

GONDWANA UNIVERSITY, GADCHIROLI. M.I.D.C.Road, Complex, Gadchiroli. 402 605 (MAHARASHTRA)

Physical Verification of Institutions for Conducting B.Ed./M.Ed./B.P.Ed.Courses Programme under NCTE Regulation 2014

Board of College and University Development,
(B.C.U.D.)Gondwana,Gadchiroli,M.I.D.C.Road,Complex, Gadchiroli.402605
(MAHARASHTRA)

Physical Verification of Institutions for Conducting B.Ed./M.Ed./B.P.Ed. Courses Programme under NCTE Regulation 2014

1	. Parti	culars o	f the Insti	tution :						
	1.1	Name o	f the Colle	ge :						
	1.2	Status	of the Coll	ege :						
Sr.	Ye	ar	NCTE	Unit	Intake					
No.			Code							
1.	2014	-2015								
2.	2015 -	2017								
				(Enclose	the copy of the same)					
2	. Parti	culars o	f Society/	Trust						
			6.1							
	2.1	Name	of the So	ciety/Trust						
	2.2	Whet	her a copy	of Registration	on certificate attached Yes No					
	2.3	Reg. N	lo / Year o	f Establishme	nent					
	2.4				the Society/Trust					
		(Strike	e out/Leav	e blank any o	of the following which is not applicable)					
		Village	e/Town	-						
		Post C	Office							
		Door/	Plot Numb	oer _						
		Street	Number	-						
		Tehsil	/Taluka	_	Town/City					
		Distric	:t		State					

Pin Code

____STD Code _____

Telephone No		Mobile No					
		Fax No.		E-Mail ID			
		Website Address					
	1.4	Details of Managing Committe	ee (Attach List)			
		5 5	`	,			
3.	Det	ails about the program/course					
	a.	Name of the Course applied for					
	b.	Level of the Course applied for					
	c.	Medium of Instruction					
	d.	Mode	Distance/Fa	ce to face			
	e.	Intake Proposed					
	f.	Affiliating Body/University	Name				
			Address				
			Telephone				
4.	4.1	Name of the Institution (In capital letters) Medium of Instruction					
	4.3	Complete Postal Address [As me (Strike out/Leave blank any of t		-			
		Village/Town					
		Post Office					
		Door/Plot Number					
		Street Number					
		Tehsil/Taluka		Town/City			
		District		State			
		Pin Code		STD Code			
		Telephone No.		Mobile No			
		Fax No.		E-Mail ID			
		Website Address					

4.4	Whether the institution	on is for(tick in the box)					
	Boys	Girls	Co - Ed				
4.5	Whether the Institution	is a Minority institution	Yes No				
(Atta	ach documentary proof is	sued by the Govt.concer	ned)				
4.6	Type of Management ((Please tick only one out	of the following)				
	(i) A Govt. instituti	ion					
	(ii) A Govt. –aided i	nstitution					
(iii)	A University department						
(iv)	A deemed to be unive	rsity Pvt/Govt.					
(v)	A self- financing privat	te institution					
(vi)	Any other please spec	rifv					

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

4.7Details of the existing Teacher Education Programs/Courses run by the same institution.

concerned.)

Sr. No.	Name of the Progr	Academic Session from	Existing approved	Regional Committed		Name of Affiliation Body			
	am	Which commenced	intake	Recognition Order Number	Date	Name	Date of Affiliation		

4.8 Details of Courses other than Teacher Education Program if any run by the sameinstitution.

Name of the	Level of	Duration of	Year of	Affiliating Body		
Course/program	the course	the course	starting of the course	Name	Date of Affiliation	
	Course/program	Course/program the course	Course/program the course the course			

Yes | No

4.9	Administrative Particulars:							
1.	Salary : a) By Bank b) ByCheque c) By Cash							
2.	C.P.F. of Staff is deducted: (Enclose the list)	Yes No						
3.	Income tax is deducted: (Enclose the list)	Yes No						
4.	Quarter is filed by the Institution: (Enclose the list)	Yes No						
	Account is Written:	Yes No						
	Enclose audit report of last two Year							

Service Book of Staff is ready:

5

6

7

Yes | No

Scholarship is paid:

8

(Enclose the list)	
5. Fees and Funds	
5.1 Details of the Endowment fund (Self – fi	
(Please see the NCTE Regulations, Dec 20	14)
Amount of Endowment 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	YN
5.2 Particulars of the reserve fund(to be fille programs)	ed in the case of self – financed institutions
programs ,	
Amount of Reserve Fund	
Amount of Reserve Fund	
Amount of Reserve Fund Fixed Deposit Receipt Number	
Amount of Reserve Fund Fixed Deposit Receipt Number Duration of the FDR (Minimum five years)	

