

APPLICATION FORM FOR THE CONFERMENT OF
FRESH / EXTENSION OF AFFILIATION

FORM A-114



JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY HYDERABAD

UNIVERSITY ACADEMIC AUDIT CELL

KUKATPALLY, HYDERABAD, ANDHRA PRADESH, INDIA – 500 085

FORM A-114
Application for Affiliation for the A.Y. 2014-15

1. Affiliation Type:

- Societies / Trusts intending to seek **Temporary Affiliation** from JNTUH from the Ten Districts of Telangana for Establishment of New Technical Institutions/ Technical Campuses
- Converting **existing Institutions into a Technical Campus**
- Existing Institutions seeking Extension** of approval/Increase in intake/Variation in Intake in Technical Disciplines of Engineering & Technology/ Pharmacy/ MBA/ MCA/ M.Tech/ M.Pharm/ Pharm-D
- Conversion of **Women's College to Co-educational** Institution or vice-versa
- Any **other Category**

2. College Information:

a) **Name & Address of the College:** (Please specify in CAPITAL LETTERS)

College Name : _____

College Code : _____ (for existing college) EAMCET Code : _____

College Status : Minority Non-Minority I-CET Code : _____

Address : _____

City/Town : _____ Mandal : _____

District : _____ State : _____

Pincode : _____ Fax (+91) : _____

Landline (+91) : _____ Mobile (+91) : _____

Email : _____ @ _____

Website : http://www. _____

Permanent Affiliation by JNTU : Yes No If yes, Period (DD/MM/YYYY) : From: _____ Duration: _____

Autonomous Status by JNTU : Yes No If yes, Period (DD/MM/YYYY) : From: _____ Duration: _____

NBA : Yes No

NAAC : Yes No If yes, Period (DD/MM/YYYY) : From: _____ Duration: _____

Grade : _____ : CGPA : _____

College Type : Engineering Integrated Campus Technical Campus
 Pharmacy Standalone

Courses : B.Tech MBA Pharm.D
 B.Pharmacy MCA Pharm.D PB
 M.Tech MAM
 M.Pharmacy MTM

b) **Name & Address of the Educational Society:** (Please specify in CAPITAL LETTERS)

Year of Establishment : _____ (YYYY) Registered Number : _____
Society Name : _____
Address : _____
City/Town : _____ Mandal : _____
District : _____ State : _____
Pincode : _____ Fax (+91) : _____
Landline (+91) : _____ Mobile (+91) : _____
Email : _____ @ _____
Website : http://www. _____

Note: *Enclose Society Members List*

c) **Information on Establishment of the Institution:** (for existing colleges)

- i) Year of Establishment of the Institution (YYYY) : _____
ii) Date on which first approval was accorded by the AICTE (DD/MM/YYYY) : _____
iii) Date on which first affiliation was accorded by the JNTU (DD/MM/YYYY) : _____
iv) Year of commencement of First Batch (YYYY) : _____

3.

a) **Details of the Principal:** (Please specify in CAPITAL LETTERS)

First Name : _____ Last Name : _____
Surname : _____ Qualification : Doctorate Non-Doctorate
Faculty (Ph.D in) : Engineering Sciences Management Pharmacy
 Mathematics Others
Ph.D Awarded From : _____ Year : _____ (YYYY)
Department : _____ Date of Appointment : _____ (DD/MM/YYYY)
Ratified by JNTUH : Yes No Date of Ratification : _____ (DD/MM/YYYY)
Date of Birth : _____ (DD/MM/YYYY) Fax (+91) : _____
Landline (+91) : _____ Mobile (+91) : _____
Email : _____ @ _____

b) **Details of Director:** (For Technical/Integrated Campus) (Please specify in CAPITAL LETTERS)

First Name : _____ Last Name : _____
Surname : _____ Qualification : Doctorate Non-Doctorate
Date of Appointment : _____ (DD/MM/YYYY)
Date of Birth : _____ (DD/MM/YYYY) Fax (+91) : _____
Landline (+91) : _____ Mobile (+91) : _____
Email : _____ @ _____

c) Name & Address of the Chairperson/Correspondent/Secretary of the Society: (In CAPITAL LETTERS)

