



**DIRECTORATE OF SELF FINANCE COURSES
KAKATIYA UNIVERSITY, VIDYARANYAPURI-WARANGAL**

Prof.T. Srinivasa Rao
Director

Office: 0870-2461471

Mobile: 9704113040

No.003/DSFC/UPGC/KU/2019.

Date: 19.02.2019.

To
The Principal /Head

.....
.....
(Under Self Finance Courses)
Kakatiya University-Warangal.

Sub: DSFC & UPGC, KU – Submission of SFC Budget proposals for the academic year 2018-2019 for Approval- Reg.

Ref: Orders No. 003/ DSFC & UPGC/ KU/ 2019, dated 12-2-2019.

Dear Sir/Madam,

With reference to the subject cited, you are hereby requested to submit the budget proposals of each course offered under SFC by your College/Department for the academic year 2018-2019, in the enclosed format, so as to reach the undersigned on or before 25th February, 2019.

Further, you are also requested to remit the 30% Reserve Fund to the 'Registrar Self Finance Courses Account, KU' in respect of previous year, i.e. 2017-2018 budget and also to furnish the details for taking further necessary action at our end.

Thanking you.

Yours faithfully

DIRECTOR (SFC)

Director

Directorate of Self Finance Courses &
University PG Colleges
Kakatiya University-Warangal-506 009.

Copy to:

1. Secretary to the Vice-Chancellor, KU, Wgl.
2. P.A. to Registrar, KU, Wgl.

Format for SFC Budget Proposal for 2018-2019

Name of the College.....

Course.....

Section A - Receipts

Sl.No.	Name of the Course	Students Enrolled	Fees	Amount
1.	(Previous)			
	(Final)			
Total Amount				

Section B – Expenditure

Item	Provision	Amount
i.	Reserve Fund (35%)	
ii.	Principal/College Establishment Charges (5%)	
iii.	Teaching Remuneration (60%)	
Total Amount		

Section C (Furnish the details of previous academic year 2017-2018)

Item	Provision	Amount	Details of Remittance
i.	Reserve Fund (30%) Academic year 2017-2018		

(The Reserve Fund (30%) of the previous year 2017-2018 should be credited to the 'Registrar, Self Finance Courses Account, KU' and a copy may be marked to this office.)

Date:

**Principal of the College/
Head of the Department**

Format for SFC Budget Proposal for 2018-2019

Name of the College/Department.....

S.No	Name of the Staff	Designation Casual/Lumpsum/ daily wage	Date of Joining	Remuneration Per month	Remuneration Per annum	Remarks

Date:

**Principal of the College/
Head of the Department**