



APPLICATION FOR PROVISIONAL AFFILIATION

To,
The Registrar
Aryabhatta Knowledge University, Patna-1

Sir,q2

I have the honor to apply for the affiliation of _____
(Name of the Institute/College) to the Aryabhatta Knowledge University, Patna for the applicable study/Teaching area with the status of degrees and corresponding disciplines for the session 201_-201_.

1. Applicable study/Teaching Area :(Tick out the relevant area)

- | | | | |
|------------------------------------------------------|---|--------------------------|-----------------|
| A. Courses recognized by AICTE | : | <input type="checkbox"/> | } Form- A to be |
| B. Courses recognized by "Council of Architecture" | : | <input type="checkbox"/> | |
| C. Courses recognized by "Pharmacy Council of India" | : | <input type="checkbox"/> | |
| D. Courses recognized by DCI | : | <input type="checkbox"/> | } Form- B to be |
| E. Courses recognized by MCI | : | <input type="checkbox"/> | |
| F. Courses recognized by UGC | : | <input type="checkbox"/> | } Form- C to be |
| G. Courses recognized by any other body | : | <input type="checkbox"/> | |

2. As referred in (1) the status of degree to be awarded (Tick out the relevant portion)

- (a) Certificate (b) Diploma (c) Degree (d) Post Graduate Degree

3. Disciplines (a) _____ (b) _____ (c) _____ & so on

(a) An Affiliation fee of ` _____ (as prescribed) in the form of Bank Draft payable to "ARYABHATTA KNOWLEDGE UNIVERSITY- AFFILIATION FUND", Patna and

(b) As inspection and processing fee of ` _____ (as prescribed) in the form of Bank Draft payable to "ARYABHATTA KNOWLEDGE UNIVERSITY- INSPECTION CUM PROCESSING FUND", Patna are being enclosed with this application.

Details of both the bank Draft:

Yours Faithfully,

Bank Draft Nos. _____

Signature _____

Date _____

Designation _____

Drawn at bank _____

Full Address _____

Note: (1) Affiliation fee mentioned in (A) is not applicable to Government Institutions.



ARYABHATTA KNOWLEDGE UNIVERSITY
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Phone No: 612-2351919, website: www.akubihar.ac.in

(2) Affiliation fee includes Application fee. In case the Institute/College found not suitable for affiliation, application money will be deducted and the rest will be refunded.

FORM A

Application for Provisional Affiliation of the certificate/Diploma/Graduate/Post Graduate Degree Programmes/Courses in Aryabhatta Knowledge University, Patna for the academic year 201_ - 201_.

INSTITUTIONAL DETAILS :

1. Name of the College Institute :

2. Complete Postal Address :
Including the nearest Rly.
Station and Airport

3. Telephone Number :
Fax :
Email id :
Website :

4. Location of College/Institute with surroundings
East :
West :
North :
South :

5. Information on Establishment of the Institute

- a. Year of Establishment :
- b. Date on which first approval was accorded by AICTE :
- c. Year of commencement of the first batch :

6. AICTE approved discipline and related courses during academic year 201_-201_ for which affiliation is sought. (Approval letter be attached).

Sl.No.	Courses	Year of Approval by AICTE (Give approval ref. No. & Date)	Approved Intake	Actual Number of Students admitted	Status of Accreditation (Yes/No)

7. Approval by state Government (Approval letter be attached)

Sl.No.	Year/Semester	Courses	Date of approval	Approved intake	remarks



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8. Letter no. & Date of previous University Affiliation, if any :

9. Type of Institution : Sate Government/ Government Aided/Self-Financing (Minority)/Self-Financing (Non-Minority)/ Any other (Specify):

10. In case of self-financing Institution

- i. Name :
- ii. Address :
- iii. Phone Number :
- iv. Fax Number :
- v. Email id :
- vi. Website of the Society/Trust :