First Name : _____ Last Name : _____
 Surname : _____ Designation : _____
 Address : _____
 City/Town : _____ Mandal : _____
 District : _____ State : _____
 Pincode : _____ Fax (+91) : _____
 Landline (+91) : _____ Mobile (+91) : _____
 Email : _____ @ _____

d) Whether the society has more than one college in the same premises: (excluding the above college) Yes No

If yes, give the details: (Please specify in CAPITAL LETTERS)

S.No	Name of the College/Institution	Established Year (YYYY)	Affiliated University*
1.			
2.			
3.			
4.			
5.			

* Universities: JNTUH, OU, KU, Other

e) Whether the same premises are used to run the courses affiliated to different Universities: Yes No

If yes, give the details: (Please specify in CAPITAL LETTERS)

S.No	Name of the Course	Affiliated University *
1.		
2.		
3.		
4.		
5.		

* Universities: JNTUH, OU, KU, Other

4. Land:

a) Land Details of the College: (Please specify in CAPITAL LETTERS)

Total Land Area : _____ Acres
Land Type : Contiguous Two or Three pieces
Land Registration Type : Registered Sale Deed Registered Gift Deed Govt. Lease
Land Category : Rural District Head Quarters State Capital Metropolitan City

Registration details :

S.No	Registration Date (DD/MM/YYYY)	Area in Acres	Document Number	Survey Number	Location/Village
1					
2					
3					
4					
5					

Land Conversion Certificate :

Issued by : _____
Issued Date : _____ (DD/MM/YYYY)
Issued Purpose : _____

Building Plan in the name of the proposed institution prepared by Architect and Approved by Competent Authority :

Issued by : _____
Issued Date : _____ (DD/MM/YYYY)

Master Plan in the name of the proposed institution prepared by Architect and Approved by Competent Authority :

Issued by : _____
Issued Date : _____ (DD/MM/YYYY)
Compound Wall/Fencing : Yes No
Approach Road : Concrete Rd Black Top Rd WBM Rd Earthen Rd
Power Supply : Adequate Inadequate
Water Supply : Adequate Inadequate
Drinking Water : Municipal Water Bore Well Water
Is Water Purified? : Yes No
Potable water : _____ (in Liters per day)

b) Built up Area:

i) Administrative & Amenities Carpet Area (in Square meters):

	Program	Available Rooms	Available Area
Principal/Director Office			
Board Room			
Office All Inclusive	Integrated Campus		
Office All Inclusive	Standalone Campus		
Department Offices			
Faculty Rooms	Any program		
Cabin for HOD	Any program		
Central Stores			
Maintenance			
Security			
Housekeeping			
Pantry for Staff			
Examination Control Office			
Placement Office			
Stationery Store & Reprography			
First Aid cum Sick room			
Principal's quarter			
Guest House			
Boy's Common room	Integrated Campus		
Boy's Common room	Standalone Campus		
Girl's Common room	Integrated Campus		
Girl's Common room	Standalone Campus		
Cafeteria	Any Program		
Toilets	Integrated Campus		
Toilets	Standalone Campus		
Sports Club / Gymnasium			

ii) Instructional Area (in Square meters):

B.Tech	Available Rooms	Available Area
Class Rooms		
Tutorial Rooms		
Laboratory		
Workshop (all courses)		
Additional Workshop for Category 'X' courses		
Computer Center		
Drawing Hall		
Library & Reading Room		
Seminar Halls		
M.Tech		
Class Rooms		
Laboratory		
Research Laboratory		
Workshop (all courses)		
Computer Center		
Drawing Hall		
Library & Reading Room		
Seminar Halls		
B.Pharmacy		
Class Rooms		
Tutorial Rooms		
Laboratory		
Computer Center		
Animal House		
Library & Reading Room		
Seminar Halls		
M.Pharmacy		
Class Rooms		
Laboratory		
Research Laboratory		
Computer Center		
Animal House		
Library & Reading Room		
Seminar Halls		
MBA		
Class Rooms		
Tutorial Rooms		
Computer Center		
Library & Reading Room		
Seminar Halls		
MCA		
Class Rooms		
Tutorial Rooms		
Computer Laboratories		
Computer Center		
Library & Reading Room		
Seminar Halls		

