

**Prof. K. Purushotham**

*M.A., PGDTE, M.Phil., Ph.D.*

**REGISTRAR &  
Professor of English**



**KAKATIYA UNIVERSITY**

Accredited with 'A' Grade by NAAC  
Vidyaranyaपुरi, WARANGAL - 506 009  
Telangana - INDIA

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No. 1374 /B2/KU/2019

Date: 17-09-2019

All the Principals of University and  
Affiliated Colleges offering Under-Graduate &  
Post-Graduate (Professional & Non-Professional) courses  
KAKATIYA UNIVERSITY.

Sub:- ACADEMIC BRANCH, KU - Submission of College particulars for  
confirmation in e-pass of Welfare Department, Government of  
Telangana for sanction of scholarships for the year 2019-2020-Regarding.  
Ref:- Lr.RC.No.D3/2017/2019, dt, 29-08-2019.

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Sir/Madam,

I am to inform you that, as per the instructions from the Government, all the Colleges under the jurisdiction of Kakatiya University have to get confirmation from the University in e-pass of Welfare Department, Government of Telangana for sanction of scholarships from this academic year.

In view of the above, all the Principals of the Colleges are informed to submit the particulars of your college in the prescribed proforma enclosed, for confirmation of college in e-pass to get scholarships to be release for the year 2019-2020.

This may be treated as **MOST URGENT**.

Yours faithfully,

**REGISTRAR**

Copy to:

1. The Dean, College Development Council, KU
2. The Dean, Academic Audit, KU
3. The Public Relations Officer, KU with a request to issue a press note in this regard.
4. The Director, KU website with a request to place it on the KU website.
5. The Secretary, to the Vice-Chancellor, KU,
6. The SF.

**PARTICULARS OF AFFILIATED COLLEGE FOR CONFIRMATION IN e-PASS**  
**(To be submitted through the Dean, College Development Council) – 2019-2020.**

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1. Name of the College :  
Address with Pin code:

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2. Name of the Secretary :  
/ Correspondent  
Mobile No.:

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3. Name of the Principal :  
With Qualifications  
Mobile No.:

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4. Courses offered	Sanctioned intake	Students Admitted
i).		
ii)	<b>(Separate sheet to be enclose)</b>	

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5. Whether current year affiliation granted: Yes/No  
( copy to be enclose)

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6. Year of Establishment :  
(order copy to be enclose)

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7. Own/Rental Building :  
(Documents to be enclose)

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8. Details of Corpus Fund paid :

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9. Particular of Registered Lease :  
Deed / Own building documents  
(Copy to be enclose)

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10. Particulars of Bank details :

i) **Name of the Bank with full address**  
**(Enclose latest three months Statement)**

ii) A/C No:

iii) Name of the person with designation  
authorised to operate the A/C  
Mobile No.:

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11. List of the Teaching and Non teaching staff:  
With Educational Qualifications & contact No:  
(To be enclose a separate sheet)

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**SIGNATURE OF THE PRINCIPAL/  
SECRETARY-CUM-CORRESPONDENT**