



Guru Gobind Singh Indraprastha University

Kashmere Gate, Delhi – 110 403

Website: www.ipu.ac.in

AFFILIATION BRANCH

No.: GGSIPU/JR(Aff.)/Misc./2010/

Dated: 19.03.2010

The Director/Principal

Sir/Madam,

University has initiated the process for considering proposals for affiliation of colleges and Institutions for grant/revalidation of NOC by Govt. of NCT, Delhi and grant/ continuation of provisional affiliation by the University for academic session 2010-2011. Hence authorized signatories of Societies/ Trusts, Director/Principal of the institutions are required to submit the following documents in duplicate in the prescribed formats enclosed herewith or the same may also be downloaded from the University website i.e. www.ipu.ac.in. The complete application form duly attested each and every page, be submitted in all respect to the Affiliation Branch, Room No. 111, Administrative Block, GGSIP University, latest by 10th April, 2010, upto 3:00 pm (on working days/working hours).

The following documents is to be submitted in case of revalidating of existing Institutions for existing programmes:-

- (i) Application for grant/revalidation of NOC and grant/continuation of provisional affiliation for academic session 2010-2011.
- (ii) Declaration form
- (iii) Part I of the proforma which must be certified by the registered Advocate alongwith authorized signatories of Societies/ Trusts, Director / Principal of the Institute which would be given to the Joint Inspection Committee at the time of Inspection.
- (iv) Annexure I to Annexure X.

The Societies/ Trusts/ Govt. Body which intend to propose for an additional programme / new programme are required to submit their proposal in the prescribed affiliation form of the University which can be procured after submitting a receipt issued by Accounts Branch of the University on deposition of the requisite fee in the form of demand draft of Rs.10,000/- drawn in favour of Registrar, Guru Gobind Singh Indraprastha University. Institutions established and run by Central Govt., the Govt. or a State Govt., or fully funded by the Central Government, the Government or a State Government are exempted from submitting any fee for the affiliation form. In case of proposals which need statutory body approval, status of the application submitted by the society/ Trust/ Govt. body to the concerned statutory body may be intimated to the University with documentary proof, so that appropriate action as per merits can be taken by the University.

Please submit the Declaration Form (also available on website) as required besides receipt of the deposited processing fee (with the Accounts Branch of the University) as prescribed in the policy guidelines of Govt. of NCT, Delhi vide No.DHE. 4(65)/2007-08/6655-6732 dated 19.03.2008 alongwith the application form. It is also informed that Drafts/Cheque/Pay orders against affiliation form fee or processing fee submitted alongwith the application form will not be entertained and the University shall not be responsible for any loss in this case. However, the processing fee and continuation fee for the Academic Session 2010-2011 is under revision. Therefore, the Institute will have to submit the revised amount to the University whenever the same is informed by the University.

We are also enclosing herewith details/documents to be filled by the authorized signatory of the society/trust and Director/Principal of the institute in case of existing institutions with a request to submit all the details latest by 10th April, 2010 by 3:00 p.m. The University will not entertain any proposals after the last date i.e. 10th April, 2010.

The Policy Guidelines of Govt. of NCT, Delhi for grant/ revalidation of NOC and its allied matters of privately managed self-financed institutions for the academic year 2010-2011 is yet to be declared, therefore, as it is notified the same will be implemented by the University for the academic session 2010-2011.

This issues with the approval of the Competent Authority.

Yours sincerely,

(Dr. Nitin Malik)
Joint Registrar (Affiliation)

Encl.: As above

**Application for Grant/Continuation of Provisional Affiliation
by Guru Gobind Singh Indraprastha University
(alongwith declaration form)
Academic Session 2010-2011**

All the institutions are required to submit the following information complete in all respect to the Affiliation Branch (Room No.111, Administrative Block) to the University latest by 10th April, 2010, 3:00 pm (on working day/working hours).