11. Please enclose the following documents or provide the information:

- A. The Constitution of the Governing Body.(Appended as Annexure)
- B. The Names of the members of the Governing Body.(Appended as Annexure)
- C. Is the Governing Body registered according to AICTE norms? - Yes/No
- D. Certified copies of trust deeds and title deeds of the property (Appended as Annexure)
- E. Provide the fund position of the college/Trust/Society including the reserve Fund, if any, mentioning the A/C nos. and the name of the Banks/Post office(Appended as Annexure)
- F. Means of Financial mobilization :
 1. Contribution of the applicant :
 2. Grants :
 3. Donations :
 4. Equity :
 5. Term loans :
 6. Other sources if any :

12. An undertaking that the foundation society shall, before the institution is granted affiliation, deposit with the university, Endowment Fund of the Institution. (Appended as Annexure)

13. Name and Particulars of the Head of the Institution (Principal/Director):

Name			
Qualifications		Date of Birth	



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Experiences					
STD Code		Phone No.(O)		Fax No.	
STD Code		Phone No.(R)		Fax No.	
E-Mail			Mobile No		

14. Profile of all the existing Teaching Faculty members including Principal/Director in the enclosed Performa. (Also to be submitted as soft copy in the excel sheet provided)

15. Human Resources:

TEACHING FACULTY

i)	Principal (Whether Qualified)	Yes/No (Bio data to be appended as Annexure)
ii)	Faculty Cadre Ratio	Prof. : Associate Prof. : Asstt. Prof.
iii)	Teacher Taught Ratio	1:
iv)	Librarian	Yes/No. Bio Data to be appended as Annexure

16. Non-Teaching technical staff (Enumerate them pose wise, if not included in the list and write yes/No, if according to AICTE directive or not) Append the documentary evidences including the appointments letters as Annexure

16.	1	Computer Programmer	Yes/No
	2	Senior Technical Assistant	Yes/No
	3	Technical Assistant	Yes/No
	4	Lab Attendant	Yes/No
	5	& So on, if any	Yes/No
	6		Yes/No
	7		Yes/No



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17. Non-Teaching administrative staff (Enumerate them post wise, if not included in the list and write Yes/No, if according to AICTE directive or not) Append the documentary evidences including the appointment letters as Annexure

17.	1	Registrar	Yes/No
	2	Training & Placement Officer	Yes/No
	3	Accounts Officer	Yes/No
	4	Office Superintendent	Yes/No
	5	Assistant	Yes/No
	6	Steno	Yes/No
	7	Peon	Yes/No
	8	Chowkidar	Yes/No
	9	Sweeper	Yes/No
	10	Mali	Yes/No
	11	& so on, if any	Yes/No



18. PHYSICAL INFRASTRUCTURE & OTHER FACILITIES/AMENITIES

Infrastructure (Enumerate them infrastructure wise and write Yes/No, if they are according to AICTE directive or not) Documentary evidences in support of each item should be appended as Annexure

18.	1	Total Area as per AICTE norms	Yes/No
	2	Class rooms as per AICTE norms	Yes/No
	3	Tutorial rooms as per AICTE norms	Yes/No
	4	Library as per AICTE norms(Certifies copy of last 5 pages of accession register to be given as annexure)	Yes/No
	5	Fully equipped labs as per AICTE norms(Certified inventories as per stock register and physical availability to be given as annexure)	Yes/No
	6	_____ no of computers with ration to students(if as per AICTE norms or not	Yes/No
	7	Conference hall	Yes/No
	8	Common Room for Boys	Yes/No
	9	Common Room for Girls	Yes/No
	10	Dispensary	Yes/No
	11	Principal Office	Yes/No
	12	Reception office	Yes/No
	13	Main office	Yes/No
	14	Admin Office	Yes/No
	15	Maintenance & Estate Office	Yes/No
	16	Faculty Rooms	Yes/No
	17	Toilets for Staff	Yes/No



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18	Toilets for Boys	Yes/No
19	Toilets for Girls	Yes/No
20	Canteen	Yes/No
21	& More if any	Yes/No

19. Other facilities (Enumerate them other facilities wise and write Yes/No, if they are according to AICTE directive or not) Documentary evidences in support of each item should be appended as annexure.

