



APPLICATION FOR GRANT/CONTINUATION OF PROVISIONAL AFFILIATION

Academic Session: 2021-22

I. Details of Institution/College

| | | |
|----|---|--|
| a) | Name and Address of College/ ITI/Higher Technical Education Institute along with Pin code | |
| b) | Institute Location (Rural/Urban) (attach documentary proof) | |
| c) | Telephone and Fax No | |
| d) | Mobile No. | |
| e) | Date of Establishment | |
| f) | PAN/TAN/GST No. | |
| g) | Website Address | |
| h) | E-Mail: | |
| i) | Name of the Director/Principal | |

II. Details of Promoting Trust/Society/Company/Govt. Body

| | |
|---------------------------------------|--|
| Name of the Trust/Society etc. | |
| Name of the Chairman/Secretary | |
| Complete Address | |
| Pin Code | |
| Registration No. of the Trust/Society | |
| PAN/TAN/GST No. | |
| Telephone, Mobile & Fax No. | |
| Website Address | |
| Email | |



III. Academic Programmes for which Affiliation sought from SVSU (from available only):

| S. No. | Name of the Programme/s | Specialization | Intake applied |
|--------|-------------------------|----------------|----------------|
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IV. Existing Courses

| Course Title | Existing Intake if applicable* | | Duration of the Course (Years) | Year of Commencement | Letter No. of State Govt. NOC/ Univ. affiliation* | Number of total students presently pursuing the programme (yr. wise) most recent as 1 st yr. | | | |
|--------------|--------------------------------|----------------------------|--------------------------------|----------------------|---|---|-----------------|-----------------|-----------------|
| | As approved by statutory body | As approved by State Govt. | | | | 1 st | 2 nd | 3 rd | 4 th |
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*Append duly attested latest details (as applicable). Annexure No. 1

V. New Courses /Additional Seats, if applied for

| Course Title | *Status of statutory body approval, if applicable | *Intake applied for sanction by the Govt./Univ. | Duration of the Course (Years) | *Status of Letter of Intent of Statutory Body | Any other Information |
|--------------|---|---|--------------------------------|---|-----------------------|
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*Append duly attested details (as applicable) Annexure No. 2.



VI. Details of Land and Building

| A | Land | | |
|----------|---|----------------|----------------------------|
| (i) | Area of Land (attach documentary proof)* | | |
| (ii) | Ownership of land (Whether rented/leased/ freehold) (attach latest documentary proof)* | | |
| (iii) | Prescribed Land use (whether conforming/non-conforming to Master Plan) (attach latest documentary proof)* | | |
| B | Building | | |
| (i) | Whether Permanent/Temporary (Attach Certificate from the Registered Architect)* | | |
| (ii) | Total Built-up area (in Sq. Meters) (Attach Certificate from the Registered Architect)* | | |
| (iii) | Completion and Occupancy Certificate (attach latest documentary proof issued by the competent authority)* | | |
| C | Specifications of Accommodation | Numbers | Size (in Sq. Mtrs.) |
| (i) | Number of class/tutorial rooms | | |
| (ii) | Drawing Halls/Conference Room | | |
| (iii) | Laboratories | | |
| (iv) | Audio Visual Laboratories | | |
| (v) | Library | | |
| (vi) | Administrative Block | | |
| (vii) | Workshop | | |
| (viii) | Computer Center | | |
| (ix) | Toilets | | |
| (x) | Common Rooms | | |
| (xi) | Sports facilities (Indoor & Outdoor) | | |
| (xii) | Playground | | |
| (xiii) | Students Canteen | | |
| (xiv) | Hostel (Rooms/Number of Seats) | | |
| (xv) | Any other facilities | | |

*Append duly attested details (as applicable) Annexure No. 3.



VII. Details of Other Facilities Available

| S. No. | Facility | YES/NO |
|--------|---|--------|
| j) | Drinking Water | |
| k) | Generator Set/Power Backup (attach latest documentary proof i.e. Purchase bill etc.)* | |
| l) | Separate Toilets for Boys and Girls | |
| m) | Bank facility (attach latest documentary proof) | |
| n) | Facilities provided for physically Handicapped/differently abled students/persons (Ramps/Lifts/Drinking Water/Washrooms etc.) | |
| o) | Transport facilities (attach latest documentary proof) | |
| p) | Medical/First Aid facilities | |
| q) | Power Supply load (in KWs) (attach latest documentary proof) | |
| r) | Has the Govt. reservation policy being implemented | |

Append duly attested details (as applicable). Annexure No. 4.

VIII. Details of Library

| A | Details of Books (course-wise) | Programmes | | | | | | |
|----------|--|------------|--|--|--|--|--|--|
| | | | | | | | | |
| (i) | No. of Titles* | | | | | | | |
| (ii) | No. of Volumes* | | | | | | | |
| (iii) | Total number of books* | | | | | | | |
| (iv) | No. of Journals (Foreign)* | | | | | | | |
| (v) | No. of Journals (Indian)* | | | | | | | |
| B | Details of Digital Facilities | | | | | | | |
| (i) | Whether library operations computerized, internet facility, Reading room facilities, Photocopying facilities available, If yes, give details.* | | | | | | | |
| (ii) | Inter library linkage facilities | | | | | | | |

*The institute may indicate information as per their own programmes using the above as a sample and append duly attested details (as applicable) Annexure No. 5.



IX. Details of the Labs/Workshops/Work stations available

| Name of Laboratory | Major Equipment* | List of equipment added during previous year* |
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*Append duly attested proofs (as applicable) Annexure No. 6.