I. Details of the Institution

| | | |
|-----|---|--|
| (a) | Name & Address of the Institute along with Pin code | |
| (b) | Telephone & Fax No | |
| (c) | Web site | |
| (d) | E-Mail: | |
| (e) | Name of the Director/Principal | |

II. Details of the Promoting Trust/Society/Govt. Body

| | |
|--------------------------------------|--|
| Name of the Chairman/Secretary | |
| Name of the Trust/ Society | |
| Address | |
| Pin Code | |
| Registration No of the Trust/Society | |
| Telephone & Fax No | |
| Web site | |
| Email | |

III. Academic Programmes for which Affiliation/NOC is sought:

Existing Courses

| Course Title | Existing Intake (2009-10) | | Duration of the Course (Years) | Year of Commencement | Letter No. of State Govt. NOC/ Univ. affiliation (2009-10) | Intake applied for 2010-2011 |
|--------------|--|---------------------------------------|--------------------------------|----------------------|--|------------------------------|
| | As approved by statutory body, if applicable | As approved by State Govt/ University | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Append duly attested details if required. Annexure No. _____.

New Courses

| Course Title | Status of statutory body approval, if applicable | Intake applied for sanction by the Govt./Univ. | Duration of the Course (Years) | Status of Letter of Intent of Statutory Body | Any other Information |
|--------------|--|--|--------------------------------|--|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Append duly attested details if required. Annexure No. _____.

IV. Details of Land & Building

| A | Land | |
|----------|---|------------------------------|
| (i) | Area of Land | |
| (ii) | Ownership of land (Whether rented/leased/ freehold) | |
| (iii) | Prescribed Land use (whether conforming/non-conforming to Master Plan) | |
| B | Building | |
| (i) | Whether Permanent/Temporary | |
| (ii) | Total Built-up area (in Sq Meters) | |
| (iii) | FAR Achieved (Built up area available per student as against prescribed by the University/Govt. Statutory Body) | |
| (iv) | Total Built up area required as per norms for all programmes | |
| C | Specifications of Accommodation | No. Size (in Sq Mtrs) |
| (i) | Number of class/tutorial rooms | |
| (ii) | Drawing Halls/Conference Room | |
| (iii) | Laboratories (give details) | |
| (iv) | Audio Visual Laboratories | |
| (v) | Library | |
| (vi) | Admn Block | |
| (vii) | Workshop | |
| (viii) | Computer Center | |
| (ix) | Toilets | |
| (x) | Common Rooms | |
| (xi) | Sports facilities (Indoor & Outdoor) | |
| (xii) | Playground | |
| (xiii) | Students Canteen | |
| (xiv) | Hostel (Total Area/rooms/Number of seats etc.) | |
| (xv) | Any other facilities | |

Append duly attested details if required. Annexure No. _____.

V. Details of Other Facilities Available**YES/No**

| | | |
|-------|--|--|
| (i) | Drinking Water | |
| (ii) | Generator | |
| (iii) | Bank facility | |
| (iv) | Facilities provided for physically Handicapped | |
| (v) | Transport facilities | |
| (vi) | Medical facilities | |

Append duly attested details if required. Annexure No. _____.

VI. Details of Library**Programmes**

| A | Details of Books (course-wise) | C.A. | Mgmt. | Engg. | | | | |
|----------|---|------|-------|-------|----|-----|-----|-----|
| | | | | ECE | IT | CSE | EEE | MAE |
| (i) | No. of Titles | | | | | | | |
| (ii) | No. of Volumes | | | | | | | |
| (iii) | Total number of books | | | | | | | |
| (iv) | No. of Journals/Foreign Journals | | | | | | | |
| B | Details of Digital Facilities | | | | | | | |
| (i) | Whether library operations computerised, internet facility, Reading room facilities, Photocopying facilities available, If yes, give details. | | | | | | | |
| (ii) | Inter library linkage facilities | | | | | | | |

Note: The institutes may indicate information as per their own programmes using the above as a sample and append duly attested details if required. (Annexure No. _____)

VII. Details of the Labs/Workshops/Work stations available

| Name of Laboratory | Major Equipment | List of equipment added during previous year |
|--------------------|-----------------|--|
| | | |
| | | |
| | | |
| | | |

Append duly attested details if required. Annexure No. _____.

