

For office use

Code No. _____ Year _____
 _____ Regional Committee
 Date of Application _____
 Course _____
 Category: New Institution/New Course/Additional Intake
 Type of Management _____
 Affiliating Body _____

Form of Application for Grant of Recognition to Institutions including Permission
 for Conducting a New Course/Additional Intake in Teacher Education Programme
 under Section 14/15 the NCTE Act, 1993



National Council for Teacher Education
 Address of the Regional Committee concerned
 with address of the Website/e-mail/Telephone/Fax

Price Rs. 1000/-

Dr. B. B. B. B.

Application for Grant of Recognition/Permission to Institutions for conducting a
New Course/Enhancement of Intake under Section 14/15 of the NCTE Act, 1993

NOTE: DETAILS OF THE APPLICATION IF SUBMITTED ON-LINE

DATE OF SUBMISSION _____ APPLICATION ID _____

1. Particulars of the authorized applicant

- 1.1 Name of the Applicant Shri JUGALKISHORE R. BARASIA
1.2 Father's/Husband's Name Shri RAMKISHAN G. BARASIA
1.3 Occupation _____
1.4 Official Position in the Governing
Body of the Society/Trust PRESIDENT

2. Particulars of applicant Society/Trust

- 2.1 Name of the Society/Trust G. R Barasia Charitable Trust
2.2 Whether a copy of Registration certificate attached. ☒ Yes ☐ No H.O. Mumbai
B.O. Surajgrah (Raj)
2.3 Complete Postal Address of the Society/Trust.
(Strike out/ Leave blank any of the following which is not applicable)
Village/Town SURAJGRAH सूरजगढ़ (राजस्थान - राजसमन्त)
Post office SURAJGRAH
Door/Plot Number _____
Street Number Station Road Surajgrah (Raj)
Tehsil/Taluka SURAJGRAH Town/City SURAJGRAH
District JHUNJHUNU State Rajasthan
Pin Code 333029 STD Code 01596
Telephone No. 237499 Mobile No. 9314614031
Fax No. 01596-238551 E-Mail ID Barasia_garh@yahoo.co.in
Website Address RJB INSTITUTE.org.

Details about the programme/course applied for

a.	Nature of proposal (Please tick only one choice)	<input checked="" type="checkbox"/> First Time Recognition <input type="checkbox"/> Enhancement of Intake <input type="checkbox"/> Additional Course	
b.	Name of the Course applied for	B. Ed	
c.	Level of the Course applied for	SECONDARY	
d.	Medium of Instruction	HINDI	
e.	Whether Course Curriculum fulfills the duration stipulated by NCTE norms and standards	YES	
f.	Mode	Distance/ Face to Face <input checked="" type="checkbox"/>	
g.	Intake proposed	100	
h.	Affiliating Body/University	Name	Rajasthan University Jaipur
		Address	JAIPUR (Raj)
		Telephone No.	0141-2708824
i.	Normal month of commencement of the course	JULY	

Particulars of the applicant institution

4.1 Name of the Institution (in capital letters) RAMKISHAN JUGALKISHORE BARASIA
TEACHERS TRAINING COLLEGE

4.2 Complete Postal Address [As mentioned in the Affidavit]
(Strike out/ Leave blank any of the following which is not applicable)

Village/Town SURAJGRAH

Post office SURAJGRAH

Door/Plot Number _____

Street Number Chirawa Road SURAJGRAH

Tehsil/Taluka SURAJGRAH Town/City SURAJGRAH

District JHUNJHUNU State RAJASTHAN

Pin Code 333029 STD Code 01596

Telephone No. 01596-237499 Mobile No. 9314614031

Fax No. 01596-238551 E-Mail ID Barasia.Garh@

Website Address RJB INSTITUTE.org, Yahoo.co.in

Boys ☐Girls ☐Co-Ed ☒

- 4.4 Whether the Institution is a Minority institution
(Attach documentary proof issued by the Govt. concerned)

Yes ☒ No ☒

- 4.5 Type of Management (Please tick only one out of the following)

- (i) A Govt. institution
(ii) A Govt.-aided institution
(iii) A university department
(iv) A deemed to be university Pvt/ Govt.
(v) A self-financing private institution ✓
(vi) Any other, please specify.

(Please attach supporting documents. In case of institutions financed by Central Govt./State Govt./UT Admin. to the extent of not less than 50% of their recurring cost, a certificate to this effect from the Government concerned.)

- 4.6 Details of the existing Teacher Education Programmes/courses run by the same institution.

