

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**



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**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 3/12/2007 APPLICATION ID \_\_\_\_\_

1. Particulars of the authorized applicant

- 1.1 Name of the Applicant SUTINDER PAUL GUPTA  
1.2 Father's/Husband's Name Sh. BALBIR CHAND GUPTA  
1.3 Occupation DOCTOR (Medical)  
1.4 Official Position in the Governing  
Body of the Society/Trust President

2. Particulars of applicant Society/Trust

- 2.1 Name of the Society/Trust CHANDIGARH MANAV VIKAS  
CHARITABLE TRUST

- 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 HANUMANGARH JUNCTION  
Post office HANUMANGARH JUNCTION  
Door/Plot Number 2021 (20-21) NEAR BUS STAND  
Street Number CHANDIGARH HOSPITAL ROAD  
Tehsil/Taluka HANUMANGARH Town/City HANUMANGARH JN  
District HANUMANGARH State RAJASTHAN  
Pin Code 335512 STD Code 01552  
Telephone No. 01552-268055 Mobile No. 9414095555  
Fax No. 01552-268055 E-Mail ID Info@KarunaCollege.org  
Website Address www.KarunaCollege.org

3. Details about the programme/course applied for

a.	Nature of proposal (Please tick only one choice)	<input type="checkbox"/> First Time Recognition <input type="checkbox"/> Enhancement of Intake <input checked="" type="checkbox"/> Additional Course
b.	Name of the Course applied for	SHIKSHA SHASTRI
c.	Level of the Course applied for	SECONDARY
d.	Medium of Instruction	SANSKRIT
e.	Whether Course Curriculum fulfills the duration stipulated by NCTE norms and standards	Yes
f.	Mode	Distance/ Face to Face
g.	Intake proposed	100
h.	Affiliating Body/University	Name Jagadgurur Ramanandacharya Rajawade Sanskrit Vishwavidyalaya Address जगदगुरु रामानन्द-चार्प Telephone No. राजरवान संस्कृत विश्वविद्यालय जयपुर
i.	Normal month of commencement of the course	JULY

4. Particulars of the applicant institution

4.1 Name of the Institution  
(in capital letters)

KARUNA-SHIKSHAK DARSHIKSHAN  
MAHILA MAHAVIDYALYA

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

Village/Town NEAR VILLAGE - NAWAN  
 Post office HANUMANGARH JUNCTION  
 Door/Plot Number CHAK - 2 NWN  
 Street Number STONE 810-137/242, BY-PASS HIGHWAY ROAD  
 Tehsil/Taluka HANUMANGARH Town/City HANUMANGARH JUNCTION  
 District HANUMANGARH State RAJASTHAN  
 Pin Code 335512 STD Code 01552  
 Telephone No. 01552-268055 Mobile No. 9414095555  
 Fax No. 01552-268055 E-Mail ID Info@Karunacollege.org  
 Website Address WWW.KARUNACOLLEGE.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	No <input checked="" 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 (TRUST)
- (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.

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
1	B. Ed.	2006-07	100	NCTE RED:- F.NRC/NCTE/ F-7/RJ 480 4264	Aggral 2006	BIKANER UNIVERSITY	
2	STC (Proposed)	—	—	—	—	—	—

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

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/- Paid in cash IN NRC JAIPUR (not applicable in case of application submitted online) RC No. 3996 dt. 19/9/2007

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	STATE BANK OF BIKANER
Name of the Branch	JAIPUR
Address	COLLECTORATE
Draft Number	HANUMANIUGARH JIN.
Date	916623
	1-12-2007

(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 LACS
Fixed Deposit Receipt Number	538226
Duration of the FDR (Minimum five years)	5 years
Date of issue	1-12-2007
Name of the Nationalized Bank	State Bank of Bikaner & Jaipur
Full address	Collectorate Branch, Hanumangarh J.A.
Phone numbers	01552-264479
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	3 LACS
Fixed Deposit Receipt Number	538017
Duration of the FDR (Minimum five years)	5 yrs.
Date of issue	9/6/07
Name of the Nationalized Bank	State Bank of Bikaner & Jaipur
Full address	Collectorate Branch, Hanumangarh J.A.
Phone numbers	01552-264479
Copy of the Fixed Deposit Receipt has been enclosed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

