

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 / Rural / Tribal
8.	Name of the sponsoring society	:	
9.	Name of the Secretary-cum-Correspondent	:	
10.	Postal Address of the Society	:	
11.	Contact No. of the Secretary	:	
12.	Name of the Principal and Qualification (please enclose bio-data and Photostat copies of the certificates)	:	
13.	Details of Corpus Fund (enclose copies of the FDRs/BGs)	:	Exempted / Not Exempted

Installment	Amount	Period		FDR/BG No.	Date	Name of the Issuing Bank	Date of Maturity	Date of Renewal
		from	To					
FIRST								
SECOND								
THIRD								

14. Information regarding the courses sanctioned & withdrawn (enclose copies of the sanction/withdrawal orders). In case the space is not sufficient, use a separate sheet:-

S. N.	Course/Combination/Group	Med.	Intake	Year of Sanction	Year of Withdrawal
1.	B.A.:-				
	a)				
	b)				
	c)				
2.	B.Sc.:-				
	a)				
	b)				
	c)				
	d)				
	e)				
3.	B.Com.:-				
	a)				
	b)				
	c)				
4.	PG Courses:-				
	a)				
	b)				

15. Enrolment of students in the existing courses during the academic year 2014-2015:-
(In case the space is not sufficient, use a separate sheet giving full details)

Sl. No.	Existing courses with combinations	Med.	I Year		II Year		III Year	
			Sanctioned intake	No. of students on rolls	Sanctioned Intake	No. of Students on roll	Sanctioned Intake	No. of students on rolls
1.	B.A.:-							
	a)							
	b)							
	c)							
2.	B.Sc.:-							
	a)							
	b)							
	c)							
	d)							
3.	B.Com.:-							
	a)							
	b)							
	c)							
4.	PG Courses:-							
	a)							
	b)							

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

Sl. 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

17. Extent of the land provided to the college by the society: Area: Place: Sy. No.:

18. Whether the college building(s) is/are owned by the society: Yes/No

19. If the College buildings are taken on lease, enclose the registered lease deed executed for a period of five years in the name of the society/college: Yes/No

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

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

21. Laboratory equipment (Major of value more than Rs. 5,000-00):

Sl. No.	Item	Make	Number

(Please enclose separate list)

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

Books		No. of Journals		No. of Periodicals
No. of Titles	No. of Volumes	National	International	

23. Compliance on the previous affiliation orders (please enclose the previous affiliation orders and the compliance report on the conditions stipulated therein):

24. Proposal for enhancement of intake: (Please apply for not more than three proposals only within the ceiling strength of 60 in Science and 80 in Arts & Commerce)(Fee: Rs. 20,000-00 for each proposal):

Sl. No.	Course & combination	Medium	Proposal for enhancement of intake	
			Existing Intake	Proposed Intake

25. Proposal for change of one of three optional subjects (Please apply for not more than three proposals only) (Fee Rs. 20,000-00 for each proposal):-

Sl. No.	Course & combination	Medium	Intake	Proposal for change of one of the three optional subjects	
				Existing	Proposed

Note: Please enquire about the rules, before applying for change of single subject

26. Declaration:

I, _____, Secretary/Correspondent of _____ College do hereby declare that the particulars furnished above are true and correct to the best of my knowledge and belief.

Date:

SECRETARY/CORRESPONDENT

27. 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