Sl. No.	Name of the programme	Academic session from which commenced	Existing approved intake	Regional Committee		Name of Affiliating Body	
				Recognition Order Number	Date	Name	Date of Affiliation

4.7 Details of courses other than Teacher Education Programme if any, run by the same institution.

Sl. No.	Name of the course/programme	Level of the course	Duration of the course	Year of starting of the course	Affiliating Body	
					Name	Date of Affiliation

5. Fees and Funds

5.1 Details of cost of application form of Rs. 1000/- (not applicable in case of application submitted online)

Name of the Nationalized Bank	
Name of the Branch	
Address	
Draft Number	
Date	23-7-2007
Receipt Number, if purchased	3734

5.2. Details of Processing Fee of Rs. 40,000/- only

Name of the Nationalized Bank	Oriental Bank of Commerce
Name of the Branch	Chirawa (Jhunjhunu, Raj.)
Address	Chirawa Dist. Jh. Rajasthan.
Draft Number	029053
Date	16.8.2007

(Please see Rule 9 of NCTE Rules, 1997 in terms of which Government Institutions are exempted from payment of processing fee)

- 5.3 Details of the Endowment fund (self-financed institutions/programmes)?
(Please see Clause 9 (1) of the NCTE (Recognition Norms and Procedure) Regulations, 2005 published on 13.1.2006)

Amount of Endowment Fund	Rs. 500000.00
Fixed Deposit Receipt Number	032846 (032846)
Duration of the FDR (Minimum five years)	5 years
Date of issue	16.8.2007
Name of the Nationalized Bank	Oriental Bank of Commerce
Full address	Chirawa, Dist-Thunghur, Rajasthan
Phone numbers.	
Has the FDR been enclosed in original	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>

- 5.4 Particulars of the reserve fund (to be filled in the case of self-financed institutions/programmes)?

Amount of Reserve Fund	Rs. 300000.00
Fixed Deposit Receipt Number	032847
Duration of the FDR (Minimum five years)	5 years
Date of issue	16.8.2007
Name of the Nationalized Bank	Oriental Bank of Commerce
Full address	Chirawa, Dist-Thunghur - Raj.
Phone numbers.	
Copy of the Fixed Deposit Receipt has been enclosed	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>

Details of Infrastructural Facilities available for proposed programme/course

6.1 Land

An affidavit on Rs. 100/- stamp paper duly attested by Notary on the prescribed format as required under Clause 8(6) of the NCTE Regulations, 2005

Yes ☒ No ☐

6.2 Building

(Please refer to Clause 8 of NCTE (Recognition Norms and Procedure) Regulations, 2005

Description	To be filled in by Institution																
i) Date of approval of the Building plan by the competent authority/State Govt.	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr> <td>1</td><td>1</td><td>0</td><td>5</td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	1	1	0	5	2	0	0	7
D	D	M	M	Y	Y	Y	Y										
1	1	0	5	2	0	0	7										
ii) Date of completion of construction of the building, if already completed	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr> <td>1</td><td>1</td><td>0</td><td>5</td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	1	1	0	5	2	0	0	7
D	D	M	M	Y	Y	Y	Y										
1	1	0	5	2	0	0	7										
iii) If construction of the building is not complete, the likely date of completion of construction	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y										
iv) Name and address of the competent authority	Adhisashi Adhikari Nagarपालिका सुनज्गोश																
v) Whether completion certificate obtained from the competent authority	Y/N Yes																
vi) Whether Bldg. disabled -friendly as per relevant laws.	Y/N																
vii) Whether fire safety norms are being followed.	Y/N Yes																
viii) Total Built up Area (in sq. meter) (in sq.ft.)	<table border="1"> <tr> <td>1</td><td>3</td><td>5</td><td>7</td><td>.</td><td>85</td></tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	1	3	5	7	.	85										
1	3	5	7	.	85												

6.3. Specification of Rooms and other infrastructural facilities

S.No.	Description	Room No.	Length In meter	Breadth In meter	Carpet area in sq. meter
1	2	3	4	5	6
1	Class Room	4 Room	9.50 Met	8.00 Met	76 met
2	Class Room				
3	Multipurpose Hall	1	19.50 m	12.50 m	243.75 m.
4	Multipurpose Room	1			
5	Seminar room/tutorial room				
6	Principal Room	1	29 Feet	14 Feet	406 F
7	Administrative office	1	21 Feet	15 Feet	315 F
8	Store Room	1	40 Feet	10 Feet	400 F
9	Sports Store Room	1	40 Feet	10 Feet	400 F
10	Girls Common Room	1	40 F	20 F	800 F
11	Boys Common Room				
12	Art & Crafts Room	1	15 F.	15 F	225 F
13	Music Room				
14	Socially Useful Productive Work (SUPW) Room	1	29 F	14 F	406 F
15	Science Lab 1	1	9 meet.	8 meet	72 m.
16	Science Lab 2	1	9 meet	8 meet	72 m.
17	Psychology lab & Language Lab	1	15 F	15 F	225 F
18	Educational Technology (ET) / ICT Lab	1	12 meet.	6 meet	72 m
19	Workshop				
20	Any other Room/Hall				
21	Toilets				
	(i) Male	6	25 F	20 F	
	(ii) Female	6	25 F	20 F	

Water Hut is available in the Campus.