Category X of course = Mechanical, Production, Civil, Electrical, Chemical, Textile, Marine, Aeronautical & allied courses of each.

5. Intake Details of the Existing Courses (for existing colleges): (Please specify in CAPITAL LETTERS)

For Pharm.D PB - 6 years, Pharm.D & MAM & MTM - 5 years, B.Tech & B.Pharmacy - 4 years, MCA - 3 years, M.Tech & M.Pharmacy & MBA - 2 years

S. No	Degree *	Dept. **	Specialization ***	Shift #	Approved and Actual Admitted Intake as per Academic Year										NBA accreditation Period (if exists)	
					2009-10		2010-11		2011-12		2012-13		2013-14		(DD/MM/YYYY)	
					Approved	Admitted	Approved	Admitted	Approved	Admitted	Approved	Admitted	Approved	Admitted	From	To
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
Total =																
Total Admitted / Total Approved =																

* Name of the Degree: Eg:- B.Tech, B.Pharm, M.Tech, M.Pharm, MBA, MCA, MAM, MTM, Pharm-D, Pharm-D PB

** Department offering the course: Eg:- ECE, CSE, EEE etc.

*** Specialization: Eg:- ECE, EEE, Mechanical Engg, Civil Engg, CSE, Power Electronics, VLSI etc.

Shifts: Eg:- I, II

6. Academic Performance of the Students for the A.Y. 2013-14: (Please specify in CAPITAL LETTERS)

S. No	Degree *	Dept. **	Specialization ***	Shift #	Academic Performance during the Year											
					FOURTH YEAR			THIRD YEAR			SECOND YEAR			FIRST YEAR		
					*Number of students Appeared	*Number of students Passed (cleared all subjects)	% Passed	*Number of students Appeared	*Number of students Passed (cleared all subjects)	% Passed	*Number of students Appeared	*Number of students Passed (cleared all subjects)	% Passed	*Number of students Appeared	*Number of students Passed (cleared all subjects)	% Passed
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
Total =																
(Pass % Year wise UG)					UG First Year Pass %:			UG Second Year Pass %:			UG Third Year Pass %:			UG Fourth Year Pass %:		
(Pass % Year wise PG)					PG First Year Pass %:			PG Second Year Pass %:			PG Third Year Pass %:					

* Name of the Degree: Eg:- B.Tech, B.Pharm, M.Tech, M.Pharm, MBA, MCA, MAM, MTM, Pharm-D, Pharm-D PB

** Department offering the course: Eg:- ECE, CSE, EEE etc.

*** Specialization: Eg:- ECE, EEE, Mechanical Engg, Civil Engg, CSE, Power Electronics, VLSI etc.

Shifts: Eg:- I, II

7. Details of the Proposed Courses (Including new Courses) with Intake for the University Affiliation for the Academic Year 2014-15: (Please specify in CAPITAL LETTERS)

S.No.	Degree *	Dept. **	Specialization ***	Shift #	Course Status ##	Approved Intake for the A.Y. 2013-14	Proposed Intake for the A.Y. 2014-15
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
Total Intake =							

Note:

- The Colleges which desires to apply New courses/ Increase/ Decrease in intake should specify clearly in bold letters.**
- JNTUH will inspect only the above mentioned courses for the Academic Year 2014-15.**

* Name of the Degree: Eg:- B.Tech, B.Pharm, M.Tech, M.Pharm, MBA, MCA, MAM, MTM, Pharm-D, Pharm-D PB

