Kakatiya University: :Warangal

APPLICATION FOR EXTENSION (RENEWAL) OF AFFILIATION FOR THE ACADEMIC YEAR 2015-2016

1.	Name of the College with University Code	:				
2.	Year of Establishment	:				
3.	Postal Address	:				
4.	Telephone Number with STD Code	:				
5.	E-mail	:				
6.	Website	:				
7.	Location (please tick)	: Urban/Rura			ral/Tribal	
8.	Name of the sponsoring society	:				
9.	Name of the Secretary-cum-Correspondent	:				
10.	Postal Address	:				
11.	Contact No. of the Secretary	:				
12.	Courses and intake (Please enclose the proceedings of the BCI issued from time to time)	:				
13.	Enrolment of the students for the past four years	:	2014-15	2013-14	2012-13	2011-12
14.	Name of the Principal and Qualification (please enclose bio-data and Photostat copies of the certificates)	:			1	

15. Details of Faculty members (please use a separate sheet):

S1. No.	Name	Qualification with subject	Class obtained with % of marks	Permanent/ Temporary/ Part-time	Total Years of Service	Service at the present college	Whether appointed through selection committee*(Yes/No)

(Please enclose bio-data and Photostat copies of the certificates of each faculty member)

* Approval orders of the University are to be enclosed

16. Details of Accommodation (enclose the building plan duly indicating the details of purpose for which the rooms are used):

S1. No.	Room No.	Dimensions in feet and Carpet area in Sq. Ft.	Purpose for which it is used

17. Library: Please specify whether a qualified Librarian is available or not Yes/No If yes, Name of the Librarian with qualification:

Book	ZS .	No. o	f Journals	No. of Periodicals			
No. of Titles	No. of Volumes	National	International				

- 18. Compliance on the previous affiliation orders (please enclose the previous affiliation orders and the compliance report on the conditions stipulated therein):
- 19. Declaration:

Ι,									,
Secretary/Correspondent									of
						College	d	o	hereby
declare that the particulars	furnished	above	are	true	and	correct to	the	best	of my
knowledge and belief.									
Date:		S	SEC	RET	ARY	//CORRES	SPO:	NDI	ENT

20. Certification by the University nominee on the Governing Body:

I hereby forward the application of the college with certification that I have visited the college and the information furnished above is true and correct to the best of my knowledge and belief.

Date: SIGNATURE OF THE UNIVERSITY NOMINEE ON THE GOVERNING BODY OF THE COLLEGE