

Application for Grant of Recognition/Permission to Institutions for conducting a New Course/Enhancement of Intake under Section 14/15 of the NCTE Act, 1993

NOTE: Please refer to the instructions at page-14 before submitting the application.

DATE OF SUBMISSION \_\_\_\_\_ APPLICATION ID \_\_\_\_\_

1. Particulars of the authorized applicant

- 1.1 Name of the Applicant Rishi Raj Kaushik  
1.2 Father's/Husband's Name Kishan Chand Kaushik  
1.3 Occupation Social Worker  
1.4 Official Position in the Governing Body of the Society/Trust Director

2. Particulars of applicant Society/Trust/Body

- 2.1 Name of the applicant Society/Trust/Body

The Janta High School, Gannaur

- 2.2 Whether a copy of Certificate of Registration and MOA/ Bye-laws attached.  
(Applicable in case the institution is managed by Society/Trust)

Yes No

3. Complete Postal Address of the applicant Body.

Strike out/ Leave blank any of the following which is not applicable)

Door Plot Number 125/10  
Street Number Devi Lal Chowk  
Village/Town Gannaur  
Post office Gannaur  
Tehsil/Taluka \_\_\_\_\_ Town/City \_\_\_\_\_  
District Sonapat Pin Code 131101  
State Haryana STD Code 0130  
Telephone No. 2460235 Mobile No. 09416852018  
Fax No. \_\_\_\_\_ E-Mail ID \_\_\_\_\_  
Website Address \_\_\_\_\_

K.C. College of Education

Rishi Raj Kaushik  
Director

3. Details about the programme/course applied for

(i)	Nature of proposal (Please tick only one choice)	<input type="checkbox"/> First Time Recognition <input type="checkbox"/> Enhancement of Intake <input type="checkbox"/> Additional Course	
(ii)	Name of the Course applied for	B.Ed	
(iii)	Level of the Course applied for	Post Graduate	
(iv)	Medium of Instruction	English/hindi	
(v)	Whether Course Curriculum fulfills the duration stipulated by NCTE norms and standards	yes	
(vi)	Mode	Distance/ Face to Face	
(vii)	Intake proposed	100 (One hundred)	
(viii)	Affiliating Body/University	Name	Maharishi Dayanand University
		Address	Rohtak
		Telephone No.	
(ix)	Normal month of commencement of the course	12 Month	

4. Particulars of the applicant institution

4.1 Name of the Institution  
(in capital letters)

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4.2 Complete Postal Address [As mentioned in the Affidavit]  
(Strike out/ Leave blank any of the following which is not applicable)

Land Identification (Plot/Khasra No.) 74/7/3, 60/24

Address of the Land

Door/Plot Number

125/10

Street Number

Devi Lal Chowk

Village/Town

Ganaur

Post office

Town/City Sonapat

Tehsil/Taluka

Sonapat

Pin Code 131001

District

Haryana

STD Code 0130

State

2460135

Mobile No.

9416852118

Telephone No.

E-Mail ID

Fax No.

K.C. College of Education  
Rishi Rani  
Director



Website Address \_\_\_\_\_

4.3 Whether the institution is for (tick in the box)

Boys

☐

Girls

☐

Co-Ed

☒

4.4 Whether the Institution is a Minority institution  
(Attach documentary proof issued by the Govt. concerned)

Yes	No
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4.5 Type of Management (Please tick only one out of the following)

- (i) ☒ A Govt. institution
- (ii) ☒ A Govt.-aided institution
- (iii) ☐ A university department
- (iv) ☐ A deemed to be university Pvt/ Govt.
- (v) ☐ A self-financing private institution
- (vi) ☐ Any other, please specify.

(Please attach supporting documents. In case of institutions financed by Central Govt./State Govt./UT Admn. to the extent of not less than 50% of their recurring cost, a certificate to this effect from the Government concerned.)