** Department offering the course: Eg:- ECE, CSE, EEE etc.

*** Specialization: Eg:- ECE, EEE, Mechanical Engg, Civil Engg, CSE, Power Electronics, VLSI etc.

Shifts: Eg:- I, II

Course Status: **S** – Existing Course with no Increase or Decrease in Intake

N – New course

I – Existing Course with Increase in Intake

D – Existing Course with Decrease in Intake

C - Closure of the existing course

8. Faculty Information: (Please specify in CAPITAL LETTERS)

Photo to be countersigned by Principal

Faculty Type : Teaching Non-Teaching Technical
 First Name : _____
 Last Name : _____
 Surname : _____
 Gender : Male Female Date of Birth : _____ (DD/MM/YYYY)
 Father's Name : _____
 Category : SC ST BC OBC PH Minority OC (for Govt./UGC/AICTE/MHRD purpose)
 Designation : _____ Other Designation : _____
 Department : _____ Mobile Number : _____
 Previous Experience : _____ (in years) Date of Appointment : _____ (DD/MM/YYYY)
 Ratified by JNTUH : Yes No Date of Ratification : _____ (DD/MM/YYYY)
 Salary Drawn (Rs.) : _____ Scale of Pay : _____
 PAN Number : _____ UIDAI Aadhaar No. : _____
 Email : _____ @ _____

a) Educational qualifications :

S. No	Course Studied	Year of Passing (YYYY)	% of Marks / CGPA	Division	Board/University & Place
1.	SSC				
2.	Inter				
3.	UG				
4.	PG				
5.	M. Phil				
6.	Ph. D				
7.	Post. Doc				

b) Subjects/Labs being taught/conduct as per college time – table : (for Teaching / Technical Staff)

S. No	Degree	Dept.	Specialization	Shift (I / II)	Subject/Lab	Duration of Class as in Time-Table (in Minutes/ week)
1.						
2.						
3.						
4.						
5.						

c) Is the faculty associated with Examination Branch? : Yes No

d) Is the faculty associated with Placement Cell? : Yes No

e) Faculty achievements : (if any)

- i) _____
 ii) _____
 iii) _____

Date:

Place:

Signature of the Principal/Director

Signature of the Faculty Member

9. Teaching Faculty Position (Department-wise): (Please specify in CAPITAL LETTERS)

S. No	Degree *	Department **	Specialization being offered by the department (with AICTE/ JNTUH)			No. of Faculty Members available in the Department on full-time basis			No. of faculty ratified by University
			Specialization ***	Shift #	Intake	Prof.	Assoc Prof.	Asst Prof.	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									

* Name of the Degree: Eg:- B.Tech, B.Pharm, M.Tech, M.Pharm, MBA, MCA, MAM, MTM, Pharm-D, Pharm-D PB

** Department offering the course: Eg:- ECE, CSE, EEE etc.

*** Specialization: Eg:- ECE, EEE, Mechanical Engg, Civil Engg, CSE, Power Electronics, VLSI etc.

Shifts: Eg:- I, II

Faculty Student Ratio:

	Total No of Intake	Total No of Faculty
B.Tech		
B.Pharm		
M.Tech		
M.Pharm		
MBA		
MCA		
MAM		
MTM		
Pharm-D		
Pharm-D PB		

10. Consolidated List of Faculty Members (Department-wise): (Please specify in CAPITAL LETTERS)

S. No	Name of Faculty Member	Gender		Category SC/ST/BC/ OBC/PH/OC	Department	Designation	Qualification	Experience (Years)	Date of Appointment (DD/MM/YYYY)	Scale of Pay	Teaching / Non-Teaching / Technical	(In case of Teaching) Ratified by JNTUH (Yes/No)
		M	F									
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												
13.												
14.												
15.												
16.												
17.												
18.												
19.												
20.												