VIII. Details of Computer Centre

| Name of Laboratory | No of Computers with configuration | Other Equipment (LAN/ Servers/ Printers/ Firewall etc. | Legal Software (System & Application) |
|--------------------|------------------------------------|--|---------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Append duly attested details if required. Annexure No. _____.

IX. Teaching Staff

| Name | Designation | Qualification | Scale of pay, other allowances/remuneration paid | Date of joining | Regular(R)/ Adhoc (A)/ Contract (C)/ Visiting (V)/ Guest (G) | Approved/ recognised by University (Yes/No) |
|------|-------------|---------------|--|-----------------|--|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Append duly attested details if required. Annexure No. _____.

X. Non - Teaching Staff & Technical Supporting Staff

| Name | Designation | Scale of pay, other allowances/remuneration paid | Date of joining | Regular/ Adhoc/ Contract/ |
|------|-------------|--|-----------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |

Append duly attested details if required. Annexure No. _____.

XI. Any new initiatives/achievements:

XII. Details of processing fee deposited with Accounts branch .

| Programmes | Amount | Receipt No. | Dated | Annexure |
|------------|--------|-------------|-------|----------|
| | | | | |
| | | | | |

DECLARATION

The information furnished above is true & correct to the best of my knowledge and belief and is based on facts. Nothing material has been concealed/misrepresented therein. If any information furnished above is found to be false or misleading, concealed or suppressed, undersigned will be liable for the consequences thereof.

We further undertake that we will not run in the existing premises and likely to be created premises of _____ (Name of the institute), any academic programme(s) either of full time / part time / distance education / open learning nature affiliated to any other central / state / deemed / private University or diploma/ certificate programme(s) approved earlier or now by any statutory body / autonomous body in the session 2010-2011.

Signature:
Chairman/ Secretary of the Society/Trust
Name:
Designation:
Dated:
Seal of the Society:

Signature:
Director/Principal of the Institute
Name:
Designation:
Dated:
Seal of the Institute :

I hereby certify that all the above information are true and verified to the best of my knowledge and belief.

Signature of the Advocate
Name of the Advocate
Registration No.
Date

Seal / Stamp of the advocate
Practicing at
Place:

Copy of Part-I to be submitted with the Proposal
for the Academic Session 2010-2011

Part-I

Parameter 1A : Legality of ownership and possession of land, land use

| Criteria | Parameters | Existing | Non-existing |
|---|--|----------|--------------|
| Application for new/ extension of NOC by State Government and continuation of affiliation by University for session 2010-2011 should be filled, signed and attested as supporting document in case the ownership possession and land use certificates have already been submitted to the University and DHE/ DTTE/ DHFW otherwise supporting documents in respect of land ownership, possession and land should be submitted / enclosed alongwith the proposal. | (1) (a) Ownership of land and building by the society (acquisition by allotment/ procurement) (b) Rented building in conforming areas | | |
| | (2) (a) Availability of land as per norms in conforming area, i.e., the land use is institutional. (b) B.Ed. in Schools in Conforming area. (c) Availability of land in non-conforming area as per norms | | |

Parameter 1 B: Availability of built-up area and sanctioned building plan

| Criteria | Parameters | Existing | Non-existing |
|--|---|----------|--------------|
| Application for new/ extension of NOC by State Government and continuation of affiliation by University for session 2010-2011 should be filled, signed and attested as supporting document in case the sanctioned building plan / other relevant papers have already been submitted to the University and DHE/ DTTE/ DHFW otherwise supporting documents in respect of sanctioned building plan and existing built-up area should be submitted/ enclosed alongwith the proposal. | Sanctioned building plan as approved by DDA / MCD/ Govt. body. | | |
| | Availability of built-up area as per the norms of statutory body/ University/ Govt. for proposed / existing programme(s). | | |

