



# SATAVAHANA UNIVERSITY KARIMNAGAR

**Application for Annual Affiliation Inspection (Proforma) for the academic year 2018-19**  
(You are requested to examine all the details and furnish the information very scrupulously. You may note that this information shall be circulated if required by Higher Education, Govt. of Telangana or any one under RTI (Right to Information Act) - 2005)  
(Use Separate Application for UG and PG Courses)

## 1. General Information

|   |                                  |
|---|----------------------------------|
| Name of the College (As per State Council of Higher Education Orders) with College Code                   |                                  |
| Year of Establishment (As per State Council of Higher Education Orders)                                   |                                  |
| Address , E-Mail and Website (Mandatory) of the College (As per State Council of Higher Education Orders) |                                  |
| Name of the Secretary/Correspondent   |                                  |
| Phone No. with STD Code and Mobile No.  |                                  |
| Courses offered by the College  | Only UG Courses/ UG & PG Courses |
| Status of the College   | Women's/Co-Education             |
| Location of the College Building (as per certificate issued by MRO/Tahasildhar)                           | Urban/Rural/Tribal               |

## 2. Society Particulars

|  |  |
|--|--|
| Name of the Sponsoring Society                               |  |
| Registration No. and Year of the Registration of the Society |  |
| Address of the Society                                       |  |

## 3. Corpus fund Details

| Installment | Amount | Period | FDR/BG No. | Date | Name of the Issuing Bank | Date of Maturity | Date of Renewal |
|-------------|--------|--------|------------|------|--------------------------|------------------|-----------------|
| FIRST       |        |        |            |      |                          |                  |                 |
| SECOND      |        |        |            |      |                          |                  |                 |
| THIRD       |        |        |            |      |                          |                  |                 |

Name and Signature of the Secretary/Correspondent with stamp

#### 4. Own Land Particulars

|   |        |
|---|--------|
| Extent of the own land (2 acres for upto 1000 strength; 4 acres for above 1000 strength)                                  |        |
| Date of Registration  |        |
| Distance from the College Building  |        |
| Whether registered in the name of the Society represented by the Secretary/Member (not in any individual's name)          |        |
| Whether the representative's name is in the list of members of the Society  |        |
| Location of the Land Within Same mandal (for rural areas <b>or</b> within 20 km and in same District (for municipalities) |        |
| Whether the entire land is single bit or not  |        |
| Sketch plan of the land certified by MRO/Tahasildar   | Yes/No |
| Whether schedule of property tallied with the schedule mentioned in the Registered Sale Deed?                             | Yes/No |

#### 5. Building Particulars:

a)

|   |                           |
|---|---------------------------|
| Status of the College Building  | Own/Leased                |
| <i>OWN</i>  | <i>LEASED</i>             |
| Whether registered in the name of society (Furnish the details)                     | Lessor's Name             |
|   | Lessee's Name             |
|   | Date of Registration      |
|   | Lease Period From:<br>To: |
| Total Plinth Area of the College (As per Registered Ownership/Lease Deed documents) |                           |
| Total Carpet Area   |                           |

Name and Signature of the Secretary/Correspondent with stamp

b)

|   |        |
|---|--------|
| Whether located in Rural/Tribal area  | Yes/No |
| If yes, whether certificate issued by MRO/Tahasildhar of the concerned mandal is enclosed                                 | Yes/No |
| Whether registered in the name of the Society represented by the Secretary/Member ( <b>not in any individual's name</b> ) |        |
| Whether the Building Plan approved by concerned authority (Panchayat/Municipality)  | Yes/No |
| Whether the Building Working plan attested by the Principal, Govt. Degree College   | Yes/No |

c)

|  |        |
|--|--------|
| Total No.of buildings available in the College   |        |
| Whether all the above buildings are in the same campus                                   | Yes/No |
| If Not, approximate distance between the main campus buildings and those located outside |        |

d)

|   |        |
|---|--------|
| Whether the Campus and its surroundings provide conducive atmosphere for a college? | Yes/No |
|---|--------|

