trustee/College/ Institution etc.) with regard to the norms and standards and any other condition laid down/prescribed by the NCTE from time to time, the NCTE or a body or a person authorized by it will be free to take all necessary measures for effecting withdrawal of its recognition or permission, without consideration of any other issue, and that all liabilities arising out of such a withdrawal would solely be that of the Institution/Management.
- (xiii) That the Management will not cause or allow discontinuation of the Course in any year or for any batch, and that where compelled, it will seek the concurrence of NCTE for discontinuation on the completion of the year/batch.
- (xiv) That the Management has seen, studied and understood the norms and conditions stipulated by the NCTE for grant of recognition to the programme proposed and feels that they are satisfied, or can be satisfied by the time of inspection, failing which it would be willing to accept an unfavourable decision.
- (xv) The (College/Institution) by virtue of the approval given by the NCTE shall not automatically become claimant of any financial grant or assistance from the Central or State Govt., or support from the NCTE.

(Signature of the authorized designated authority alongwith his/her official position office Seal)

[Signature]
SECRETARY

Place: Bhopal
Date: 13/06/07

NAME IN BLOCK LETTERS



BY ML
NAME A. K. Singh
ADDRESS B.P.L.

SWORN
Notary Public
[Signature]
13/6/07