Parameter 1C: Safety Measures

| Criteria | Parameters | Existing | Non-existing |
|---|---|-----------------|---------------------|
| Application for extension of NOC by State Government and continuation of affiliation by University for session 2010-2011 should be filled, signed and attested as supporting document in case the sanctioned building plan / other relevant papers have already been submitted to the University and DHE/ DTTE/ DHFW otherwise supporting documents in respect of safety measures should be submitted/ enclosed alongwith the proposal. | Structure Safety Certificate of building of the Institute/College | | |
| | Certificate indicating that the building is earthquake resistant | | |
| | Availability of fire fighting devices at the institute | | |
| | Building is adequately ventilated | | |

Signature:
Chairman/ Secretary of the Society/Trust
Name:
Designation:
Dated:
Seal of the Society:

Signature:
Director/Principal of the Institute
Name:
Designation:
Dated:
Seal of the Institute :

I hereby certify that all the above information are true and verified to the best of my knowledge and belief.

Signature of the Advocate

Seal / Stamp of the advocate

Name of the Advocate

Practicing at

Registration No.

Date

Place:

**For All Institutes/ Colleges which propose to apply for grant / revalidation
of NOC and grant/continuation of provisional affiliation for academic
session 2010-2011**

UNDERTAKING

*(to be submitted by authorized signatory of the registered Society/Trust/Govt. Body
and Director/Principal in case of existing institute)*

*I (Name of the Director/Principal) Director/Principal of (Name of the
institute) hereby undertake to comply with all the conditions indicated by the
University at the time of grant / continuation of provisional affiliation, Statutory
Body while according approval and State Government while issuing No Objection
Certificate for the academic session 2010-2011 along with other conditions imposed
from time to time throughout the year by them.*

*I (Name of the Director/Principal) of the Institute (Name of the institute)
also hereby undertake to abide by the Policy Guidelines of Govt. of NCT, Delhi
/GGSIP University for academic session 2010-2011.*

Signature:
Chairman/ Secretary of the Society/Trust
Name:
Designation:
Dated:
Seal of the Society:

Signature:
Director/Principal of the Institute
Name:
Designation:
Dated:
Seal of the Institute :

**I hereby certify that all the above information are true and verified to the best of my
knowledge and belief.**

Signature of the Advocate

Seal / Stamp of the advocate

Name of the Advocate
.....

Practicing at

Registration No.
.....

Date

Place:

(The Undertaking should be submitted on a non-judicial stamp paper of Rs.10/-)

- Kindly read the enclosed proformas / formats carefully and provide the information as per existing status. Also please see that all the Annexures / Papers / Documents bearing information provided by you are duly signed and attested. (Please verify with the originals if photocopies are being enclosed).
- Please ensure that all information / detail provided by you is authentic and verifiable. In case of wrong or incomplete information, the institute will be liable to own demerits, therefore furnish us with the latest / correct information specially in respect of the status of teaching/non-teaching staff, library, labs, computer centre, infrastructure, etc.
- Do not hesitate to use additional sheets wherever required but also do not furnish irrelevant papers / enclosure to substantiate your information.

(On Letter Head of the Institute/College)

Declaration

I (Name of the Authorized signatory of the registered Society/Trust/Govt. Body in case of new institute) (Name of the Director/Principal in case of existing institute) of (Name of the Institute) declare that the information provided above is true to the best of my knowledge and I have not attempted to suppress or exaggerate data concerning this institution.