X. Details of Computer Centre

| Name of Laboratory | No of Computers with configuration* | Other Equipment (LAN/Servers/ Printers/Firewall etc.* | Legal Softwares* (System and Application) |
|--------------------|-------------------------------------|---|---|
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Append duly attested proofs (as applicable) Annexure No. 7



SHRI VISHWAKARMA SKILL UNIVERSITY

(First Government Skill University of India, Set-up by Government of Haryana)

XI. Teaching Staff

| S. No. | Name | Designation | Qualification | Scale of pay, Other Allowances /remuneration paid | Date of joining | Regular(R)/ Adhoc (A)/ Contract (C)/ Visiting (V)/ Guest (G) | Approved/ recognized by University (Yes/No) |
|--------|------|-------------|---------------|---|-----------------|--|---|
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Append duly attested proofs i.e., Appointment Letters (as Applicable) Annexure No. 8

XII. Non - Teaching and Technical Supporting/ Ministerial Staff

| S. No. | Name | Designation | Qualification | Scale of pay, other allowances/remuneration paid | Date of joining | Regular/ Adhoc/ Contract/ |
|--------|------|-------------|---------------|--|-----------------|---------------------------|
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Append duly attested proofs i.e., Appointment Letters (as Applicable) Annexure No. 9



XIII Detail of Industry Partner(s):

| S. No. | Name of the Course for which occupied | Detail of Industry Partnership | | | | No. of Students who can be accumulated |
|--------|---------------------------------------|----------------------------------|---|-----------------------------------|--------------------------------|--|
| | | Name of Organization and address | Name, Designation and Phone of the Contact Person | Nature of Partnership and Support | Total No. of Employees working | |
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Attach MoU(s) with Industry Partner(s) Annexure No. 10.

XIV STUDENT PLACEMENT PLAN:

How would the College/ Institution set up an effective mechanism for placement of students?

Append details Annexure No. 11.

XV Any new initiatives/achievements

| S. No. | Name of the Initiative / Achievement | Detail |
|--------|--------------------------------------|--------|
| | | |
| | | |
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Append duly attested details (as applicable) Annexure No. 12



XVI. Details of Processing Fee deposited with Accounts branch

| Programmes | Amount | Receipt No. | Dated | Remark |
|------------|--------|-------------|-------|--------|
| | | | | |
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Append copy of the receipt (as applicable) Annexure No. 13

DECLARATION

I am aware that, mere submission of an application does not ensure “Affiliation” from the SVSU. The affiliation of SVSU for a particular number of trade/ capacity will depend upon the infrastructural facilities available in the Institute as per norms.

The information furnished above is true and correct to the best of my knowledge and belief and is based on facts. Nothing material has been concealed/misrepresented therein. If any information furnished above found to be false or misleading, concealed or suppressed, undersigned will be liable for the consequences thereof.

We further undertake that we will inform to SVSU, if we start any new course or increase/decrease in the intake of the existing courses full time/part time/distance education/open learning nature affiliated to any other central/state/deemed/private University or any statutory body/autonomous body.

We shall apply one month before expiry of any affiliation. Otherwise, the affiliation may be treated as cancelled.

Signature with Date:

Chairman/ Secretary of the Society/Trust

Name:

Designation:

Seal of the Society:

Signature with Date:

Director/Principal of the Institute/College

Name:

Designation:

Seal of the Institute:



Annexure 14

Resolution for Starting of New Skill Development/Vocational Training Courses

That the Trust/ Society/ Company/ Institute vide its meeting held onat vide item no.....has resolved that,<Name of the Trust/ Society/ Company/ Institute> shall apply to SVSU for approval to start <Name of the Courses> to offer skill development and vocational training, shall allocate required funds for procurement of building, equipment, furniture and other required entities for smooth functioning of the same.

Signature_____
Name of the Authorize Signatory_____
Designation_____
Name of the Organization_____

Annexure 15

Resolution regarding Authorized Person

I/We, <Name>Chairman/Secretary/Member/Trustee/Director/Proprietor <Name of the Trust/Society/Company/ Institute>, son of, hereby declare that the Trust/ Society/ Company/ Institute vide its meeting held onat vide item no. has resolved that “Name of Authorized Person”, will be the authorized person to sign and communicate all the matters on behalf of <Name of the institute>
This is for your kind information and necessary action.

Signature_____
Name of the Authorize Signatory_____
Designation_____
Name of the Organization_____

Accepted

Authorized Signatory
Signature
(Designation) (Name of the Institute)
OFFICE SEAL



Annexure 16

SELF DECLARATION

I, the undersigned, _____ self/authorized to represent the applicant college/institute hereby certify that the information contained in this application is correct and declare on my honour that:

- the applicant college/institute has access to stable and adequate Endowment funding for its activities.
- the applicant college/institute has the operational capacity and the operational resources (technical, management) to successfully complete the courses.

and accordingly declare that the college/institute:

- applicant college/institute is not under any financial debt and have not applied for insolvency.
- is not bankrupt or being wound up, is not having its affairs administered by the courts, has not entered into an arrangement with creditors or suspended business activities, and is not in any analogous situation arising from a similar procedure provided for in national legislation or regulations.
- has not been convicted of an offence concerning its professional conduct by a judgment which has the force of res judicata.
- has met its obligations relating to the payment of social security contributions or taxes under the legislation of the country in which it is established.
- is not guilty of misrepresentation in supplying any information required by the Authorizing Officer or of failing to supply this information.
- the arrangements have made or proposed to be made for the benefit of girl students if the College provides co-education.
- after the College is recognized any transference of Management shall be reported to the SVSU. Any change in the Teaching staff shall be made with the prior approval of the SVSU and that the institution shall faithfully observe the provisions of the Act, Statutes, Ordinances and Regulations of the University or any instructions issued by the Executive Council or on its behalf, from time to time.

Signature _____

Name _____

Designation _____

Dated _____

Name of the Organization _____

OFFICE SEAL