# 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>2</td><td>7</td><td>1</td><td>0</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	2	7	1	0	2	0	0	5
D	D	M	M	Y	Y	Y	Y										
2	7	1	0	2	0	0	5										
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>2</td><td>0</td><td>0</td><td>1</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	2	0	0	1	2	0	0	7
D	D	M	M	Y	Y	Y	Y										
2	0	0	1	2	0	0	7										
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>NA</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	-	-	NA	-	-	-	-	-
D	D	M	M	Y	Y	Y	Y										
-	-	NA	-	-	-	-	-										
iv) Name and address of the competent authority	TEHSILDAR OF HANUNANGARH JN.																
v) Whether completion certificate obtained from the competent authority	YES Y/N																
vi) Whether Bldg. disabled-friendly as per relevant laws.	YES Y/N																
vii) Whether fire safety norms are being followed.	YES Y/N																
viii) Total Built up Area (in sq. meter) (in sq.ft.)	<table border="1"> <tr> <td>2</td><td>5</td><td>1</td><td>0</td> </tr> <tr> <td>2</td><td>5</td><td>2</td><td>1</td> </tr> </table>	2	5	1	0	2	5	2	1								
2	5	1	0														
2	5	2	1														

### 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	2	7.4 7.6	9.8 7.6	145.1 116.12
2	Class Room	2	5.5	8.6	94.6
3	Multipurpose Hall	1	7.4	22	162.8
4	Multipurpose Room	1	6.7	8.6	57.7
5	Seminar room/tutorial room	2	3.7	8.6	63.64
6	Principal Room	1	5.5	4	22.7
7	Administrative office	1	4.3	4	17.3
8	Store Room	1	2.5	3.7	9.4
9	Sports Store Room	1	2.5	3.7	9.4
10	Girls Common Room	1	4.6	8.6	3.9
11	Boys Common Room	NA			
12	Art & Crafts Room	1	4	7.7	30.8
13	Music Room	1	3.7	8.6	31.82
14	Socially Useful Productive Work (SUPW) Room	1	3.7	7.7	28.5
15	Science Lab1	1	8.6	7.7	66.2
16	Science Lab2	1	3.7	7.7	28.5
17	Psychology lab	1	7.1	7.7	55.1
18	Educational Technology (ET) /ICT Lab	1	8.6	7.7	66.3
19	Workshop	1	5.5	4.3	23.7
20	Any other Room/Hall	1	3.7	8.6	32.1
21	Toilets				
	(i) Male	6	1.2	8.6	61.9
	(ii) Female	6	1.2	8.6	61.9



## Instructional Facilities

7.1 Library  
Total Area (In Sq. ft.)

902

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

Name of the Post	Number of Post	Pay Scale	Filled	Vacant
Principal	1	8000-16000	✓	—
Lecturer	7	8000-12500	✓	—

7.2.1.2 Details of Non-Academic Staff available at present

Name of the Post	Number of Post	Pay Scale	Filled	Vacant
Librarian	1	6000-9500	✓	—
PTI	1	6000-9500	✓	—
UDC	1	6000-9500	✓	—
LDC	1	4500-8500	✓	—
4th class	5	2500	4	1

### 8. Arrangement for Games and Sports

#### 8.1 Details of availability of playgrounds

Sl. No.	Number of Playgrounds	Length in meter	Breadth in meter	Area in sq. mt.
	1	48.75	68.59	3343

Signature of the authorized designated authority giving undertaking  
alongwith his/her official and position office Seal)

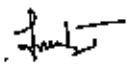
#### Undertaking

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 Karuna Shiksha Parishad (Name of the Institution) to conduct SHIKSHA course with 100 intake/additional intake, and hereby undertake to comply with the following SHIKSHA

- (i) That infrastructural, instructional and other facilities will be provided as per the NCTE norms, standards and guidelines prescribed from time to time.
- (ii) That admission of students, satisfying the eligibility conditions will be made either on the basis of marks obtained in the qualifying examination or in the entrance examination conducted by the State Govt./University as per its policy.
- (iii) That there shall be reservation of seats for SC/ST/OBC/handicapped etc. as per the Policy of State Govt.
- (iv) That admission to the Course will be made only after recognition is granted by the concerned Regional Committee of the NCTE.
- (v) That the supporting and other staff will be appointed as per the guidelines of the State Govt./the affiliating University.
- (vi) That the tuition and other fees will be charged at rates prescribed by the concerned state Govt./affiliating University.
- (vii) That the academic and other staff of the institution (including part time staff) shall be paid such salary as may be prescribed by the concerned State Govt./University from time to time.
- (viii) That the Management shall discharge the statutory obligations relating to provident fund, pension, gratuity etc. in respect of all its employees.
- (ix) That the Management will make adequate funds available for providing satisfactory facilities and for proper programme implementation.
- (x) That the accounts of the institution will be properly maintained and audited annually by the audit authorities or a Chartered Accountant, and will be open for inspection.
- (xi) That the Management will strictly follow all conditions and norms prescribed by NCTE from time to time, conduct the programme in all earnestness, and submit itself to inspection by the NCTE as required at any time.

- (xii) In the event of non-compliance by the Karnam Shiksha Mahavidyalaya (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)

Place: Hanumanagar Junction

DR. SUTINDER PAUL GUPTA  
NAME IN BLOCK LETTERS

Date: 3-12-2007