Signature:
Chairman/ Secretary of the Society/Trust
Name:
Designation:
Dated:
Seal of the Society:

Signature:
Director/Principal of the Institute
Name:
Designation:
Dated:
Seal of the Institute :

Status of Endowment Fund created by the institute in case of programmes where it is not submitted to the statutory body

| Sl.No. | Programmes | Details of Endowment Fund (indicates Date, Amount, Bank and joint FDR number) | | |
|--------|------------|--|-----------------------------|-----------------------------|
| | | 1 st Installment | 2 nd Installment | 3 rd Installment |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(Please enclose attested photocopies of the indicated installments)

Signature:
Chairman/ Secretary of the Society/Trust
Name:
Designation:
Dated:
Seal of the Society:

Signature:
Director/Principal of the Institute
Name:
Designation:
Dated:
Seal of the Institute :

Performance and Placement of Students in the past years

Kindly provide details in the following format in respect of student performance, admitted to various batches at your institute from its inception programme-wise.

Performance Sheet

Batch-wise details (mention the batch/year of admission of students)

| Semester-wise performance | Unsuccessful | Detained | Second Class | First Class | First with distinction | Exemplary performance |
|---------------------------|--------------|----------|--------------|-------------|------------------------|-----------------------|
| 1 st Sem. | | | | | | |
| 2 nd Sem. | | | | | | |
| 3 rd Sem. | | | | | | |
| | | | | | | |
| | | | | | | |

- Past Record – Year-wise details of any other extra curricular achievements of students like debates, quizzes, competitions and other academic activities which have been taken up / attended by students (seminars, workshops, conference, Group Discussions).
- Details of student association (Duties/Privileges)
- Nature of Discipline maintained by students of the college
- Events Identified for the year & plan of implementation (academic events, sports, other co-curricular activities)

Signature:
Chairman/ Secretary of the Society/Trust
Name:
Designation:
Dated:
Seal of the Society:

Signature:
Director/Principal of the Institute
Name:
Designation:
Dated:
Seal of the Institute :

Lab Status
(To be provided programme-wise)
as per status of 2009-2010

| Sl.No. | Name of the programme | Details of equipments available in the existing labs | | |
|--------|-----------------------|--|----------------------|----------------------|
| | | 1 st year | 2 nd year | 3 rd year |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(Please use it as a sample and utilize it as per the programme conducted.)

Signature:
Chairman/ Secretary of the Society/Trust
Name:
Designation:
Dated:
Seal of the Society:

Signature:
Director/Principal of the Institute
Name:
Designation:
Dated:
Seal of the Institute :

Status of Computer Lab
(To be provided programme-wise)
as per status of 2009-2010

| Sl.No. | Programmes | Number and configuration of the existing terminals | Available Software | Quantity and Quality of Peripherals |
|--------|------------|--|--------------------|-------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

N.B.: Please also indicate additional facility to be created in case a new programme/ additional programme is proposed for 2010-2011.

Signature:
Chairman/ Secretary of the Society/Trust
Name:
Designation:
Dated:
Seal of the Society:

Signature:
Director/Principal of the Institute
Name:
Designation:
Dated:
Seal of the Institute :

LIBRARY STATUS

| Comparative Status | | 2007-08 | 2008-09 | 2009-10 |
|---------------------------|---------------|----------------|----------------|----------------|
| Titles (in numbers) | | | | |
| References (in numbers) | | | | |
| Total Books (in numbers) | | | | |
| Journals (in numbers) | National | | | |
| | International | | | |
| Magazines | | | | |

1. Book Bank (whether available or Not) - YES/NO
2. Library Computerized / automated or not - YES/NO
3. Access to Electronic resources by Students/ Faculty (whether available or Not) - YES/NO
4. If Yes (indicate nos.)
 - (a) Journals
 - National -
 - International -
 - (b) Networked databases -
5. Whether online reservation of books available or not. - YES/NO

Signature:

Chairman/ Secretary of the Society/Trust

Name:

Designation:

Dated:

Seal of the Society:

Signature:

Director/Principal of the Institute

Name:

Designation:

Dated:

Seal of the Institute :

Profile of the Director/Principal/Approved/Recognized/Regular/Guest/Visiting Faculty /Non-teaching Staff

| S. N | Name of the Director/ Principal/ Faculty | Date of Birth | Present Designation | Pay Scale | Total Emoluments (including all admissible allowances) | Percentage / Division (Last Exam) | Experience (in years) | Status of Approval/Recognition by University in case of Principal/Director/Faculty | | |
|------|--|---------------|---------------------|-----------|--|-----------------------------------|-----------------------|--|------------|-------------|
| | | | | | | | | Date | Discipline | Designation |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |

N.B.:- Kindly use this format for sending the profile of your faculty members programme-wise.

