

APPLICATION FORMAT FOR AFFILIATION
IN
STATE BOARD OF TECHNICAL EDUCATION, BIHAR



INFORMATION ABOUT THE DIPLOMA INSTITUTION

1.0 GENERAL

1.1 Name and Address :

- a) Name of the Institution :
- b) Postal address (with pin code) :

- c) Telegraphic address :
- d) Fax and Phone Nos. (with STD code in brackets) :

- e) E-mail address :

1.2 Name and designation of the Head of the Institution with residential and office telephone numbers with STD codes in brackets :

1.3 Type of the Institution : (Specify one of the following)

Private / State Govt. / Govt. aided

(Attach copies of Memorandum & Articles, Association and other documents relating to Constitution, Rules and Regulations of the Institute)

1.4 In case of institution, full postal address of each member of Society, Managing Trustee, etc., should be given along with telegraphic address, fax and phone nos. with STD code and e-mail address (Pl attach separate sheet) :

1.5 Date of establishment of the Institution :

1.6 Whether Institute is approved by AICTE/NHCMT/PCI or affiliated with Central or State Board or University (Attached the attested copy):

2.0 ACADEMIC INFORMATION

2.1 Academic/Professional programs being conducted by the Institute:

| Name of the current Course, if any | Year of starting | Duration of each Program | Statutory Body awarding Diploma |
|------------------------------------|------------------|--------------------------|---------------------------------|
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2.2 Admissions:

| Name of Course | Entry Qualifications | Method of Admission* | Seat Distribution (%) | |
|----------------|----------------------|----------------------|-----------------------|------------|
| | | | State Govt. | Management |
| | | | | |
| | | | | |
| | | | | |
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2.3 Actual admissions:

| Course | Actual Intake in Previous three years | | |
|--------|---------------------------------------|------|------|
| | Year | Year | Year |
| | | | |
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2.4 Proposed intake for the years -----

| Year | Courses | Proposed intake |
|------|---------|-----------------|
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| | | |

2.5 Date of commencement and closure of last academic session. (First Semester)

2.6 Details of results of Examination held last year.

| Category of Students | Number of students Appeared | Total Passed | Passed with Distinction | Passed with Ist Class | Passed with IInd Class |
|----------------------|-----------------------------|--------------|-------------------------|-----------------------|------------------------|
| | | | | | |

2.7 Details of institutional working hours etc. during the preceding two academic years (average)

| Number of expected working days per year | Number of actual working days per year | Number of expected instructional hours per year | Actual contact hours achieved per year | Number of days of vacation during the year | Number of days spent for exams |
|--|--|---|--|--|--------------------------------|
| | | | | | |

2.8 Details of placement of pass-outs during the preceding two academic years (applicable for functioning institutes only):

| Name, Address & Phone No. of candidates | Year of Passing | Name of Establishment & City | Designation |
|---|-----------------|------------------------------|-------------|
| | | | |

(Attach additional sheet)

3.0 TEACHING FACULTY INFORMATION

3.1. Faculty strength for various levels of programs:

| Type of Faculty | Total strength at optimum intake | Numbers in position |
|-----------------|----------------------------------|---------------------|
| | Diploma | Diploma |
| Full-time | | |
| Part-time | | |
| Visiting | | |

3.2 Give numbers of the teaching faculty in position by category:

| Cadre | Position/Designation | Numbers in Position |
|-----------------------|----------------------|---------------------|
| Head of the Institute | | |
| H.O.D. | | |
| Senior Lect. | | |
| Lecturer | | |

3.3 Number of other supporting and administrative staff by category :

| Administrative & Supporting Staff | Numbers in position as on date |
|-----------------------------------|--------------------------------|
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3.4 Work-load per week (in percentage of total duty hours in a week):

| Particulars | Head of the Institute | H.O.D. | Sr. Lect. | Lecturer |
|---------------------------|-----------------------|--------|-----------|----------|
| Teaching | | | | |
| Research | | | | |
| Administration | | | | |
| Institutional Development | | | | |
| Guidance and Counselling | | | | |
| Consultancy | | | | |
| Training and Placement | | | | |
| Any other | | | | |

3.5 Details of Faculty (name, qualifications and experience etc.): Attach CVs of Director/Principal & Faculty members (H.O.D., Sr. Lect. & Lecturer levels): (Book of A/c should reflect the same)

| Name | Qualification | Total Experience | Total Teaching Experience | Date of Appointment | Level of Appointment | Present Pay Scale & date from which given | Basic pay as on date |
|------|---------------|------------------|---------------------------|---------------------|----------------------|---|----------------------|
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4.0 **DETAILS OF OPERATIONAL AND TEACHING AREA:**

| Name of Laboratory | Space allocated (Sq.Mtrs.) | Facility wise total investment on equipment and instruments in the last 5 years (attach list of equipments available in Each lab) |
|----------------------------|----------------------------|---|
| Subject Lab | | |
| Workshop | | |
| Tutorial Room | | |
| Computer Lab | | |
| Library | | |
| Language Lab | | |
| Audio-Visual Lab | | |
| Classrooms (Teaching area) | | |
| Recreational Area | | |
| Administrative Area | | |
| Residential Area | | |
| Boys/Girls Hostel Area | | |

5.0 **LIBRARY FACILITIES:**

5.1 Books:

| Category | Total No. of titles acquired up to the year before last | Total No. of volumes acquired during the current year | Total No. of volumes in the Library on date |
|-----------------|---|---|---|
| Text Books | | | |
| Reference Books | | | |
| Encyclopedia | | | |
| Others | | | |

Please indicate whether internet up-linking facility is available and how many students can access it in one go.

5.2 Periodicals:

| Particulars | No. of periodicals subscribed to presently |
|---------------|--|
| Technical | |
| Non-Technical | |
| Others | |

6.0 ADDITIONAL INFORMATION:

6.1 Number of faculty sponsored till date for improvement of academic qualifications, teaching skills etc.

Please give names of the faculty, designation, name of the qualifications added/type of skills improved etc.

6.2 Number of faculty sponsored to attend training, conferences and other professional meetings, within and outside the country and the total amount spent for this purpose by the Institute/Trust/Society.

Please give name of the faculty with designation, who have attended training, professional conferences/ meetings attended (indicating venue and duration).

6.3 Please state whether the applicant is running and/or managing any other technical/professional institution which is approved/not approved in the premises on sharing basis. If so, please give the name of the program / courses being conducted.

6.4 A Scanned copy of Affidavit to the effect that the Institute is not sponsoring candidates or Board's Examination of any other Institute/Branch, which is not affiliated to the Board.

6.5 Whether the applicant has any court case in respect of violation of provisions of State Govt./UGC or that of any other Statutory Body including AICTE/NCHMCT/PCI.

6.6 Please describe briefly future plans for improvements in infrastructure/expansion in academic and other activities to fully meet the norms and standards. (Attached separate seat)

6.7 Please indicate the details of the Demand Draft such as number, date of issue, amount, name of the bank and payable at. (if applicable)

**Name and Signature of the
Head of the Institution**

Counter signed by:

(Head of the Society/Trust/Board)

(Two Members on Society/Trust/Board)