11. Details of Laboratories (with No. of Experiments and Floor Area in Square metres):

(Please specify in CAPITAL LETTERS)

S. No	Degree *	Dept. **	Specialization ***	Shift #	Year ##	Name of the Laboratory	No. of Experiments	Floor Area (in Sqm)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

* Name of the Degree: Eg:- B.Tech, B.Pharm, M.Tech, M.Pharm, MBA, MCA, MAM, MTM, Pharm-D, Pharm-D PB

** Department offering the course: Eg:- ECE, CSE, EEE etc.

*** Specialization: Eg:- ECE, EEE, Mechanical Engg, Civil Engg, CSE, Power Electronics, VLSI etc.

Shifts: Eg:- I, II

Year: I, II, III, IV

12. Library: (Please specify in CAPITAL LETTERS)

- a) Name of the Librarian : _____
- b) Qualifications of the Librarian : _____
- c) Library phone number (Landline/Mobile) : _____
- d) Number of Supporting Staff : _____
- e) Total Number of Titles : _____
- f) Total Number of Volumes : _____
- g) Total Number of National Journals : _____
- h) Total Number of International National Journals : _____
- i) No. of E-journals : _____
- j) Seating Capacity of Library : _____
- k) Working Hours of library : **From:** _____ (HH:MM) **To :** _____ (HH:MM)

Degree	Number of Titles	Number of Volumes	Number of National Journals	Number of International Journals	Number of E Journals
B.Tech					
B.Pharm					
M.Tech					
M.Pharm					
MBA					
MCA					
MAM					
MTM					
Pharm-D					
Pharm-D PB					

13. Computers:

a) Computer Lab Facilities:

- i) Printers availability : Yes No
- ii) Working Hours of Computer Lab : **From:** _____ (HH:MM) **To :** _____ (HH:MM)
- iii) Internet accessibility (timings) : **From:** _____ (HH:MM) **To :** _____ (HH:MM)

b) Computers – Students Ratio:

Degree	Total Intake	Available Computers	Available Ratio
B.Tech			
B.Pharm			
M.Tech			
M.Pharm			
MBA			
MCA			
MAM			
MTM			
Pharm-D			
Pharm-D PB			

c) **Internet Bandwidth:** (Note: This is excluding exam branch internet connectivity)

Degree	Total Intake	Available Internet Bandwidth
B.Tech		
B.Pharm		
M.Tech		
M.Pharm		
MBA		
MCA		
MAM		
MTM		
Pharm-D		
Pharm-D PB		

d) **Legal System Software & Legal Application Software:**

Degree	Available	
	System Software	Application Software
B.Tech		
B.Pharm		
M.Tech		
M.Pharm		
MBA		
MCA		
MAM		
MTM		
Pharm-D		
Pharm-D PB		

e) **Printers:**

Degree	Available Computers	Available Printers	Available Printers (%)
B.Tech			
B.Pharm			
M.Tech			
M.Pharm			
MBA			
MCA			
MAM			
MTM			
Pharm-D			
Pharm-D PB			

14. Examination Branch: (Please specify in CAPITAL LETTERS)

- a) Examination branch exists : Yes No
- b) If Yes, Area (In Square meters) : _____
- c) Staff Members : *(Please specify the details in the table below)*

S.No	Name of the Staff	Designation	Teaching/Non-Teaching
1			
2			
3			
4			
5			

d) **Equipment for EDEP Examination:**

S.No	Equipment	Actual
1	Computers (Intel Core i3 Processor or above or equivalent)	
2	Printers (at least one laser printer)	
3	High speed Photocopying (Xerox) Machines	
3	Phone	
4	Fax	
5	Internet Bandwidth (Exclusive of Computer lab connectivity) (in Mbps)	

- e) Confidential room for question paper preparation : Yes No
- f) The examination branch is located adjacent to the Principal's room : Yes No
- g) Details of measures taken by the college to maintain the Confidentiality/Security of the Examination Branch :
- 1) _____
- 2) _____
- 3) _____

