



CHHATTISGARH SWAMI VIVEKANAND TECHNICAL UNIVERSITY, BHILAI
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APPLICATION FOR AFFILIATION

To,
 The Registrar,
 Chhattisgarh Swami Vivekanand Technical University,
 Bhilai (C.G.)

Sir,

I have the honour to apply for the affiliation of _____

(Name of the Institution/College)

_____to the Chhattisgarh Swami Vivekanand Technical University,
 Bhilai for the _____ year Dip./B.E./B.Arch/MCA/ME/MBA/B.Pharmacy/ D.
 Pharmacy course in the following disciplines for the session 200 - 200 .

Diploma : disciplines

- 1.----- 2.-----
- 3.----- 4.-----
- 5.----- 6.-----

Degree : disciplines

- 1.----- 2.----- 3.-----
- 4.----- 5.----- 6.-----
- 7.----- 8.----- 9.-----

Post Graduate : disciplines

- 1.----- 2.-----

The filled up Application Form along with the Affiliation fee* of Rs. _____
 is being sent in the form of the Bank Draft payable to **“Chhattisgarh Swami
 Vivekanand Technical University, Bhilai”** enclosed with this application.

Yours faithfully

Bank Draft No. _____
 Date _____
 Drawn at Bank _____

Signature _____
 Designation _____
 Full Address _____

P.T.O.

* The Affiliation Fee is to be paid as per the detail shown on the back page.

RATES OF THE AFFILIATION FEE PAYABLE BY THE INSTITUTIONS/COLLEGES ADMITTED
TO THE PRIVILAGES OF THE UNIVERSITY for the session 200 -200 .

1. Diploma Course:
 - (i) up to three disciplines Rs. 15,000/-
 - (ii) for each additional discipline Rs. 10,000/-

2. Degree Course:
 - (i) up to three disciplines Rs. 20,000/-
 - (ii) for each additional discipline Rs. 10,000/-

3. P.G. Course:
for each discipline Rs. 25,000/-

Application for Affiliation of the Diploma/Graduate/Post Graduate Degree Programmes/Courses in Chhattisgarh Swami Vivekanand Technical University for the academic year 2005-2006

INSTITUTIONAL DETAILS

1. Name and Address of the Institution

Name		
Address	Permanent Location as approved by AICTE	Temporary Location (if applicable)
Village		
Taluk		
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 | <input type="checkbox"/> |
| 2. Government Aided | <input type="checkbox"/> |
| 3. Self-Financing (Minority) | <input type="checkbox"/> |
| 4. Self-Financing (Non-Minority) | <input type="checkbox"/> |
| 5. Any other (Specify) | <input type="checkbox"/> |

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

Name			
Address			
Pin		STD Code	
Phone No.		Fax No.	
E-Mail		Web site	

- (ii)
- a. The Constitution of the Governing Body.
 - b. The names of the members of the Governing Body.
 - c. Is the Governing Body registered according to AICTE norms? Yes No
 - d. A copy of constitution of the Foundation Society.
 - e. Certified copies of the trust Deeds and title deeds of the property, if any.
 - f. A certificate from the Higher Education, Govt. of Chhattisgarh showing that the Govt. of Chhattisgarh has permitted the establishment of the institution.
 - g. An undertaking that the Foundation Society shall, before the Institution is granted affiliation, deposit with the University Endowment Fund of the Institution.
 - h.
 - i) Land Category: Metro/State Capital/Dist Headquarters/Rural
 - ii) Land area available for the entire Institution in _____ acres.

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

Name			
Qualifications		Date of Birth	
STD Code		Phone No. (O)	Fax No.
STD Code		Phone No. (R)	Fax No.
E-Mail		Mobile Phone	

5. Information on Establishment of the Institution

1. Year of Establishment _____
2. Date on which first approval was accorded by the AICTE _____
3. Year of Commencement of the first batch _____

6. AICTE/Council of Arch/Pharmacy Council of India/ University approved existing course(s) of study during academic year 200 -200 for which affiliation is sought (approval letter be attached)

S.No.	Courses	Year of approval by AICTE/ Council of Arch/ Pharmacy Council of India (give approval ref. No. & date)	AICTE/ Council of Arch/ Pharmacy Council of India Approved Intake for 200 -200	Actual number of students admitted for 200 -200	Status of Accreditation (Yes/No)
UG(FT)					
UG(PT)					
PG(FT)					
PG(PT)					

7 Approval by State Government (Approval letter be attached) for U.G. Courses (BE/B Arch/B Pharma, Diploma)

S.No.	Year/ Semester	Courses	Date of approval	Approved intake	Remarks
1	I Year				
2	II Year				
3	III Year				
4	IV Year				

8 Is the Institution offering Post Graduate Programmes? If yes, give details (Approval letters be attached)

S.No.	Program	Date of approval by AICTE/ Council of Arch/ Pharmacy Council of India	Date of approval by State Govt.	Approved Intake	Actual no of students Admitted

9. Details of Academic Area available for the UG courses.

S.No.	Particulars	Number	As per AICTE/ Council of Arch/ Pharmacy Council of India norms (in Sq.m.)	Approx. Area of each (in Sq.m.)	Available Area (in Sq. m.)	Seating Capacity
i)	Classrooms					
ii)	Tutorial Rooms					
iii)	Seminar Hall					
iv)	Drawing Hall					
v)	Laboratories					
vi)	Workshops					
vii)	Others					
Total Area (in Sq. m.)						

10. 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
Volumes				
Text Books				
Reference Books				
Others				
Total				

b) Journals

Particulars	Total no. of Journals subscribed presently		Total
	Supporting Departments	Technical Departments	
Indian			
Foreign			

c) Working hours of library

d) Is library Networking facility available? If so, give details

e) Annual library budget as a % of annual student fee collected.

f) Names, designations and qualifications of library staff alongwith mode and date of appointment.

g) Indicate the Usage data of the library in terms of books issued to the faculty & students etc.

11. Details of Laboratories and Workshops of Departments in the Institution.

S.No.	Name of Laboratory/Workshop	Carpet Area sqm.	S.No.	Name of Laboratory/Workshop	Carpet Area sqm.
Dept. 1 (Name)			Dept. 4 (Name)		
Dept. 2 (Name)			Dept. 5 (Name)		
Dept. 3 (Name)			Dept. 6 (Name)		
GRAND TOTAL			GRAND TOTAL		

12. List of Teaching staff members with their names, designations, qualifications and date & nature of appointment. (Attach list)

13. (i) Computer Facilities for the Existing Programmes

S.No.	Particulars	Availability	
1.	No. of Computer Terminals		
2.	Hardware Specification	P-IV / Latest	
		Configuration	
		P-III	
	Others		
3.	No. of Terminals on LAN/WAN		
4.	Relevant Legal Software	Application Software	
		System Software	
5.	Printers		
6.	Internet Accessibility (in Kbps & hrs)		

(ii) List of staff of Computer centre with their names, designations, qualifications and date & nature of appointment.

14. HUMAN RESOURCE:*

a) Teaching Staff (Department wise)

Name of the Programme (UG & PG)	Sanctioned Intake	Total number of Faculty	Details of Faculty				Nature of Appointment	
			Professors	Assistant Professors / Readers	Lectures	Others/visiting faculty	Total number of faculty Permanent & Approved by University	Total number of faculty on adhoc basis

* Note: Please attach a list of all faculty members and non-teaching staff along with their qualifications, date of appointment, mode of appointment, terms & conditions for appointment, pay scales being drawn etc.

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.

15. Whether AICTE pay-scales have been implemented for the teaching staff. Yes No

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

Year	Discipline	Total no. of students passed out for (last 5 years)	Total no. of students placed through placement cell (last 5 years)

(b) Provide 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.			

(c) Steps taken to activate placement cell and invite companies for campus recruitment.

17. Indicate innovations, if any, for transaction of syllabus, teaching methodology and other areas.

18. Mechanism for obtaining students feedback on

- a) teaching - learning
- b) physical - facilities
- c) Other areas

Signature of the Head of the Institution
With name and Designation