e)

|  |        |
|--|--------|
| Whether the College locating near Arrack Shops or Bars, in Heavy Business Localities or Residential Flats or in any other undesirable location which is not fit for academic purposes<br><b>Note: The College should not be located within 100mts from a Bar/Liquor shop</b> | Yes/No |
| Photographs of the College Building(s) (Class rooms/Laboratories etc..) should be enclosed   |        |

f)

|   |        |
|---|--------|
| Whether the Degree College is within the premises of any other existing educational institution | Yes/No |
| <b>If YES, furnish following particulars</b>  |        |
| Status of the existing institution  |        |

## 6. Registers

|                      |   |
|----------------------|---|
| Admission            | Maintained/Not Maintained properly/Not Maintained |
| Students Attendance  | Maintained/Not Maintained properly/Not Maintained |
| Staff Attendance     | Maintained/Not Maintained properly/Not Maintained |
| Salaries Acquittance | Maintained/Not Maintained properly/Not Maintained |
| Stock (Furniture)    | Maintained/Not Maintained properly/Not Maintained |
| Stock (Laboratory)   | Maintained/Not Maintained properly/Not Maintained |

**Name and Signature of the Secretary/Correspondent with stamp**

**7. Details of the All UG Courses/ PG Courses**

| S.No. | Course/Combination | Medium | Courses sanctioned year by State Council of Higher Education (Enclose the order copies) | State Council order No. | Date |
|-------|--------------------|--------|---|-------------------------|------|
| 1     |                    |        |   |                         |      |
| 2     |                    |        |   |                         |      |
| 3     |                    |        |   |                         |      |
| 4     |                    |        |   |                         |      |
| 5     |                    |        |   |                         |      |
| 6     |                    |        |   |                         |      |
| 7     |                    |        |   |                         |      |
| 8     |                    |        |   |                         |      |
| 9     |                    |        |   |                         |      |
| 10    |                    |        |   |                         |      |
| 11    |                    |        |   |                         |      |
| 12    |                    |        |   |                         |      |
| 13    |                    |        |   |                         |      |
| 14    |                    |        |   |                         |      |
| 15    |                    |        |   |                         |      |
| 16    |                    |        |   |                         |      |
| 17    |                    |        |   |                         |      |

**8. Library:** Availability of Qualified Librarian: Yes/No

If Yes, Name & Qualification:

Library Accession Register : Available/Not Available

| <b>Total No.of Books ( )</b>                       |         |          |             |
|--|---------|----------|-------------|
| Titles   | Volumes | Journals | Periodicals |
|  |         |          |             |
| <b>No.of Books Added during the year 2017-2018</b> |         |          |             |
| Titles   | Volumes | Journals | Periodicals |
|  |         |          |             |
| Amount spent during the academic year 2017-2018:   |         |          |             |

Name and Signature of the Secretary/Correspondent with stamp

**9. Building Accommodation particulars (Use a Separate sheet, if required along with map)(for each class room and laboratory should have 600 S.Fts)**

