



# बाल-भारती शिक्षा समिति

(रजिस्ट्रेशन नं० 135/70-71)

209, आर्य नगर  
अलवर (राज०)

क्रमांक 2687

दिनांक 26.12.07

The Regional Director  
Northern Regional Committee  
National Council For Teacher Education  
A-46 Shanti Path, Tilak Nagar,  
Jaipur-302004

Sub: - Application For B.Ed New Course Programme).

Dear Sir:

An Application is hereby submitted for starting a New Course of B.Ed Teacher Training Programme. All the enclosures are attached as required with Application Form duly filled.

You are requested kindly to do needfull.

Yours Faithfully

*Bansi Ar*  
अध्यक्ष

बाल भारती शिक्षा समिति, अलवर

Encl: -

1. Application fee D/D for Rs. -40000/-
2. Endowment fund original FDR-5lacs.
3. Photocopy of land documents.
4. Copy of the building plan.
5. Copy of the registration & Constitution.
6. Copy of the Undertaking Non-Judicial stamp paper.
7. Copy of the affidavit.

*Bansi Ar*  
अध्यक्ष

बाल भारती शिक्षा समिति, अलवर



5065

For office use	
Code No. _____	Year _____
Regional Committee _____	
Date of Application _____	
Course _____	
Category: New Institution/New Course/Additional Intake _____	
Type of Management _____	
Affiliating Body _____	

**Form of Application for Grant of Recognition to Institutions including Permission for Conducting a New Course/Additional Intake in Teacher Education Programme under Section 14/15 the NCTE Act, 1993**



**National Council for Teacher Education**  
*Address of the Regional Committee concerned*  
*with address of the Website/e-mail/Telephone/Fax*

Price Rs. 1000/-

1  
कुलकर्णी  
भारत आरक्षी शिक्षा समिति, नवम्बर

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: DETAILS OF THE APPLICATION IF SUBMITTED ON-LINE

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

1. Particulars of the authorized applicant

- 1.1 Name of the Applicant MAHAVEER PRASAD MODI
- 1.2 Father's/Husband's Name SH. HEERA LAL MODI
- 1.3 Occupation PRESIDENT
- 1.4 Official Position in the Governing Body of the Society/Trust SOCIETY

2. Particulars of applicant Society/Trust

2.1 Name of the Society/Trust BAL BHARTI SIKSHA SAMITI

2.2 Whether a copy of Registration certificate attached.  Yes  No

2.3 Complete Postal Address of the Society/Trust.  
(Strike out/ Leave blank any of the following which is not applicable)

Village/Town ALWAR

Post office ALWAR

Door/Plot Number 209-210

Street Number ARYA NAGAR

Tehsil/Taluka ALWAR Town/City ALWAR

District ALWAR State RAJASTHAN

Pin Code 301001 STD Code 0144

Telephone No. 3293399, 3200187 Mobile No. 9414018187

Fax No. - E-Mail ID -

Website Address -

  
M-2087

बाल भर्ता शिक्षा समिति, अलवर

7. Details about the programme/course applied for

a.	Name of proposal (in capital letters, choice)	<input checked="" type="checkbox"/> First Time Recognition <input type="checkbox"/> Enhancement of Intake <input type="checkbox"/> Additional Course	
b.	Name of the Course applied for	B.Ed. (TEACHER EDU. PROG.) 1yr	
c.	Level of the Course applied for	B.Ed PROGRAMME	
d.	Medium of Instruction	HINDI	
e.	Whether Course Curriculum fulfills the duration stipulated by NCIE norms and standards	YES	
f.	Mode	Distance/ Face to Face GKM.	
g.	Intake proposed	100 (NEW COURSE)	
h.	Affiliating Body/University	Name	UNIVERSITY OF RAJASTHAN
		Address	JAIPUR (RAJASTHAN)
		Telephone No.	0144-3293399, 3206187
Normal season of commencement of the course		JULY (Yr 2008-09)	

8. Particulars of the applicant institution

8.1 Name of the Institution (in capital letters) **BAL BHARTI TEACHER TRAINING COLLEGE, GHANDHI NAGAR, ALWAR**

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

Village/Town **ALWAR**

Post office **ALWAR**

Door/Plot Number **—**

Street Number **GHANDHI NAGAR, SCH. NO. 8**

Town/Taluka **ALWAR** Town/City **ALWAR**

District **ALWAR** State **RAJASTHAN**

Pin Code **301001** STD Code **0144**

Telephone No. **3293399, 3206187** Mobile No. **9414018187**

Fax No. **—** E-Mail ID **—**

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

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 *SOCIETY*
- (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 institution.