19.	1	Digital Library	Yes/No
	2	Electrical Generator	Yes/No
	3	Parking	Yes/No
	4	Internet Facility	Yes/No
	5	Communication Lab	Yes/No
	6	All weather Road	Yes/No
	7	Portable Water Supply	Yes/No
	8	Hostel For Boys	Yes/No
	9	Hostel for Girls	Yes/No
	10	Principal Quarter	Yes/No
	11	Staff Quarter	Yes/No
	12	Guest House	Yes/No
	13	Play Ground	Yes/No
	14	Sports	Yes/No
	15	Photocopier	Yes/No
	16	& More if any	Yes/No



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(If Space given is not sufficient to provide the information, us additional papers)

GROUP - B

Application for provisional affiliation of the certificate/diploma/graduate/post graduate degree programmes/ courses in Aryabhatta Knowledge University, Patna for the academic year 201_ - 201_.

INSTITUTIONAL DETAILS

1. Name of the College Institute :
2. Complete Postal Address :
Including the nearest Rly.
Station and Airport
3. Telephone Number :
Fax :
Email id :
Website :
4. Location of College/Institute with surroundings
East :
West :
North :
South :
5. Information on Establishment of the Institute
d. Year of Establishment :
e. Date on which first approval was accorded by MCI/DCI :
f. Year of commencement of the first batch :
6. MCI/DCI approved discipline and related courses during academic year 201_-201_ for which affiliation is sought. (Approval letter be attached).

Sl.No.	Courses	Year of Approval by AICTE (Give approval ref. No. & Date)	Approved Intake	Actual Number of Students admitted	Status of Accreditation (Yes/No)

7. Approval by State Government (Approval letter be attached)

Sl.No.	Year/Semester	Courses	Date of approval	Approved intake	remarks
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8. Letter no. & Date of previous University Affiliation, if any :

9. Type of Institution : Sate Government/ Government Aided/Self-Financing (Minority)/Self-Financing (Non-Minority)/ Any other (Specify):

10. In case of self-financing institution

- i. Name :
- ii. Address :
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- iv. Fax Number :
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- vi. Website of the Society/Trust :

11. Please enclose the following documents or provide the information:

- A. The Constitution of the Governing Body.(Appended as Annexure)
- B. The Names of the members of the Governing Body.(Appended as Annexure)
- C. Is the Governing Body registered according to AICTE norms? - Yes/No
- D. Certified copies of trust deeds and title deeds of the property (Appended as Annexure)
- E. Provide the fund position of the college/Trust/Society including the reserve Fund, if any, mentioning the A/C nos. and the name of the Banks/Post office(Appended as Annexure)
- F. Means of Financial mobilization :
 1. Contribution of the applicant :
 2. Grants :
 3. Donations :
 4. Equity :
 5. Term loans :
 6. Other sources if any :

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13. Name and Particulars of the Head of the Institution (Principal/Director):

Name			
Qualifications		Date of Birth	



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Experiences				
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E-Mail			Mobile No	

14. Profile of all the existing Teaching Faculty members including Principal/Director in the enclosed Performa. (Also to be submitted as soft copy in the excel sheet provided)

15. Human Resources:

TEACHING FACULTY

i)	Principal (Whether Qualified)	Yes/No (Bio data to be appended as Annexure)
ii)	Faculty Cadre Ratio	Prof. : Associate Prof. : Asstt. Prof.
iii)	Teacher Taught Ratio	1:
iv)	Librarian	Yes/No. Bio Data to be appended as Annexure

16. Non-Teaching Technical staff (enumerate them post wise, if not included in the list and write Yes/No, if according to MCI/DCI directive or not) append the documentary evidences including the appointment letters as Annexure

