



## महर्षि दयानन्द सरस्वती विश्वविद्यालय, अजमेर

क्रमांक:एफ.14( )शैक्ष.॥/मदसविवि/2018/ 129

दिनांक: 19.07.18

प्राचार्य,  
म.द.स. विश्वविद्यालय, अजमेर से  
सम्बद्धता प्राप्त समस्त बी.एड./बी.ए.बी.एड.,  
बी.एससी.बी.एड. व बी०पी०एड महाविद्यालय।

**विषय :-सत्र 2018-2019 के लिए बी.एड./ बी.ए. बी.एड./ बी.एससी. बी.एड. /बी०पी०एड  
पाठ्यक्रमों अस्थाई सम्बद्धता वृद्धि के लिए दिनांक 08 व 09 अगस्त 2018 को द्वितीय  
शिविर आयोजन बाबत्।**

महोदय/महोदया,

उपरोक्त विषयांतर्गत एवं संदर्भित पत्र के क्रम में आदेशानुसार सूचित कर लेख है कि विश्वविद्यालय में सत्र 2018-2019 में बी.एड./बी.ए. बी.एड./बी.एससी. बी.एड./बी०पी०एड पाठ्यक्रमों की अस्थायी सम्बद्धता वृद्धि/नवीन अस्थायी सम्बद्धता हेतु द्वितीय शिविर दिनांक 08 व 09 अगस्त 2018 को विश्वविद्यालय के बृहस्पति भवन (विद्या परिषद कक्ष) में आयोजित किया जायेगा।

अतः जो महाविद्यालय प्रथम शिविर में मूल दस्तावेज प्रस्तुत नहीं कर सके ऐसे महाविद्यालय सत्र 2018-2019 के लिए बी.एड./बी.ए. बी.एड./बी.एससी. बी.एड./बी०पी०एड पाठ्यक्रमों के लिए राष्ट्रीय अध्यापक शिक्षा परिषद (विनियम मानदण्ड तथा क्रियाविधि) (संशोधन) विनियम, 2017 के प्रावधानानुसार नियुक्त प्राचार्य एवं शिक्षकों के मूल शैक्षणिक दस्तावेज, आई.डी. के सम्बन्ध में आधार कार्ड/पैन कार्ड, निर्धारित मानदण्डानुसार पुस्तकों के क्रय के बिलों व परिग्रहण पंजिका तथा इन दस्तावेजों की सत्यापित प्रतियों की फाईल तथा प्राचार्य एवं शिक्षकों के सत्र 2018-2019 में सम्बन्धित महाविद्यालय के अतिरिक्त अन्य महाविद्यालय में नियुक्त व कार्यरत नहीं होने बाबत् नॉन ज्यूडिशियल स्टाम्प पेपर पर मय फोटो हिन्दी व अंग्रेजी में हस्ताक्षरित नोटरी द्वारा सत्यापित मूल शपथ पत्र के साथ विश्वविद्यालय में दिनांक 08 व 09 अगस्त 2018 को दिये गये समय सारणी के अनुसार आयोजित शिविर में उपस्थित होकर संलग्न प्रोफार्मा 1 से 6 में प्रस्तुत करें। जिससे कि महाविद्यालय को सत्र 2018-2019 की अस्थायी सम्बद्धता वृद्धि/नवीन अस्थायी सम्बद्धता शीघ्र प्रदान की जा सके। संलग्न प्रोफार्मा को [mdsubedcamp19@gmail.com](mailto:mdsubedcamp19@gmail.com) पर भी मेल करें।

| क्र०सं० | जिले का नाम | दिनांक     | समय            |
|---------|-------------|------------|----------------|
| 1       | अजमेर ,     | 08.08.2018 | 10.30 से 12.00 |
| 2       | टोंक        | 08.08.2018 | 12.00 से 04.30 |
| 3       | भीलवाड़ा    | 09.08.2018 | 10.30 से 12.00 |
| 4       | नागौर       | 09.08.2018 | 12.00 से 04.30 |