4.6 Details of the existing Teacher Education Programmes/courses run by the same applicant Society/Trust/ Body.

Sl. No	Name of the institution	Name of the programme	Academic session from which commenced	Existing approved intake	Regional Committee		Name of Affiliating Body	
					Recognition Order Number	Date	Name	Date of Affiliation
			W	A				

4.7 Details of courses other than Teacher Education Programme if any, run by the same applicant Society/ Trust/ Body.

Sl. No.	Name of the institution	Name of the course/programme	Level of the course	Duration of the course	Year of starting of the course	Affiliating Body	
						Name	Date of Affiliation
1	Janta Sr. Sec. School	10+2	Sr. Sec	1year	1988	Haryan Board	27/05/1988

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Rumi Rana / Director

- 4.8 Details of the application(s) for teacher education programme(s)/course(s) already submitted by the same applicant society/trust/body which is/are pending for final decision

Sl. No	Name of the institution	Date of application	Code No.	Name of the programme	Academic session for which applied	Proposed intake	Regional Committee to whom applied	Status
				N/A				

## 5. Fees and Funds

- 5.1 Details of cost of application form of Rs. 1000/- (not applicable in case of application submitted online)

Draft Number	105347
Date	25-6-08
Name of the Nationalized Bank	Orient Bank of Commerce
Name of the Branch	Gannaur
Address	Gannaur ( Sonapat)
Receipt Number, if purchased	

- 5.2. Details of Processing Fee of Rs. 40,000/- only

Draft Number	105347
Date	25-6-08
Name of the Nationalized Bank	Orient Bank of Commerce
Name of the Branch	Gannaur
Address	Gannaur ( Sonapat)
Has the DD will enclosed in original	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>

(Please see Rule 9 of NCTE Rules, 1997 in terms of which Government Institutions are exempt from payment of processing fee)

- 5.3 Details of the Endowment fund (self-financed institutions/programmes)?  
(Please see Clause 10 (1) of the NCTE (Recognition Norms and Procedure) Regulations, 2007 published on 10.12.2007)
- (i) Particulars of the Endowment fund (to be filled in the case of self-financed institutions/ programmes)?

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Rishi Rati / *[Signature]*  
Director



Amount of Endowment Fund	Five Lakh
Fixed Deposit Receipt Number	795281
Duration of the FDR (Minimum five years)	Five Year
Date of issue	24-06-2008
Name of the Nationalized Bank	Central Bank of India
Full address	Gannaur ( Sonapat)
Phone numbers.	
Has the FDR been enclosed in original	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

(ii) Particulars of the reserve fund (to be filled in the case of self-financed institutions/ programmes)?

Amount of Reserve Fund	
Fixed Deposit Receipt Number	
Duration of the FDR (Minimum five years)	
Date of issue	
Name of the Nationalized Bank	
Full address	
Phone numbers.	
Has the FDR been enclosed in original	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

6. Details of Infrastructural Facilities available for proposed programme/course

- (i) Area of the land in possession (in sq. mts.) 26 77 .18
- (ii) Built up area earmarked for the course (in sq. mts.) 17 30 .68
- (iii) Whether an affidavit on Rs. 100/- stamp paper duly attested by Notary / Oath Commissioner on the prescribed format as required under Clause 8(8) of the NCTE Regulations, 2007 has been submitted. ☐ Yes ☐ No
- (iv) Whether certified copies of land ownership/lease documents are enclosed as per Regulation 8(8) of the Regulations, 2007 ☐ Yes ☐ No

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Rishikesh/Dehradun

- (v) Whether English Version of Land Ownership/Lease Documents, duly Notarized are enclosed
- (vi) Whether copy of approved building plan is enclosed.
- (vii) Whether copy of building completion certificate is enclosed, in case building is constructed
- (viii) Whether the building constructed is proposed to be constructed in the same land as indicated in col. 4.2

