

# **JIWAJI UNIVERSITY, GWALIOR**



Form for Extension  
Of  
Affiliation of  
(B.Ed.) (M.Ed.) (B.A.-B.Ed.) (B.Sc.-B.Ed.)  
(B.Ed.-M.Ed.)  
&  
(B.P.Ed.) (M.P.Ed.) College  
**(SESSION-2023-24)**

Note: The Education colleges are required to submit the form in duplicate one hard copy and one C.D. with supporting documents to the University. In the absence of this document inspection will not be carried out

<b><u>I. GENERAL</u></b>	
a) Name of College with Address	
b) Principal Name	
c) Phone /Mobile No.	
d) College E-mail/ College Website	
e) Year of Establishment f) Status of College	<b>Govt./Autonomous/Aided/Private</b>
g) AISHE Information [Enclose letter]	
h) Name of ownership Society/Trust/ Company/Individual with Address and Name of President/ Secretary with Mob. No.	
i) Year of Foundation of Society/Trust/ Company	
j) Whether the college is running on rented building YES/No (if so enclosed rent agreement also)	
k) Whether same building/campus is being shared by any other college/any other faculty/ course/ subject of the same college or of the same society ?	
<b><u>II. AFFILIATION</u></b>	
1. Nature of affiliation granted by the University (Temporary/ Permanent) Give details.	

<b>[Enclose copy of approval Affiliation letter]</b>			
2. State whether Recognition of the NCTE has been obtained. If so, on what date? <b>[Enclose copy of NCTE letter]</b>			
<b>III. STATUS</b> 1. Attach Affiliation letter of Jiwaji University of Last Year.			
2. Furnish approval given by state higher education (Enclose Documents)			
<b>IV . Details of other institutions, if any being run by society in the same premises</b>	<b>Course Conducted</b>		
	<b>Course of Jiwaji University</b>		
	<b>Course of any other University</b>		
<b>III. Facilities</b>  The Institution must have 2500 sq. mts. Of land and built-up area 1500 sq. mts. Space in each institutional room shall be 10sq. ft. per student.  If having M.Ed. programme land area must be 3000 sq.mts and Built up area be 2000sq.mts			
<b>V. <u>TEACHING STAFF</u></b> (Details of Full Time Teaching Staff)	<b>NCTE Norms</b>	<b>Present Staff ( To be filled by the college) [Enclose Details]</b>	<b>Shortfall (To be filled by inspection committee)</b>
<b>B.Ed. (Per unit 50)</b> (a) Total number of teachers including the Principal, if any, (full time) with their qualification, experience, pay scales and the present pay  <b>(Unit Of 100 Seats)</b>  B.A.B.Ed./B.Sc.B.Ed./ M.Ed.  (B.Ed.+M.Ed.)	(7+1)  Principal- 01  Asst. Prof. - 07		

<p>(50+50)</p> <p>Total No. of Non teaching staff including last grade employee pay scales and other facilities.</p> <p>(Enclose Details of Non Teaching Staff)</p>	<p>(15+1)</p> <p>Teachers=12</p> <p>-----</p>		
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**Note:- fill enclosed proforma Annexure –I and Annexure –II for teaching staff and Annexure –III for Non teaching staff.**

<p><b>VI. LIBRARY</b></p> <p>1 (a) Reading Room</p> <p>(b) Total number of books in the library with a list of books, classified subject wise.</p> <p>(Enclose List)</p>	<p>With a reading room capacity for at least 25% students</p> <p>3000 titles including text &amp; reference educational encyclopedia, year books. CDROMs, minimum 5 journals.</p> <p>The library must be augmented with 200 titles annually. Photocopier Computer</p> <p>1000 relevant titles (with multiple copies of relevant text books)</p> <p>1000 titles and 3000 books</p>		
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B.A.B.Ed./B.Sc.B.Ed.  M.Ed.			
(C) Details of additions during the year with a list of books, classified subject wise. (Enclose List)			
(d) Details of journals and periodicals subscribed. (Enclose List)	1.  2.		
<b>VII. Building</b>	<b>NCTE Norms</b>	<b>Present Status (To be filled by the college)</b>	<b>Shortfall (To be filled by inspection committee)</b>
(a) Details of constructed building with details of area floor/ room wise.  (b) Completion certificate from local authority			
<b>Note:- Provide approved map showing class room and laboratories.</b>			
	<b>No. of Rooms</b>	<b>Area in SQ.Ft.</b>	<b>Present Status (To be filled by the college)</b>
			<b>Shortfall (To be filled by inspection committee)</b>
(a) Class Rooms		500 sq.ft. each	
B.Ed.	02		
B.A.B.Ed./ B.Sc.B.Ed.	02		

M.Ed.	02			
(a) Multipurpose Hall	01	2000 sq. ft.		
(b) Activity Room	01			
(c) Principal Room	01			
(d) Faculty Room	01 For each faculty			
(e) Library	01	1000 sq.ft.		
(f) Learning Resource center	01			
(g) Office Room	01			
(h) Store Room	01			
(i) Science Laboratory	01	600 sq. ft.		
(j) Psychology Laboratory	01	600 sq. ft.		
(k) Education & Media Lab	01	500 sq. ft.		
(l) Details of outdoor/Indoor Games				

(m) Drinking water facility, Parking and Separate Toilets				
(n) fire fighting Facility and Generator				

**XV. DECLARATION**

The statements in this form are truly and responsibly made with awareness that any statement found untrue, suppression any or suggestion false will render the approval of affiliation to the college liable to be cancelled by the Jiwaji University.

**This is to certify that all information Given in the Performa is correct To the best of the knowledge.**

Date:

Place:

Signature with Seal  
(Principal)

Signature  
Member of Management Committee  
Chairman/Secretary

**Note:- Incomplete Performa's are liable to be rejected.**

**Name of the inspection committee members.**

- |    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |

**Observation of the Inspection Committee :-**

**Recommendation of the Inspection Committee :-**

**YES / NO**

**REMARK:-**



महाविद्यालय का नाम.....

परिनियम 28/17 के अन्तर्गत कार्यरत शिक्षक  
(सत्र 2023-24) हेतु

स. क्र.	शिक्षक का नाम	पद का नाम	जन्म दिनांक	बैंक खाता क्रमांक	कक्षा 12 50 %	स्नातक 50%	स्नातकोत्तर 55%	नेट	पी. एचडी	अनुभव	फोटो रंगीन	हस्ताक्षर

नोट:- तालिका के साथ 28/17 की चयन समिति की अनुशंसा (एन.सी.टी.ई./यू.जी.सी. नियमानुसार) संलग्न करे उक्त जानकारी पूर्ण न होने की दशा में होने वाली असुविधा के लिये महाविद्यालय स्वयं जिम्मेदार होंगे।

हस्ताक्षर प्राचार्य

महाविद्यालय का नाम.....

महाविद्यालय प्रबंधन समिति द्वारा कार्यरत शिक्षक

(सत्र 2023-24) हेतु

स. क.	शिक्षक का नाम	पद का नाम	जन्म दिनांक	बैंक खाता क्रमांक	कक्षा 12 50 %	स्नातक 50%	स्नातकोत्तर 55%	नेट	पी. एचडी	अनुभव	फोटो रंगीन	हस्ताक्षर

हस्ताक्षर प्राचार्य

महाविद्यालय का नाम.....

गैर शिक्षक कार्यरत कर्मचारियों की सूची

(सत्र 2023-24) हेतु

क्र.	कर्मचारी का नाम	पद	कार्यरत कर्मचारियों की जानकारी		
			नियमित	संविदा	आउटसोर्स

हस्ताक्षर प्राचार्य