निर्देशानुसार यह भी सूचित किया जाता है कि जो महाविद्यालय उपर्युक्त दस्तावेज निर्धारित अवधि में प्रस्तुत नहीं करेंगे उन महाविद्यालयों के विरुद्ध सम्बद्धता वापसी की कार्यवाही की जा सकती है। जिसके लिए संबंधित महाविद्यालय प्रशासन ही उत्तरदायी होगा।

भवदीय,  
हस्ता०/—  
उपकुलसचिव (शैक्ष.।।)

## LIST OF DOCUMENTS REGARDING FOR AFFILIATION FOR 2018-19

1. Name of College : \_\_\_\_\_
2. College Code : \_\_\_\_\_
3. Type of College : \_\_\_\_\_

| S.No. | Particulars  | Tick<br>(Yes/No) |
|-------|--|------------------|
| 1.    | Application form   |                  |
| 2.    | Receipts for deposit of affiliation fee  |                  |
| 3.    | संस्था का पंजीकरण पत्र (Society Registration Letter)   |                  |
| 4.    | विधान की प्रति   |                  |
| 5.    | NOC from State Government  |                  |
| 6.    | NOC from NCTE in case of B.Ed./B.A. B.Ed./M.Ed.  |                  |
| 7.    | Land Registration No.  |                  |
| 8.    | Khasra No. and Map   |                  |
| 9.    | Land Use Certificate   |                  |
| 10.   | Rent Details if College is being run in a rental premises but not more than a period of five years |                  |
| 11.   | Water Bill   |                  |
| 12.   | Electricity Bill   |                  |
| 13.   | Telephone Bill   |                  |
| 14.   | Internet Connection Proof  |                  |
| 15.   | <b>Staff:</b><br>Principal   |                  |
|       | Teachers   |                  |
| 16.   | Supportive Staff   |                  |
| 17.   | Institute's Bank Statement of last Six months  |                  |
| 18.   | Copy of affiliation order previous year  |                  |
| 19.   | College Photograph/videos in CD  |                  |
| 20.   | Affidavit and I.D.   |                  |
| 21.   | Library books as NCTE Norms  |                  |

Place:

Dated:

Signature of Applicant  
(or Authorized Signatory)

**DECLARATION**

On behalf of the \_\_\_\_\_ (name of Trust/Society,  
I/We \_\_\_\_\_ son/ daughter of \_\_\_\_\_  
r/o \_\_\_\_\_ do hereby declare that the particulars  
furnished above in the application for grant of fresh affiliation/Extension of Provisionally affiliation/ to  
\_\_\_\_\_ (name of college/ institution ) are correct to the best of my  
knowledge and belief and that I am prepared to accept any penalty, if any of the particulars furnished is  
found to be false or misleading. I/ We also declare that I/We shall abide by the conditions, rules and  
regulatory measures imposed by the M.D.S. University, Ajmer/Govt. of Rajasthan/UGC from time to time  
for granting permission/ affiliation to establish and run this college/ institution and maintain the academic  
standards. I/We further declare that the Trust/Society/ College will be falling under the Right to  
Information Act, 2005, as applicable.

Place:

Dated:

Signature of Applicant  
(or Authorized Signatory)

Witness

Name & address

Signature

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

(To be submitted alongwith the application forms on a non-judicial stamp paper of Rs.100/- duly attested by Notary Public)

**UNDERTAKING**

I/We \_\_\_\_\_ son/daughter of \_\_\_\_\_  
R/o \_\_\_\_\_ (Complete address) do hereby undertake  
and declare as under:

