

APPLICATION FOR THE EXTENSION OF APPROVAL OF
EXISTING COLLEGES IN THE STATE
FOR THE YEAR 2018-2019

1. Name of the Trust/Society/Governing body :
2. Address with Pin Code :
3. Telephone No. :
4. Fax No. :
5. E-mail ID :
6. Name and Address with Phone No. of Authorized Signatories:

1.
2.

7. Name of the Institution :
8. Address with Pin code :
9. Telephone No. :
10. Fax No. :
11. E-mail ID :

12. Name and Address with Phone No. of Authorized Signatories:

1.
2.

13. Existing Courses :
- Programme: B.Tech/M. Tech/MBA/MCA/B.Arch/BHMCT

Course	Intake	Number and date of AICTE Approval (Latest)	Govt. Approval for all courses (Copies to be attached)	University Affiliation for all courses. (Copies to be attached)

14. University of Affiliation :
15. Extend of land in Acres :

Signature with Date and Seal

RESULT ANALYSIS

(For all Semesters (Last Published))

Sl. No.	Semester	Branch	Month of Examination	No. of Students appeared	No. of students with full pass	Percentage of full pass
1						
2						
3						
4						
5						
6						
7						
8						

PRINCIPAL
(Signature & Seal)

(IN NON JUDICIAL STAMP PAPER)

Rs 200/-

(LETTER OF UNDERTAKING)

Dated _____

I _____ (name) _____

S/o. _____ (Designation & Address)

and authorized signatory for the management of
_____ (Name & Address of the Institute)

_____ (managed by _____ (Name of
Trust/Society) _____) do hereby agree for and on behalf

of the Management of the College, that we will abide by the terms and
conditions issued from time to time by the Government for running self
financing institutions, in the state and also to execute the agreement with
the Government in the said format.

For and on behalf of the Management

(Name of the Institute)

Date

(Name and Address of authorized Signatory with Seal)

(Seal)