16.	1	ECG Technician	Yes/No
	2	Psychiatric Social Workers	Yes/No
	3	Child Psychologist	Yes/No
	4	Health Educator	Yes/No
	5	Lab Attendants	Yes/No
	6	Social Worker	Yes/No
	7	Refractionist	Yes/No
	8	Audiometry Technician	Yes/No
	9	Speech Therapist	Yes/No
	10	Radiographic Technician	Yes/No
	11	Dark Room Assistant	Yes/No



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	12	Dental Technician	Yes/No
	13	Modelers	Yes/No
	14	Dissection Hall Attendants	Yes/No
	15	& More, if any	Yes/No

17. Non-Teaching administrative staff (Enumerate them post wise, if not included in the list and write Yes/No, if according to MCI/DCI directive or not) Append the documentary evidences including the appointment letters as Annexure

17.	1	Registrar	Yes/No
	2	Training & Placement Officer	Yes/No
	3	Accounts Officer	Yes/No
	4	Office Superintendent	Yes/No
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	6	Steno	Yes/No
	7	Peon	Yes/No
	8	Chowkidar	Yes/No
	9	Sweeper	Yes/No
	10	Mali	Yes/No
	11	& so on, if any	Yes/No

18. PHYSICAL INFRASTRUCTURE & OTHER FACILITIES/AMENITIES

Infrastructure (Enumerate them infrastructure wise and write Yes/No, if they are according to MCI/DCI directive or not) Documentary evidences in support of each item should be appended as Annexure

	1	Total Area as per MCI/DCI norms	Yes/No
	2	Class rooms as per MCI/DCI norms	Yes/No



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18.	3	Tutorial rooms as per MCI/DCI norms	Yes/No
	4	Library as per MCI/DCI norms(Certifies copy of last 5 pages of accession register to be given as annexure)	Yes/No
	5	Fully equipped labs as per MCI/DCI norms(Certified inventories as per stock register and physical availability to be given as annexure)	Yes/No
	6	_____ no of computers with ration to students	Yes/No
	7	Conference hall	Yes/No
	8	Common Room for Boys	Yes/No
	9	Common Room for Girls	Yes/No
	10	Dispensary	Yes/No
	11	Principal Office	Yes/No
	12	Reception office	Yes/No
	13	Main office	Yes/No
	14	Admin Office	Yes/No
	15	Maintenance & Estate Office	Yes/No
	16	Faculty Rooms	Yes/No
	17	Toilets for Staff	Yes/No
	18	Toilets for Boys	Yes/No
	19	Toilets for Girls	Yes/No
	20	Canteen	Yes/No
	21	Animal House	Yes/No
	22	Mortuary	Yes/No



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	23	Cultural and Recreational Centre	Yes/No
	24	Sports Complex	Yes/No
	25	Others (State name of the facility)	Yes/No

19. Other facilities (Enumerate them other facilities wise and write Yes/No, if they are according to MCI/DCI directive or not) Documentary evidences in support of each item should be appended as annexure.

19.	1	Digital Library	Yes/No
	2	Electrical Generator	Yes/No
	3	Parking	Yes/No
	4	Internet Facility	Yes/No
	5	Communication Lab	Yes/No
	6	All weather Road	Yes/No
	7	Portable Water Supply	Yes/No
	8	Hostel For Boys	Yes/No
	9	Hostel for Girls	Yes/No
	10	Principal Quarter	Yes/No
	11	Staff Quarter	Yes/No
	12	Guest House	Yes/No
	13	Play Ground	Yes/No
	14	Sports	Yes/No
	15	Photocopier	Yes/No
	16	& More if any	Yes/No

(If Space given is not sufficient to provide the information, us additional papers)

20. Name and Address of the Existing Hospital :



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21. Profile of category wise staff manning the hospital, administrative, other ancillary and support services including the head of existing hospital.(In detail with documentary evidence as annexure including the appointment letter)

22.

