

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 private institution, full postal address of each member of Society, Managing Trustee, management committee 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

2.2 Admissions:

Name of Course	Entry Qualifications	Method of Admission*	Seat Distribution (%)	
			State Govt.	Management

2.3 Actual admissions:

Course	Actual Intake in Previous three years		
	Year	Year	Year

2.4 Proposed intake for the years -----

Year	Courses	Proposed intake

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

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

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. [Attach the scanned copy of Affidavit in this regard]

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)