- a) That I/We will adhere to the rules and regulations framed by M.D.S. University, Ajmer for admissions, management, academic standards or any other matter helping in maintaining the quality standard of education in this respect.
- b) That I/We will abide by the guidelines of the UGC/Government of Rajasthan/NCTE/ M.D.S. University, Ajmer regarding the establishment of new College.
- c) That I/We will abide by the Government of Rajasthan / M.D.S. University, Ajmer directions issued from time to time regarding the admission procedure, fee chargeable from the students or any other matter in this regard.
- d) That I/We will abide by the Government rules regarding obtaining necessary approval for constructing buildings and abide by the guidelines of Government.
- e) That I/We will abide by directions of the M.D.S. University, Ajmer to provide necessary record of the College to the Inspection Team of the time of scheduled/surprise inspections/visit.
- f) That I/We will abide by UGC/ M.D.S. University, Ajmer/Government of Rajasthan directions from time to time regarding the recruitment/selection of faculty/staff or any other matter in this regard.
- g) That I/We will abide by the Government of Rajasthan/UGC Rules and regulations regarding welfare of employees/labour such as ESI, EPF, Minimum wages etc.
- h) That I/We will abide by the provisions of Right to information Act, 2005 , as applicable
- i) That I/We will abide by the provisions with respect to revision of fee structure/charges and other terms and conditions related to affiliation rules and regulations of this college by State Govt./University, at any time, without any prior notice.
- j) All the faculties members recruited should be duly certified and recognized by the M.D.S. University, Ajmer. The details are given in the formate.

Place:

Dated:

Signature of Applicant  
(or Authorized Signatory)

# FORMAT FOR PARTICULARS OF STAFF OF BE SUBMITTED TO THE UNIVERSITY

FORM NO.4

## PARTICULAR OF STAFF

Session.....

Name and address of the Institution.....

Courses.....

| DETAILS OF PRINCIPAL & TEACHING STAFF (AS PER UGC /NCTE NORMS) |                      |             |   |                            |             |                                |                                |                        |  |                     |   |               |                                       |   |  |                                     |             |                         |         |
|--|----------------------|-------------|---|----------------------------|-------------|--------------------------------|--------------------------------|------------------------|--|---------------------|---|---------------|---------------------------------------|---|--|-------------------------------------|-------------|-------------------------|---------|
| S.No.  | Name & Date of Birth | Aadhaar No. | Attested Photographs of the Appointed Staff | CATEGORY (SC/ST/OBC/OTHER) | Designation | B.Ed. Yes/No If Yes % of Marks | M.Ed. Yes/No If Yes % of Marks | M.A.(Education) Yes/No | Master's Degree in school subjects If yes % of Marks | Subject of Teaching | Ph.D (Yes/No) (Edu/specify the subject) | M.Phil Yes/No | Passed UGC NET or equivalent (Yes/No) | Teaching Experience in Recognized College (Enclose Experience Certificate issued by the Principal | Date of Joining Date of Initial Appointment as UGC Norms | Appointment mode Regular/ Part Time | Salary P.M. | Bank Name & Account No. | REMARKS |
| 1  | 2                    | 3           | 4   | 5                          | 6           | 7                              | 8                              | 9                      | 10   | 11                  | 12                                      | 13            | 14                                    | 15  | 16   | 17                                  | 18          | 19                      | 20      |
|  |                      |             |   |                            |             |                                |                                |                        |  |                     |   |               |                                       |   |  |                                     |             |                         |         |
|  |                      |             |   |                            |             |                                |                                |                        |  |                     |   |               |                                       |   |  |                                     |             |                         |         |

Date:-----

Note: 1. Use Photo copy of the above format in case of more than two entries .

Note:2 The institutions shall submit the above list as per the provisions of UGC/NCTE Regulations in force indicating qualification, percentage of marks, teaching experience etc. with attested copy of professional qualification & experience certificate and attested photographs of staff duly countersigned by the competent authority of the affiliating or endorsement of the same by submitting a written approval of the competent authority of the affiliating body as per the above format.