22.	1	Bed Strength(Whether according to MCI/DCI norms)	Yes/No
	2	Bed Distribution(Whether according to MCI/DCI norms)	Yes/No
	3	Bed Occupancy(Whether according to MCI/DCI norms)	Yes/No
	4	Whether norm of 5 in patients per student would be fulfilled	Yes/No
	5	Clinical and para clinical disciplines(whether according to MCI/DCI norms)	Yes/No
	6	OPDs department wise(whether according to MCI/DCI norms)	Yes/No
	7	Architectural and lay out plans(whether according to MCI/DCI Norms)	Yes/No
	8	Medical and allied equipment's(provide the list in a separate sheet)(whether according to MCI/DCI norms)	Yes/No
	9	Engineering services(whether according to MCI/DCI norms)	Yes/No



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GROUP- C

Application for provisional affiliation of the Certificate/Diploma/Graduate/Post Graduate Degree Programmes/Courses in Aryabhatta Knowledge University, Patna for the academic year 201_ - 201_

INSTITUTIONAL DETAILS :

1. Name of the College Institute :

2. Complete Postal Address :

Including the nearest Rly.

Station and Airport

3. Telephone Number :

Fax :

Email id :

Website :

4. Location of College/Institute with surroundings

East :

West :

North :

South :

5. Information on Establishment of the Institute

a. Year of Establishment :

b. Date on which first approval was accorded by any Authorized body, if any (if Yes, then information to Be provided in item column 6) :

c. Year of commencement of the first batch :

6. If approval is accorded by some authorized agency for the courses mentioned above during academic year 201_ - 201_ for which affiliation is sought. (Approval letter be attached).

Sl.No.	Courses	Year of Approval by authorized agency (Give approval ref. No. & Date)	Approved Intake	Actual Number of Students admitted	Status of Accreditation (Yes/No)
--------	---------	--------------------------------------------------------------------------	-----------------	------------------------------------	----------------------------------



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7. Approval by state Government (Approval letter be attached)

Sl.No.	Year/Semester	Courses	Date of approval	Approved intake	remarks

8. Letter No. & Date of previous University Affiliation, if any :

9. Type of Institution : Sate Government/ Government Aided/Self-Financing (Minority)/Self-Financing (Non-Minority)/ Any other (Specify):

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13. Name and Particulars of the Head of the Institution (Principal/Director):

Name				
Qualifications			Date of Birth	
Experiences				
STD Code		Phone No.(O)		Fax No.
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iii)	Teacher Taught Ratio	I:
iv)	Librarian	Yes/No. Bio Data to be appended as Annexure

Non-Teaching technical staff (Enumerate them pose wise, if not included in the list and write yes/No, if according to prescribed norm or not) Append the documentary evidences including the appointments letters as Annexure

16.	1	Computer Programmer	Yes/No
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Infrastructure (Enumerate them infrastructure wise and write Yes/No, if they are according to AICTE directive or not) Documentary evidences in support of each item should be appended as Annexure

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	2	Class rooms as per norms	Yes/No



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18.	3	Tutorial rooms as per norms	Yes/No
	4	Library as per norms(Certifies copy of last 5 pages of accession register to be given as annexure)	Yes/No
18.	5	Fully equipped labs as per norms(Certified inventories as per stock register and physical availability to be given as annexure)	Yes/No
	6	_____ no of computers with ration to students(if as per norms or not)	Yes/No
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19. Other facilities (Enumerate them other facilities wise and write Yes/No, if they are according to norms or not) Documentary evidences in support of each item should be appended as annexure.

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	11	Staff Quarter	Yes/No
	12	Guest House	Yes/No
	13	Play Ground	Yes/No
	14	Sports	Yes/No
	15	Photocopier	Yes/No
	16	& More if any	Yes/No

(If Space given is not sufficient to provide the information, us additional papers)



ARYABHATA KNOWLEDGE UNIVERSITY
(Established by Government of Bihar, Under Bihar Act 24, 2008)
Chanakya National Law University Campus, Near Mithapur Bus Stand, Patna-800 001
Phone No: 612-2351919, website: www.akubihar.ac.in

Aryabhata Knowledge University