15. Details of the Candidates & Fee Reimbursement under Convener Quota & Management Quota for the A.Y. 2013-14:

S. No	Degree *	Dept. **	Specialization ***	Shift #	Year in degree ##	2013-14							
						Convener Quota Seats			Management Quota Seats				
						Without Re-imbursment Seats	Total Fee (Rs.)	With Re-imbursment Seats	Total Fee (Rs.)	NRI Seats	Total Fee (Rs.)	PIO Seats	Total Fee (Rs.)
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
Total =													

* Name of the Degree: Eg:- B.Tech, B.Pharm, M.Tech, M.Pharm, MBA, MCA, MAM, MTM, Pharm-D, Pharm-D PB

** Department offering the course: Eg:- ECE, CSE, EEE etc.

*** Specialization: Eg:- ECE, EEE, Mechanical Engg, Civil Engg, CSE, Power Electronics, VLSI etc.

Shifts: Eg:- I, II

Year in degree: Eg:- I, II, III, IV, V

16. Desirable Requirements: (Please specify in CAPITAL LETTERS)

a) **Grievance Redressal Committee:**

S.No.	Designation in the committee	Name
1.		
2.		
3.		
4.		
5.		

Total Complaints Received: _____ (Please specify 5 major complaints briefly)

S.No.	Complaint	Action Taken
1.		
2.		
3.		
4.		
5.		

b) **Anti-Ragging Committee:**

S.No.	Designation in the committee	Name
1.		
2.		
3.		
4.		
5.		

Total Complaints Received: _____ (Please specify 5 major complaints briefly)

S.No.	Complaint	Action Taken
1.		
2.		
3.		
4.		
5.		

c) **Sports facilities :**

Number of Playgrounds : _____

Playground(s) Type : Square Rectangle Round Oval Cricket Other

Indoor games/sports : 1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

Outdoor games/sports : 1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

d) Mode of Transport to reach the Institute: College Transport Public Transport Other

Number of bus by college : _____

Number of other transport vehicles by college : _____

e) Mode of Payment of Salary : Cash Cheque Bank Transfer Other

f) Academic Calendar followed during the last two semesters Yes No

g) Fire Safety Measures Yes No

h) Students Canteen Yes No

i) Boys Hostel (If Yes, Capacity : _____, Actual Intake in A.Y.2013-14: _____) Yes No

j) Girls Hostel (If Yes, Capacity : _____, Actual Intake in A.Y.2013-14: _____) Yes No

k) Hostel is within the campus Yes No

l) Principals Quarter Yes No

m) Staff quarters Yes No

n) Health Care Centre Yes No

o) Ambulance Yes No

p) Conference Hall (If Yes, Capacity : _____) Yes No

q) Auditorium (If Yes, Capacity : _____) Yes No

r) Public Telephone Yes No

s) Co-operative Stores Yes No

t) Bank Yes No

u) Post Office Yes No

v) Professional chapters such as IEEE, ISTE, CSI, etc Yes No

w) NSS/ NCC/ YOGA Club etc. Yes No

x) Industry Institute Interaction Cell Yes No

y) MOU with Industry/ R&D Units Yes No

z) Entrepreneurship Development Cell (EDC) Yes No

17. Campus Hostel Maintenance: (for attached hostel)

- | | |
|---|--|
| a) Nutritious Food | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Purified Water (Mineral Water) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Well-ventilated Rooms (6 Square meter per student & not more than 5 students per room) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Hygiene Bathrooms/Toilets | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) 24 Hours Water facility/ Electricity facility | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) 24 Hours Security | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Fire Safety Measures | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) Residential Doctor & First Aid Kit | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i) Residential Warden | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j) Water Cooler | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k) Maintenance of Monthly Accounts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| l) Monthly Attendance Registers of students | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| m) Reading room with News Papers & Magazines | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n) TV Hall with seating arrangement | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o) GYM/Sports Room etc. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

18. Financial details of the Institution for the previous academic year:

(Enclose scanned copy of Audited Financial Statement Certified by Chartered Accountant)

a) Details of Operational Funds of the Institution: (Please specify in CAPITAL LETTERS)