**Name & Signature of the  
Authorized Representative of the Institution**

# FORMAT FOR PARTICULARS OF STAFF OF BE SUBMITTED TO THE UNIVERSITY

FORM NO.5

## PARTICULAR OF STAFF

Session.....

Name and address of the Institution.....

Courses.....

### DETAILS OF NON TEACHING STAFF

| S.No. | Name & Date of Birth | Aadhaar No. | Home District | Attested Photographs of the Appointed Staff | CATEGORY (SC/ST/OBC/OTHER) | Qualification | Designation | Appointment Mode | Salary P.M. | Date of Joining | REMARKS |
|-------|----------------------|-------------|---------------|---|----------------------------|---------------|-------------|------------------|-------------|-----------------|---------|
| 1     | 2                    | 3           | 4             | 5   | 6                          | 7             | 8           | 9                | 10          | 11              | 12      |
|       |                      |             |               |   |                            |               |             |                  |             |                 |         |
|       |                      |             |               |   |                            |               |             |                  |             |                 |         |

The above appointments have been made on the basis of recommendations of the Selection Committee constituted as per the policy of the UGC the University/Affiliating Body.

Date:-----

Note: 1. Use Photo copy of the above format in case of more than two entries .

Note:2 The institutions shall submit the above list as per the provisions of UGC/NCTE Regulations in force indicating qualification, percentage of marks, teaching experience etc. with attested copy of professional qualification & experience certificate and attested photographs of staff duly countersigned by the competent authority of the affiliating or endorsement of the same by submitting a written approval of the competent authority of the affiliating body as per the above format.

**Name & Signature of the  
Authorized Representative of the Institution**

# DETAILS OF LAND AND BUILDING

FORM NO.6

Session.....

Name and address of the Institution.....

Courses.....

| DETAILS OF PRINCIPAL & TEACHING STAFF (AS PER UGC /NCTE NORMS) |  |                                  |  |   |                              |   |  |   |                           |  |                                      |  |                         |                          |                      |                                    |  |  |                               |                                    |                        |
|--|--|----------------------------------|--|---|------------------------------|---|--|---|---------------------------|--|--------------------------------------|--|-------------------------|--------------------------|----------------------|------------------------------------|--|--|-------------------------------|------------------------------------|------------------------|
| S.No.  | Name of the society/trust i.e. Management of the institution | PAN/TAN No. of the society/trust | Whether society sponsoring the institution has transfer and vest the title of the land and building in the name of the institution | Location with khata/khasra/street No./ ward No. name of the place corporation/Municipality/ Panchayat | Date of Registration of land | Registered in the office of Sub-Registrar/ Tehsildar with address | The location of the land of the institution is not in a single plot or different plots | If the location of the land of the institution is not in a single plot the distance of different plots be mention | Type of ownership of land | Building Plan approved by (address of Corporation/Municipality/Panchayat/any other Govt. Agency. | Year of Construction of the Building | Purpose for which the building is being used/proposed to be used | Electric Connection No. | Telephone Connection No. | Water connection No. | Total land area of the institution | Total built up area of the institution | Details of construction of building (Roofing-pl. mention RCC/ Asbestos/Tiled/any other pl. Specify | No. of floors in the building | No. of Class Rooms in the building | No. of Students chairs |
| 1  | 2  | 3                                | 4  | 5   | 6                            | 7   | 8  | 9   | 10                        | 11   | 12                                   | 13   | 14                      | 15                       | 16                   | 17                                 | 18                                     | 19   | 20                            | 21                                 | 22                     |
|  |  |                                  |  |   |                              |   |  |   |                           |  |                                      |  |                         |                          |                      |                                    |  |  |                               |                                    |                        |
|  |  |                                  |  |   |                              |   |  |   |                           |  |                                      |  |                         |                          |                      |                                    |  |  |                               |                                    |                        |

Date:-----

Note: 1. Use Photo copy of the above format in case of more than two entries .

**Name & Signature of the  
Authorized Representative of the Institution**