Sl. No.	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

*Sanjay AP*

STATE BOARD OF TECHNICAL EDUCATION, AP

4.7 Details of courses other than Teacher Education Programme if any, run by the same institution.

Sl. No.	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
		N.A.				

Fees and Funds

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

Name of the Nationalized Bank	—
Name of the Branch	—
Address	—
Draft Number	—
Date	26/9/07
Receipt Number, if purchased	4048

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

Name of the Nationalized Bank	State Bank of India
Name of the Branch	Phool Bagh, Alwar
Address	Phool Bagh, Alwar
Draft Number	995928
Date	13-12-2007

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

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- 5.3 Details of the Endowment fund (self-financed institutions/programmes)?  
(Please see Clause 9 (1) of the NCTE (Recognition Norms and Procedure) Regulations, 2005 published on 13.1.2006)

Amount of Endowment Fund	500000/=
Fixed Deposit Receipt Number	SD/A <sub>39</sub> 640933
Duration of the FDR (Minimum five years)	FIVE YEARS
Date of issue	13.12.2007
Name of the Nationalized Bank	STATE BANK OF INDIA
Full address	PHOOL BAGH, ALWAR
Phone numbers.	PHOOL BAGH, ALWAR 0144-2700757
Has the FDR been enclosed in original	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

- 5.4 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.	
Copy of the Fixed Deposit Receipt has been enclosed	<input type="checkbox"/> Y <input type="checkbox"/> N

*Sanjay B.S.*  
 01/04/08

STATE BANK OF INDIA - ALWAR

Details of Infrastructural Facilities available for proposed programme/course

6.1 Land

An affidavit on Rs. 100/- stamp paper duly attested by Notary on the prescribed format as required under Clause 8(6) of the NCTE Regulations, 2005

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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6.2 Building

(Please refer to Clause 8 of NCTE (Recognition Norms and Procedure) Regulations, 2005

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>9</td><td>1</td><td>1</td><td>1</td><td>9</td><td>8</td><td>9</td> </tr> </table> <p>— ENCL —</p>	D	D	M	M	Y	Y	Y	Y	2	9	1	1	1	9	8	9
D	D	M	M	Y	Y	Y	Y										
2	9	1	1	1	9	8	9										
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>1</td><td>2</td><td>0</td><td>5</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> <p>— ENCL —</p>	D	D	M	M	Y	Y	Y	Y	1	2	0	5	2	0	0	4
D	D	M	M	Y	Y	Y	Y										
1	2	0	5	2	0	0	4										
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> <p>— N.A. —</p>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y										
iv) Name and address of the competent authority	SH. MAHAVEER PRASAD MODI BAL BHARTI SIKSHA SAMITI, 209, ARYA NAGAR ALWAR (RAJASTHAN)																
v) Whether completion certificate obtained from the competent authority	— N.A. — Y/N																
vi) Whether Bldg. disabled-friendly as per relevant laws.	— YES — Y/N																
vii) Whether fire safety norms are being followed.	— YES — Y/N																
viii) Total Built up Area (in sq. meter) (in sq.ft.)	<table border="1"> <tr> <td></td><td></td><td>1</td><td>5</td><td>5</td><td>6</td> </tr> <tr> <td></td><td></td><td>8</td><td>3</td><td>8</td><td>1</td> </tr> </table>			1	5	5	6			8	3	8	1				
		1	5	5	6												
		8	3	8	1												

*[Signature]*  
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 बाल भर्ती शिक्षा समिति, बड़वल



6.3. 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	07	7.39	6.09	45.00
2	Class Room	01	7.09	6.09	45.00
3	Multipurpose Hall	01	10.66	6.63	66.69
4	Multipurpose Room	01	13.10	7.54	98.77
5	Seminar room/tutorial room	01	7.67	5.26	40.34
6	Principal Room	01	5.41	4.80	25.96
7	Administrative office	01	3.42	3.35	11.45
8	Store Room	01	5.25	3.35	17.58
9	Sports Store Room	01	3.20	3.04	9.72
10	Girls Common Room	01	7.39	4.87	35.77
11	Boys Common Room	-	-	-	-
12	Art & Crafts Room	01	4.42	3.27	14.45
13	Music Room	01	4.42	3.27	14.45
14	Socially Useful Productive Work (SUPW) Room	01	9.14	6.09	55.66
15	Science Lab1	01	9.14	5.74	52.46
16	Science Lab2	01	9.14	5.74	52.46
17	Psychology lab	01	9.14	5.74	52.46
18	Educational Technology (ET) /ICT Lab	01	4.69	3.50	16.41
19	Workshop	01	-	-	-
20	Any other Room/Hall	-	-	-	-
21	Toilets				
	(i) Male	02	2.97	1.82	5.40
	(ii) Female	02	1.82	0.91	1.65