| S.No.                    | Particulars of Accommodation<br>(Class Room/Lab/Etc.) | Required<br>(Carpet Area in<br>S.Ft.) | Provided<br>(Carpet Area<br>in S.Ft.) | Type of Roof |
|--------------------------|---|---------------------------------------|---------------------------------------|--------------|
| 1                        |   | 600 sft                               |                                       |              |
| 2                        |   | 600 sft                               |                                       |              |
| 3                        |   | 600 sft                               |                                       |              |
| 4                        |   | 600 sft                               |                                       |              |
| 5                        |   | 600 sft                               |                                       |              |
| 6                        |   | 600 sft                               |                                       |              |
| 7                        |   | 600 sft                               |                                       |              |
| 8                        |   | 600 sft                               |                                       |              |
| 9                        |   | 600 sft                               |                                       |              |
| 10                       |   | 600 sft                               |                                       |              |
| 11                       |   | 600 sft                               |                                       |              |
| 12                       |   | 600 sft                               |                                       |              |
| 13                       |   | 600 sft                               |                                       |              |
| 14                       |   | 600 sft                               |                                       |              |
| 15                       |   | 600 sft                               |                                       |              |
| 16                       |   | 600 sft                               |                                       |              |
| 17                       |   | 600 sft                               |                                       |              |
| 18                       |   | 600 sft                               |                                       |              |
| 19                       |   | 600 sft                               |                                       |              |
| 20                       |   | 600 sft                               |                                       |              |
| 21                       |   | 600 sft                               |                                       |              |
| 22                       |   | 600 sft                               |                                       |              |
| 23                       |   | 600 sft                               |                                       |              |
| 24                       |   | 600 sft                               |                                       |              |
| 25                       |   | 600 sft                               |                                       |              |
| 26                       |   | 600 sft                               |                                       |              |
| 27                       | Seminar Hall (For PG Courses)                         |                                       |                                       |              |
| <b>Total Carpet Area</b> |   |                                       |                                       |              |

**Name and Signature of the Secretary/Correspondent with stamp**

## 10. Common facilities:

|                          |                                  |     |  |  |
|--------------------------|----------------------------------|-----|--|--|
| 1                        | English Language Lab (mandatory) | 600 |  |  |
| 2                        | Library & Reading Room           | 600 |  |  |
| 3                        | Principal's Room                 | 200 |  |  |
| 4                        | Staff Room                       | 300 |  |  |
| 5                        | Office Room                      | 300 |  |  |
| 6                        | Ladies Waiting Room              | 200 |  |  |
| 7                        | Games Room                       | 200 |  |  |
| 8                        | Toilets                          | 200 |  |  |
| <b>Total Carpet Area</b> |                                  |     |  |  |

### Note:

|  |                    |
|--|--------------------|
| <b>Class rooms required (UG)</b>               |                    |
| Other than lab courses                         | 3 for each section |
| For lab courses                                | 2 for each section |
| <b>Labs required (UG)</b>                      |                    |
| 1 lab for each subject in one/two combinations |                    |

## 11. Details of Faculty Members

a) Name of the Principal:

Qualification:

Total Experience:

Length of Service with the present College:

| Subject | Total No. of Faculty available | No. of Qualified Teachers | Whether Ratified Yes/No | Mode of Appointment             | Nature of Appointment      | Mode of payment of Salary  |
|---------|--------------------------------|---------------------------|-------------------------|---------------------------------|----------------------------|----------------------------|
|         |                                |                           |                         | Selection Committee/ Management | Permanent/ Temp./Part-time | Cheque/ Cash/ Bank Account |

Name and Signature of the Secretary/Correspondent with stamp

b. (Use a Separate sheet, if required)

| S.No. | Name of the Faculty Member along with Aadhar card number | Subject | Qualifications | Total Experience | Mode of Appointment | Photograph of the faculty |
|-------|--|---------|----------------|------------------|---------------------|---------------------------|
| 1     |  |         |                |                  |                     |                           |
| 2     |  |         |                |                  |                     |                           |
| 3     |  |         |                |                  |                     |                           |
| 4     |  |         |                |                  |                     |                           |
| 5     |  |         |                |                  |                     |                           |
| 6     |  |         |                |                  |                     |                           |
| 7     |  |         |                |                  |                     |                           |
| 8     |  |         |                |                  |                     |                           |
| 9     |  |         |                |                  |                     |                           |
| 10    |  |         |                |                  |                     |                           |
| 11    |  |         |                |                  |                     |                           |
| 12    |  |         |                |                  |                     |                           |
| 13    |  |         |                |                  |                     |                           |
| 14    |  |         |                |                  |                     |                           |
| 15    |  |         |                |                  |                     |                           |
| 16    |  |         |                |                  |                     |                           |