Signature:
Chairman/ Secretary of the Society/Trust
Name:
Designation:
Dated:
Seal of the Society:

Signature:
Director/Principal of the Institute
Name:
Designation:
Dated:
Seal of the Institute :

Details of Academic and Professional Qualifications of Faculty Members (including Guest / Visiting) working at (Name of the Institute) for session 2009-10 and identified for 2010-2011

| Name of the faculty | Academic/Professional Qualification (Graduation onwards) | Subject | Division | Percentage | Year of Passing | University | Status 2009-10 | Identified for 2010-2011 |
|---------------------|--|-----------------------------|----------|---------------------|-----------------|------------|----------------|--------------------------|
| Dr. Nisha* | B.Tech | | | | | | | |
| | M.Tech. | | | | | | | |
| | Ph.D. | Mention the title of thesis | | | | | | |
| Dr. Neha* | B.Sc. | | | | | | | |
| | M.Sc. | | | | | | | |
| | M.Phil | | | | | | | |
| | NET/GATE Qualified | | | Indicate percentile | | | | |

Kindly use the format for giving the academic / professional qualifications of all the regular / visiting / guest faculty functioning at your institute. Columns / Rows may be increased as per requirement. *These are just examples.

Signature:
Chairman/ Secretary of the Society/Trust
Name:
Designation:
Dated:
Seal of the Society:

Signature:
Director/Principal of the Institute
Name:
Designation:
Dated:
Seal of the Institute :

Details of Academic and Professional Qualifications of Faculty Members (including Guest / Visiting) and Non-teaching staff working at (Name of the Institute) for session 2009-10 and continue/identified for session 2010-2011

| Name of the faculty (Mention the status if Approved / Qualified / Recognized by the University) | Academic/Professional Qualification (Graduation onwards) | Subject | Division | Percentage | Year of Passing/Award of Degree | University | |
|--|---|-----------------------------|----------|---------------------|---------------------------------|------------|--|
| Dr. Nisha* | B.Tech | | | | | | |
| | M.Tech. | | | | | | |
| | Ph.D. | Mention the title of thesis | | | | | |
| | Any other | | | | | | |
| | Experience | | | | | | |
| | Achievements | | | | | | |
| Dr. Neha* | B.Sc. | | | | | | |
| | M.Sc. | | | | | | |
| | M.Phil | | | | | | |
| | NET/GATE Qualified | | | Indicate percentile | | | |

Kindly use the format for giving the academic / professional qualifications of all the regular / visiting / guest faculty/ non-teaching staff functioning at your institute. Columns / Rows may be increased as per requirement. *These are just examples.

Achievements: In this column faculty may detail about consultancy work undertaken by the faculty besides participation in faculty development programmes / workshops / seminars and also mention about the publications / paper presentation / project / fellowship / award granted by government organization (if any).

Signature:
Chairman/ Secretary of the Society/Trust
Name:
Designation:
Dated:
Seal of the Society:

Signature:
Director/Principal of the Institute
Name:
Designation:
Dated:
Seal of the Institute :

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
Kashmere Gate, Delhi

Declaration Form in respect of norms of the University
w.e.f. academic session 2010-2011

(For use of applicant body to be submitted by the authorized signatory (permanent member) of the society/trust alongwith prescribed application form of the University for affiliation)

PROPOSAL OF (Society/Trust).....
.....
FOR AFFILIATION OF (College / Institute) (NAME).....
ADDRESS.....
CONTACT NO..... FAX..... Email
TO CONDUCT (Programme/s)..... DURING
(Session) IN AFFILIATION WITH GURU GOBIND SINGH
INDRAPRASTHA UNIVERSITY.