*[Signature]*

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Instructional Facilities

7.1 Library  
Total Area (In Sq. ft.)

996

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	Filled	Vacant
N.A.				

7.2.1.2 Details of Non-Academic Staff available at present

Name of the Post	Number of Post	Pay Scale	Filled	Vacant
APPOINTMENT AFTER PERMISSION				

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Signature  
अध्यक्ष  
श्री. विद्या लक्ष्मि, अध्यक्ष

3. Arrangement for Games and Sports

3.1 Details of availability of playgrounds

Sl. No.	Number of Playgrounds	Length in meter	Breadth in meter	Area in sq. m.
1	IN DOOR	19.81	7.62	151
2	OUT DOOR	88/24	50.07	4419

*Signature*  
अध्यक्ष

Signature of the authorized designated authority giving under  
along with his/her official and position office Seal)

Undertaking

That I have read and understood the contents of the application and the same are true and correct on the basis of my personal knowledge and on the basis of records of the institution.

2. In connection with my/our application for grant of recognition/permission of ..... (Name of the Institution) to conduct ..... course with ..... intake/additional intake, and hereby undertake to comply with the following:-

- (i) That infrastructural, instructional and other facilities will be provided as per the NCTE norms, standards and guidelines prescribed from time to time.
- (ii) That admission of students, satisfying the eligibility conditions will be made either on the basis of marks obtained in the qualifying examination or in the entrance examination conducted by the State Govt./University as per its policy.
- (iii) That there shall be reservation of seats for SC/ST/OBC/handicapped etc. as per the Policy of State Govt.
- (iv) That admission to the Course will be made only after recognition is granted by the concerned Regional Committee of the NCTE.
- (v) That the supporting and other staff will be appointed as per the guidelines of the State Govt./the affiliating University.
- (vi) That the tuition and other fees will be charged at rates prescribed by the concerned State Govt./affiliating University.
- (vii) That the academic and other staff of the institution (including part time staff) shall be paid such salary as may be prescribed by the concerned State Govt./University from time to time.
- (viii) That the Management shall discharge the statutory obligations relating to provident fund, pension, gratuity etc. in respect of all its employees.
- (ix) That the Management will make adequate funds available for providing satisfactory facilities and for proper programme implementation.
- (x) That the accounts of the institution will be properly maintained and audited annually by the audit authorities or a Chartered Accountant, and will be open for inspection.
- (xi) That the Management will strictly follow all conditions and norms prescribed by NCTE from time to time, conduct the programme in all earnestness, and submit itself to inspection by the NCTE as required at any time.

*Signature*  
अध्यक्ष

- (xii) In the event of non-compliance by the ..... (Name of the Society/Trustee/College/ Institution etc.) with regard to the norms and standards and any other condition laid down/prescribed by the NCTE from time to time, the NCTE or a body or a person authorized by it will be free to take all necessary measures for effecting withdrawal of its recognition or permission, without consideration of any other issue, and that all liabilities arising out of such a withdrawal would solely be that of the Institution/Management.
- (xiii) That the Management will not cause or allow discontinuation of the Course in any year or for any batch, and that where compelled, it will seek the concurrence of NCTE for discontinuation on the completion of the year/batch.
- (xiv) That the Management has seen, studied and understood the norms and conditions stipulated by the NCTE for grant of recognition to the programme proposed and feels that they are satisfied, or can be satisfied by the time of inspection, failing which it would be willing to accept an unfavourable decision.
- (xv) The (College/Institution) by virtue of the approval given by the NCTE shall not automatically become claimant of any financial grant or assistance from the Central or State Govt., or support from the NCTE.

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

Place: \_\_\_\_\_

Date: \_\_\_\_\_

NAME IN BLOCK LETTERS

  
संयोजक

राज्य शिक्षा विभाग, ग्वाल्हेर