**12. Details of Laboratory Assistants/Lab.Attenders/Physical Directors/Ministerial Staff:**  
(Enclose a copy of the list with name and qualifications of the concerned staff)

| No.of Lab Assistants | No.of Lab Attenders | No.of Physical Directors | Ministerial Staff |          |        |
|----------------------|---------------------|--------------------------|-------------------|----------|--------|
|                      |                     |                          | Administrative    | Academic | Others |
|                      |                     |                          |                   |          |        |

**13. Co-ordinators particulars**

|  |  |
|--|--|
| Name of the Academic Co-Ordinator, Mobile Number & E-Mail ID   |  |
| Name of the Examination Co-Ordinator Mobile Number & E-Mail ID |  |
| Name of the NSS Co-Ordinator, Mobile Number & Email-ID         |  |
| Name of the NCC I/c. Officer, Mobile Number & Email-ID         |  |

Name and Signature of the Secretary/Correspondent with stamp





**DECLARATION**

On behalf of the \_\_\_\_\_(Name of the Trust/Society), I \_\_\_\_\_ Secretary / Correspondent do hereby declare that the particulars furnished above in the application for grant/extension of Temporary Affiliation to \_\_\_\_\_ (Name of the College) for the academic year 2018-2019 are correct to the best of my knowledge and belief and that I am prepared to accept any penalty or de-affiliation, if any of the particulars furnished is found to be false or misleading. I also declare that I shall abide by the conditions, rules and regulatory measures imposed by the University/TSCHE/Govt.of Telangana/UGC from time to time for granting/extending affiliation to run this college and to maintain the academic standards. I further declare that the Society/ College will respond to applications under the Right to Information Act, 2005.

**Place:**

**Date:**

**Signature of the Secretary/Correspondent**

**Witness**

Name & Address

Signature

1.

2.



**SATAVAHANA UNIVERSITY**  
**KARIMNAGAR**  
CHECK-LIST

| S.No. | List of Enclosures   | Page numbers |
|-------|--|--------------|
| 1     | a) State Council order to start Degree College/PG courses  |              |
|       | b) orders from the Government / State Council for change of college name, change of society and shifting of the college from one place to another place (if applicable)                                    |              |
| 2     | Rural/Tribal Certificate in respect of the area where the college is located, issued by the MRO/Tahasildhar  |              |
| 3     | Certificate of Registration of Sponsoring Society under Societies Act along with constitution and bye-laws of the Educational Society mentioning the duties of the Members of the Society and their powers |              |
| 4     | Corpus fund details  |              |
| 5     | The Registered ownership document in respect of land possessed by the Management in the name of the Society for the proposed college   |              |
| 6     | Sketch plan of the land drawn by licensed surveyor and certified by the Concerned MRO/Tahasildhar  |              |
| 7     | Building ownership documents/lease deed documents  |              |
| 8     | <b>Building Plans</b>  |              |
|       | i) The building plan along with permission letter approved by the authorities of Municipality/Corporation/Gram panchayat for construction of the building of college                                       |              |
|       | ii) The Building plan drawn to scale by a licensed architect and certified by the principal of a nearby Government Degree College  |              |
| 9     | Photographs of the college building certified by the Principal nearby Government Degree College.   |              |
| 10    | Sanctioned orders of UG/PG Courses from the State Council from time to time  |              |
| 11    | Subject wise Books list (detailed)   |              |
| 12    | Accurate Accommodation (Class Rooms/Laboratories/Common facilities) particulars along with Building map (provide as per S.No. 9 & 10)  |              |
| 13    | Faculty details (Teaching / Co-Ordinators/Non-Teaching) particulars along with photographs and Aadhar card numbers   |              |
| 14    | Lab Equipment (Provide subject-wise detailed information)  |              |
| 15    | Evidence for providing of Biometric Attendance System, CC cameras and uploaded AISHE report  |              |
| 16    | Sanitary Certificate in respect of the college building issued by the competent authority  |              |
| 17    | Fire Safety Certificate /Structural soundness certificate from concerned departments   |              |
| 18    | Documentary evidence for parking area/play ground  |              |

Signature of the Secretary/Correspondent along with seal