Yes No

Yes No

Yes No

Yes No

6.1 Building  
(Please refer to Clause 8 of NCTE (Recognition Norms and Procedure) Regulations, 2007)

Description	To be filled in by Institution																
i) Date of approval of the Building plan by the competent authority/State Govt.	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>2</td><td>2</td><td>0</td><td>3</td><td>1</td><td>9</td><td>8</td><td>3</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	2	2	0	3	1	9	8	3
D	D	M	M	Y	Y	Y	Y										
2	2	0	3	1	9	8	3										
ii) Date of completion of construction of the building, if already completed	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>0</td><td>4</td><td>1</td><td>9</td><td>8</td><td>8</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	0	8	0	4	1	9	8	8
D	D	M	M	Y	Y	Y	Y										
0	8	0	4	1	9	8	8										
iii) If construction of the building is not complete, the likely date of completion of construction	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y										
iv) Name and address of the competent authority for approval of building plan and issue of completion certificate	Municipal Council, Gannaur Distt Sonapat (Haryana)																
v) Whether completion certificate obtained from the competent authority	Y N																
vi) Whether Bldg. disabled -friendly as per relevant laws.	Y N																
vii) Whether fire safety norms are being followed.	Y N																
viii) Total Built up Area (in sq. meter) (in sq.ft.)	<table border="1"> <tr> <td>0</td><td>1</td><td>7</td><td>3</td><td>0</td> </tr> <tr> <td>1</td><td>8</td><td>6</td><td>3</td><td>0</td> </tr> </table>	0	1	7	3	0	1	8	6	3	0						
0	1	7	3	0													
1	8	6	3	0													

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## 6.2 Specification of Rooms and other infrastructural facilities

S.No.	Description	Room No.	Length In meter	Breadth In meter	Carpet area in sq. meter
1	2	3	4	5	6
1	Class Room	2			55.55each
2	Class Room				
3	Multipurpose Hall	1			171.11
4	Multipurpose Room	1			55.55
5	Seminar room/tutorial room	1			55.55
6	Library	1			171.11
7	Principal Room	1			55.55
8	Administrative office	1			55.55
9	Store Room	1			55.55
10	Sports Store Room	1			55.55
11	Girls Common Room	1			55.55
12	Boys Common Room	1			55.55
13	Art & Crafts Room	1			55.55
14	Music Room				
15	Socially Useful Productive Work (SUPW) Room	1			55.55
16	Science Lab1	1			57.77
17	Science Lab2				
18	Psychology lab	1			57.77
19	Educational Technology (ET) /ICT Lab	1			57.77
20	Workshop				57.77

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*Dr. ...*

S.No.	Description	Room No.	Length In meter	Breadth In meter	Carpet area in sq. meter
1	2	3	4	5	6
		1			
21	Any other Room/Hall				
22	Toilets	2			42.91
	(i) - Male				
	(ii) Female	2			42.91
23	Any other facility may be specified				

## 7. Instructional Facilities

### 7.1 Library

Total number of Books

0 3 0 0 8

### 7.2 Manpower

7.2.1 Academic and Non-Academic Staff (Applicable for existing institutions)

7.2.1.1 Details of Academic Posts available at present

Name of the Post	Number of Post	Pay Scale	No. of Filled Posts	No. of Vacant Posts
Principal	01	As Per UGL NCTE	To Be Filled	Yes
Lec. In Edu.	01	As Per UGL NCTE	To Be Filled	Yes
Lec in Phy. Education	01	As Per UGL NCTE	To Be Filled	Yes
Lec in Sc.	01	As Per UGL NCTE	To Be Filled	Yes
Lec in Eng.	01	As Per UGL NCTE	To Be Filled	Yes
Lec. In Hindi	01	As Per UGL NCTE	To Be Filled	Yes
Lec. in SST	01	As Per UGL NCTE	To Be Filled	Yes
Lec. in Psychology	01	As Per UGL NCTE	To Be Filled	Yes

*Ravi Roy / Kumar*  
K.C. College of Education  
*Ravi Roy / Kumar*  
Director



7.2.1.2 Details of Non-Academic Staff available at present

Name of the Post	Number of Post	Pay Scale	No. of Filled Posts	No. of Vacant Posts
Librarian	01	As Per State Norms	To be filled	Yes
Office Supdt.	01	As Per State Norms	To be filled	Yes
UDC	01	As Per State Norms	To be filled	Yes
Clerk	02	As Per State Norms	To be filled	Yes
Peon	01	As Per State Norms	To be filled	Yes

8. Arrangement for Games and Sports

8.1 Details of availability of playgrounds

Sl. No.	Number of Playgrounds	Length in meter	Breadth in meter	Area in sq mt.
01	02	20x2	15x2	1200

Sd/-  
Rajendra Prasad  
Director

(Signature of the authorized designated authority giving undertaking alongwith his/her official position and office Seal)

Sd/-  
Rajendra Prasad  
Director