S. No	Name of the Bank	Branch & Address of the Bank	Account No.	Cash Balance (Rs. in Lakhs)	FDR, if any (Excluding FDR submitted to AICTE)	Total amount (Rs) (in Lakhs)
1.						
2.						
3.						
4.						
5.						

b) Income and Expenditure details:i) Income details:

S.No.	Source of Income	Rupees in Lakhs
1	Central Government	
2	State Government	
3	University Grants Commission (UGC)	
4	Other Central / State Government bodies	
5	Private Trust	
6	Donations	
7	Student Fee	
8	Internal Revenue generated	
9	Others (Please specify)	
	TOTAL	

ii) Expenditure details:

S.No.	Expenditure	Rupees in Lakhs
1	Salary for Regular Faculty	
2	Salary for Adhoc Faculty	
3	Salary for Technical / Non-teaching staff	
4	Library	
5	Computer Centre	
6	Equipment for Labs and workshop	
7	Others (Please specify)	
	TOTAL	

19. Students Placement through Institution Placement Cell (Branch wise for last 3 years):

S. No	Degree *	Department **	Specialization ***	2011-12		2012-13		2013-14	
				Total Students Passed	Total Students Placed	Total Students Passed	Total Students Placed	Total Students Passed	Total Students Placed
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
Total Students Placed / Total Students Passed =									

* Name of the Degree: Eg:- B.Tech, B.Pharm, M.Tech, M.Pharm, MBA, MCA, MAM, MTM, Pharm-D, Pharm-D PB

** Department offering the course: Eg:- ECE, CSE, EEE etc.

*** Specialization: Eg:- ECE, EEE, Mechanical Engg, Civil Engg, CSE, Power Electronics, VLSI etc.

20. Specific deficiencies for the A.Y. 2013-14: (Document proof is mandatory if rectified)

S.No	Previous Deficiencies	Status #	Remarks (mandatory)
1.			
2.			
3.			
4.			
5.			
6.			

#Status: Rectified/ Not Rectified

21. Other Information:

Color photographs of the following mentioned attested by the Chairman/Secretary of the Society to be sent along with hard copy of FORM A-114. Same photographs have to be sent in soft copy also.

S.No.	Scanned Document	Uploaded
1	Front side of the entire building(s)/block	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Back side of the entire building(s)/block	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Internal portion of the classrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Internal portion of computer labs along with computers	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Internal portion of laboratories and workshops	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Internal portion of principal's room and administrative area	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Internal portion of library	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Internal portion of faculty room	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Amenities area	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Attachment of the Photographs is mandatory.

DECLARATION

Certified that:

- a) The Institute is not offering any academic programme, which is not approved by JNTUH.
- b) No other University has been approached for affiliation of the institute/courses mentioned in this application.
- c) All Courses are conducted as per norms; standards and guidelines approved by JNTUH and all the rules and regulations of the university are being followed as specified from time to time.
- d) All the physical deficiencies stated in the last approval letter for UG & PG programmes have been rectified (for existing institutions).
- e) The AICTE / PCI scales of pay and allowance have been granted to the teaching faculty and other staff.
- f) The admissions are made on merit and as per JNTUH admission guidelines and capitation fee or donation of any kind has not been charged for admission.
- g) The teaching faculty and staff have been recruited as per qualification and experience as laid down by the AICTE / PCI.
- h) The tuition and the other fee are charged within the criteria prescribed by the Competent Authorities.
- i) The accounts of the institution are being maintained as per the provisions of relevant statutes and certified by a Chartered Accountant.
- j) The intake in any of the JNTUH approved courses has not been increased beyond the sanctioned intake, without prior approval from the University.
- k) The building and premises in which the institution is functioning is not being utilized for any other courses/ programmes which are not approved by the council

I solemnly declare that information has not been withheld and all the information provided in this application form is true. If any information is found to be incorrect or false, I understand that the proposal shall be liable for rejection.

Date :

Place :

**Name and Signature of the
Chairperson/Secretary of the Society**

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

*_*_*