1. Registered Society / Trust (Name).....Annexure No.....
(Registration No..... dated)
Address
2. Allotment Papers of Permanent Campus(PC) Annexure No.....
(Document No..... dated)
3. Ownership Documents of PC - Registered sale deed/lease deed. Annexure No.....
(Document No..... dated)
4. Record of Possession of PC - To be verified through tax receipt (water/property tax /
electricity bill / telephone connection/any other)
(Document No..... dated)
5. Land use certificate from DDA or Competent Government Body. Annexure No.....
(Document No..... dated)
Issued by
6. Sanctioned plan of the built-up area by DDA or Competent Government Body. Annexure No.....
(Document No..... dated)
Issued by
7. Actual built up area available exclusively for the proposed programme duly attested by the
Authorized Signatory (permanent member) of the Society / Trust. Annexure No.....
(Document No..... dated)
Issued by

(Signature & Seal of Authorized signatory)

8. Constitution of Governing Body of the Society. Annexure No.....
(Document No..... dated)
Issued by
9. By laws or Memorandum of Association of the Society/Trust. Annexure No.....
(Document No..... dated)
Issued by
10. Safety Certificate of the Building for establishment of an educational institution from the
Competent Authority of the Government. Annexure No.....
(Document No..... dated)
Issued by
11. Status of programme (s)conducted in case the
institute is already established and the recognizing body/ University.
(Proof No..... dated)
12. Undertaking in case the institute is running other programme of any other University/ body.
Annexure No.....
(Document No..... dated)
Issued by
13. Undertaking of the Society / Trust to abide by the Act, Statute, Ordinance,
Norms/Regulations of the GGSIP University. Annexure No.....
(Document No..... dated)
Issued by
14. No Objection Certificate of the concerned State Government.....Annexure No.....
(Document No..... dated)
Issued by
15. Letter of the Governing body of Society/Trust indicating the nomination of the authorized
signatory for correspondence with this University. Annexure

Specimen Signatures of the
Authorized signatory with seal

Name of authorized signatory _____
Designation _____
(with seal)

(Authorization Letter No..... dated)
Issued by

16. Approval of the Statutory Body Annexure No.....
(Document No..... dated)
Issued by

(Signature & Seal of Authorized signatory)

17. Details of application for affiliation (on the prescribed format of the University) Form No.....submitted vide letter No.....dated..... of (applications complete in all respects should be submitted by/with signatures and seal of the authorized signatory (permanent member) of the society/trust)
18. In case the institution proposed to be established, is in Lal Dora, Extended Lal Dora, School premises of Lal Dora/Extended Lal Dora; then following undertaking have to be submitted -
 - (i) undertaking that the Land use is governed as per the Master Plan of Delhi 2021 and zonal plan. Annexure No.....Document No.....dated
 - (ii) Undertaking that the proposed institute is proven to be operating in the non conforming area i.e. (Lal Dora/Extended Lal Dora for at least two years prior to the notification of MPD – 2021).
Annexure No.....Document No..... dated
19. The institute is required to obtain an NOC from the concerned regulatory body that permits the courses to be run for which affiliation/ NOC is required. Annexure No..... (Document No..... dated)
Issued by
20. I have not attempted to suppress or exaggerate data concerning the proposed institution in respect of Annexures detailed above and enclosed herewith and I also undertake that the institute will comply with all the conditions as may be imposed by the Govt. of NCT, Delhi/ University/ Statutory body and the institute shall not conduct any full time/ part time or distance education programme(s) within its premises without the specific prior permission of the University and will not use the trade mark/ trade name of the University for any other admission / teaching activity / conduct of any programme at any other campus.

(Signature & Seal of Authorized signatory)

Name _____

Address _____

Date _____

Place _____

I hereby certify that all the above information are true and verified to the best of my knowledge and belief.

Signature of the Advocate

Seal / Stamp of the advocate

Name of the Advocate

Practicing at

Registration No.

Date

Place: