

**FORMAT OF APPLICATION FOR PERMANENT AFFILIATION**

(Please write ‘Not applicable’ if any information is not applicable to your college)

**GENERAL INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | Name of the college /Institution | : |
|  | **Course for which Permanent affiliation is sought**  | List out all the courses along with the existing No. of seats. (Enclose the previous affiliation notification and apex body approval letters, if any)  |
|  | Whether the college is established by State Government/ Central Government / University/ Autonomous Body/ Trust or Society (Copy of the document to be enclosed) | : |
|  | Name & Address of Trustees/Board of Directors | : |
|  | Status of the college (Independent institution or a wing of another college) | : |
|  | Address of the college | : |
|  | Address of the Registered office | : |
|  | Website details | : |
|  | 1. Year of starting the college
2. Registration No. & Date
 | :: |
|  | Name of the Head of the College/ Institution Address:Telephone:Fax:Mobile:E-mail ID: | : |
|  | NAAC Accreditation detailsNo. of years  |  |
|  | Whether the details furnished as per Annexures 1 to 6 |  |
|  | Whether undertakings furnished as per clause 14.6 of the Statutes on a stamp paper |  |
| **Particulars of fee paid** |
|  | 1. Permanent affiliation fee
2. Security Deposit amount
 |

|  |  |  |
| --- | --- | --- |
| Transaction ID | Date | Amount |
|  |  |  |
|  |  |  |
|  |  |  |

 |

Any other information:-

**SIGNATURE OF THE DESIGNATED OFFICER**

**OR HEAD OF THE INSTITUTION**

**Enclosures to the Application for Permanent Affiliation**

**ANNEXURE- 1**

1. **CONSTITUTION OF APPLICANT COLLEGE**

|  |  |  |
| --- | --- | --- |
| 1(a)  | Whether the college is established by State Government/ Central Government / University/ Autonomous Body/ Trust or Society  |  |
| (b)  | Date of commencement of 1st Batch Admission |  |
| (c)  | Incorporation details:Valid Documents viz., byelaws, trust deed, certification of incorporation, MOA/ MOU etc., to be enclosedDate of Registration/ RenewalDate Valid up to |  |
| **2. GOVERNING COUNCIL /ADVISORY COMMITTEE** |
| 2(a) | Members of Governing Council/ Advisory Body etc., List to be furnished with qualification, experience in the concerned fieldMobile No. & e-mail address |  |
| (b) | Whether adequate representation from Society and faculty is there |  |
| (c) | No. of Governing Council meetings held during the last 3 years Year wise dates |  |
| (d) | For how many meetings representatives of RGUHS were invited/attended, last three years |  |
| (e) | Annual Report of institution for the last 3 years |  |

Any other information: -

**SIGNATURE OF THE DESIGNATED OFFICER**

**OR HEAD OF THE INSTITUTION**

**ANNEXURE- 2**

**FINANCIAL STATUS**

|  |  |  |
| --- | --- | --- |
|  | Name of the authority managing the funds of the college |  |
|  | Details of resources for the last 3 years |  |
|  | Balance sheet and audited statement of accounts for the last 3 years |  |
|  | Details of Tuition Fee and other fees etc., collected during the last 3 years |  |
|  | Grant in aid received if any during the last 3 years |  |
|  | Any other information |  |

Any other information: -

**SIGNATURE OF THE DESIGNATED OFFICER**

**OR HEAD OF THE INSTITUTION**

**ANNEXURE- 3**

**DETAILS OF SANCTION FROM THE VARIOUS AUTHORITIES**

|  |  |  |
| --- | --- | --- |
|  | Permission of Government of KarnatakaSanction order No. & Date |  |
|  | Permission of the concerned Council/ Apex Body (Eg: MCI/DCI/UGC/ AICTE etc.,)Sanction order No. & DateValid upto  |  |
|  | Latest affiliation granted by RGUHSSanction order No. & DateValid upto  |  |
|  | Permission of Government of India wherever applicable |  |

Any other information: -

**SIGNATURE OF THE DESIGNATED OFFICER**

**OR HEAD OF THE INSTITUTION**

**ANNEXURE- 4**

**INFRASTRUCTURE**

|  |
| --- |
| **Land** |
| 1. | **Building:**Statutory clearances- Fire/Pollution Board/Municipal Corporation |  |
| 2. | Extent as per Apex Body requirementTotal Extent of land in possession Ownership details : - OwnLeaseRentSupporting documents: Sale Deed/Lease Agreement/Rental Agreement etc., | : |
| **College Building** |
|  | **Administrative Block: -**Extent as per Apex Body requirement**Total floor area: -** Ownership details : - OwnLeaseRentSupporting documents: Sale Deed/Lease Agreement/Rental Agreement etc., |  |
|  | **Common facilities:**Committee/Board RoomsLecture HallAuditoriumSeminar halls |  |
|  | **Departments: -**Total floor areaLecture HallSeminar hall/roomDemonstration roomMuseumLaboratoryAuditorium Audio –Visual EquipmentExamination HallOthers |

|  |  |  |
| --- | --- | --- |
| **No.** | **Capacity** | **Facilities** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 |
|  | **Laboratory: -**1. Area
2. Equipment details
3. Scope of work
 |  |
|  | **Animal House: -**1. Area
2. No. of Staff
3. Equipment
4. Scope of work
 |  |
|  | **Committee Rooms: -**1. Area
2. No. of rooms
 |  |
|  | **Common Rooms/Board Rooms: -**1. Male students
2. Female students
 |  |
| **Hospital /Clinical Building** |
|  | **Clinical & Hospital facility: -**1. Name of the Hospital and full address
2. Total area
3. Total plinth Area
4. Whether owned/rented or lease hold
5. There is a tie up supported documents to be furnished
6. Distance between hospital & college
7. Sanctioned bed strength
8. Daily average OPD
9. Daily average IPD
10. Particulars of Hospital building:
11. **Administrative block:**

 i) Areaii) Clinical department for  training and teachingiii) Distribution for beds for  different clinical departmentiv) Facilities/Equipments  provided in Laboratory  Medicine  v) Facilities like CSSD, Kitchen,  Laundry, Canteen, Pharmacy,  Stores, Medical Record  Keeping, Waste disposal  Facilities – ETP/STP- As per  Pollution Control Board  Norms. Licence particulars  |  |
|  | **Student Hostels: -**1. Area
2. Whether own/rental or lease hold
3. No. of rooms
4. Distance from the college
5. Furniture provided to each student
6. Transport facility provided (whether own or hired, if own vehicle registration No. etc)

(Separate details for male and female hostel) |  |
|  | **Staff quarters : -**1. No. of quarters
2. For Principal
3. For Officers/faculty
4. For non-teaching staff
 |  |
|  | **Library: -**1. Total floor area
2. Total number of books, journals, publications, literatures available

(Indian and Foreign publication to be mentioned separately)1. List of equipments :
2. Computers
3. Internet connection
4. Audio visual equipments
5. Telephone
6. E-mail
7. HELINET
8. Others please specify
 |  |
|  | **Digital Library: -**1. Online and hard copy titles
2. Other resources
 |  |
|  | **Computer Lab: -**No. of computersWhether as per Apex Body norms |  |
|  | Playground and other facilities available for students for sports and recreational activities |  |
|  | Details of safety arrangement viz., fire fighting etc., |  |

(Under each head whether the extent of floor area allotted is as per Apex Body norms should be indicated)

Any other information: -

**SIGNATURE OF THE DESIGNATED OFFICER**

**OR HEAD OF THE INSTITUTION**

**ANNEXURE- 5**

**STAFF DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Staff position: -**1. Teaching
2. Non-Teaching
3. Others
 |

|  |  |  |  |
| --- | --- | --- | --- |
| Requirement as per Apex body | Sanctioned | Working | Vacant |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 |
|  | **Details of staff working : -** |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SL No | Post | Name | QualificationWith date & where obtained (University) | Teaching Experience in year and month | Whether permanent or temporary | State/ Council registration if applicable |
| UG | PG |
| From | To | From | To |
|  |  |  |  |  |  |  |  |  |  |

**NOTE**1. Separate details for Dean/Director/Principal, Teaching, Non-teaching, (full time, part time, guest faculty), Library, Hostel and Hospital to be furnished and also whether the staff strength is in accordance with Apex Body norms should also be indicated.
2. If there is shortage of staff reasons and arrangements made for recruitment should be furnished.
 |
|  | Whether the staffs have been appointed as per norms prescribed by the Apex Body and the University. |  |
|  | Whether the staffs are being paid full salary and allowances regularly and timely as prescribed by the Apex Body, University and Government. |  |

Any other information: -

**SIGNATURE OF THE DESIGNATED OFFICER**

**OR HEAD OF THE INSTITUTION**

**ANNEXURE- 6**

**ACADEMIC DETAILS**

(Information for the last three years should be furnished)

|  |  |  |
| --- | --- | --- |
|  | Sanctioned intake (supporting document to be enclosed)No. of students admittedNo. of students who have left the course |  |
|  | Pass percentage : -1. Gold Medal
2. Distinction
3. 1st Class
 |  |
|  | Details of publications etc., |
|

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Year | No. of publications in indexed journal | No. ofPresentationsin National/Internationalseminars | No. of faculty development programme | No. of text book written/ contributed | Research project undertaken | Community outreach programme/ activities | No. of conferences organised/ attended |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

 |
|  | **Extracurricular activities : -**1. Sports
2. Health Camps
 |  |
|  | **Details of Students welfare programmes : -**1. Incentives for presentation/publication
2. Scholarship/financial assistance to deserving students
3. Anti ragging measures undertaking
4. Sexual Harassment reddressal measures
5. SC/ST Cell
6. Student Grievances Cell

(Details of the names of the committee members and constitution of the committee to be furnished) |  |

Any other information: -

**SIGNATURE OF THE DESIGNATED OFFICER**

**OR HEAD OF THE INSTITUTION**