Instructional Facilities

7.1 Library
Total Area (In Sq. ft.)

Library
&
Reading Room

2400

7.2 Manpower

7.2.1 Academic and Non-Academic Staff (Applicable for existing institutions)

7.2.1.1 Details of Academic Posts available at present

Name of the Post	Number of Post	Pay Scale	Filled	Vacant

7.2.1.2 Details of Non-Academic Staff available at present

Name of the Post	Number of Post	Pay Scale	Filled	Vacant

Process of Identification and
appointment of Aca staff and Non-Aca
staff has been started.

8. Arrangement for Games and Sports

8.1 Details of availability of playgrounds

Sl. No.	Number of Playgrounds	Length in meter	Breadth in meter	Area in sq mt.
1	Outdoor - 5	As per Y. M. C. A Rules		
2	Athletic ground			
3	Facility for Indoor games is available			

Signature of the authorized designated authority giving undertaking alongwith his/her official and position office Seal)

Undertaking

That I have read and understood the contents of the application and the same are true and correct on the basis of my personal knowledge and on the basis of records of the institution.

2. In connection with my/our application for grant of recognition/permission of Ramkishan Jugal Kishore (Name of the Institution) to conduct B. Ed course with 100 intake/additional intake, and hereby undertake to comply with the following:-

- That infrastructural, instructional and other facilities will be provided as per the NCTE norms, standards and guidelines prescribed from time to time.
- That admission of students, satisfying the eligibility conditions will be made either on the basis of marks obtained in the qualifying examination or in the entrance examination conducted by the State Govt./University as per its policy.
- That there shall be reservation of seats for SC/ST/OBC/handicapped etc. as per the Policy of State Govt.
- That admission to the Course will be made only after recognition is granted by the concerned Regional Committee of the NCTE.
- That the supporting and other staff will be appointed as per the guidelines of the State Govt./the affiliating University.
- That the tuition and other fees will be charged at rates prescribed by the concerned state Govt./affiliating University.
- That the academic and other staff of the institution (including part time staff) shall be paid such salary as may be prescribed by the concerned State Govt./University from time to time.
- That the Management shall discharge the statutory obligations relating to provident fund, pension, gratuity etc. in respect of all its employees.
- That the Management will make adequate funds available for providing satisfactory facilities and for proper programme implementation.
- That the accounts of the institution will be properly maintained and audited annually by the audit authorities or a Chartered Accountant, and will be open for inspection.
- That the Management will strictly follow all conditions and norms prescribed by NCTE from time to time, conduct the programme in all earnestness, and submit itself to inspection by the NCTE as required at any time.

- i) In the event of non-compliance by the G. R. Barasia Charitable Trust (Name of the Society/Trustee/College/ Institution etc.) with regard to the norms and standards and any other condition laid down/prescribed by the NCTE from time to time, the NCTE or a body or a person authorized by it will be free to take all necessary measures for effecting withdrawal of its recognition or permission, without consideration of any other issue, and that all liabilities arising out of such a withdrawal would solely be that of the Institution/Management.
- (xiii) That the Management will not cause or allow discontinuation of the Course in any year or for any batch, and that where compelled, it will seek the concurrence of NCTE for discontinuation on the completion of the year/batch.
- (xiv) That the Management has seen, studied and understood the norms and conditions stipulated by the NCTE for grant of recognition to the programme proposed and feels that they are satisfied, or can be satisfied by the time of inspection, failing which it would be willing to accept an unfavourable decision.
- (xv) The (College/Institution) by virtue of the approval given by the NCTE shall not automatically become claimant of any financial grant or assistance from the Central or State Govt., or support from the NCTE.

(Signature of the authorized designated authority alongwith his/her official position office Seal)

Place: Surajgarh

Date: _____

(JUGALKISHORE R. BARASIA)

NAME IN BLOCK LETTERS

Ganpatray Ramkishan Barasia Charitable Trust
Surajgarh, Jhunjhunu, Raj.

Ganpatray Ramkishan Barasia Charitable Trust
Surajgarh, Jhunjhunu, Raj.