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

5.1 Land (Enclose necessary Documents)

Yes | No

If as pre NCTE Norms December 2014

5.2 Building (If as pre NCTE Norms December 2014)

Description	Give	Detai	ls					
I) Date of approval of the Building plan by the competent authority/State Govt.	D	D	M	M	Υ	Υ	Υ	Υ
II) Date of completion of construction of the building, if already completed	D	D	M	M	Υ	Υ	Υ	Υ
III) If construction of the building is not complete, the likely date of completion of construction IV) Name and address of the competent authority.	D	D	M	M	Y	Y	Y	Υ
V) Whether completion certificate obtained from the competent authority VI) Whether Bldg.disabled –friendly as per relevant laws								
VII) Whether fire safety norms are being followed, VIII) Total Built up Area (In sq.meter) (In sq. ft.)								

5.3 Specification of Rooms and other infrastructural facilities

Sr. No.	Description	Room No.	Length In meter	Breadth In meter	Carpet area in sq-meter
1	2	3	4	5	6
1.	Class Room (One class room for every 50 students is required)				
2.	Land & Building				

Sr.	Description	Room	Length	Breadth	Carpet area
No.		No.	In meter	In meter	in sq- meter
1	2	3	4	5	6
1	Class Room				
2	Multipurpose Hall				
3	Library-cum – Reading Room				
4	ICT Resource Centre/Educational Technology(ET)				
5	Curriculum Laboratory				
6	Art and Craft Resource Centre				
7	Health & Physical Education Resource Centre (including Yoga education)				
8	Principal's Office				
9	Staff Room				
10	Administrative office				
11	Visitor's Room				
12	Girls Common Room				
13 a	Boys Common Room				
13 b	Seminar room				
14	Canteen				
15	Toilets –Male				
16 a	Toilets – Female				
16 b	Toilets –Staff				
16 c	Toilets – PWD				
17	Parking Space				
18	Store Rooms (Two) a) b)				

Sr.	Description	Room	Length	Breadth	Carpet area
No.		No.	In meter	In meter	in sq- meter
1	2	3	4	5	6
19	Multipurpose Playfield				
20	Psychology lab				
21	Science Lab.				
22	Music Room				
23	Any other Room/ Hall				
24	Open Space for Additional Accommodations				

	Accommodations					
6.	Instructional Facilities:					
a.	Library					
1	Library Total Area (Sq.ft.)	:				
2	No.of Text Books	:]
3	No. of Reference Books	:				
4	No. of Journals	:				
5	No. of Encyclopedia	:				
6	Sitting Capacity of					
	Reading Room Sq.ft.	:				
b.	Computer Lab.					
1.	No. of Computers	:				
2.	Availability of Internet / W	ifi :				
3.	Availability of Softwares					
c.	Psychology Lab (Sq.ft.)	:				
,_			,			

(Enclose the list of Tests and Apparatus)

d.	Educational Technology Lab.		Yes No
e.	Science Laboratory	:	Yes No
	(Enclose the list of charts, mod	els, Equipments, Sp	ecimens etc.)
f.	Language Laboratory	:	Yes No
g.	Availability of Sports Facility	:	
	I Indoor games	:	Yes No
	II Outdoor games	:	Yes No
(On	ly for B.P.Ed. Course)		
h.	Anatomy, Physiology and Heat (Enclose the list of Equipment	•	Sq.ft.) :
i. (En	Human Performance Lab. (Sq close the list of Equipments)	.ft.) :	
j.	Physiotherapy, Athletic Care a (Enclose the list of Equipments		ıb.(Sq.ft.) :
k.	Sports Psychology Lab.(Sq.ft.) (Enclose the list of Equipments	:	
7.	Instructional Facilities :		
7.1	Manpower		
7.2	Academic and Non- Academic	c Staff(enclose Staff	Profile as per NCTE norms)

8.	Arrangement for	Games	and:	Spor	ts
----	------------------------	--------------	------	------	----

8.1 Details of availability of playgrounds

Sr.	Number of Playgrounds	Length in meter	Breadth in meter	Area in sq.mt.
No.				

8.2	Games and Sports material	:	Attach	list

9. Other	amenities -
----------	-------------

9.1 Safeguard against fire hazards	:	Yes No
------------------------------------	---	----------

9.2 Furniture and fixtures Available: Enclose list

9.3 Availability of safe drinking water facility: Yes | No

9.4 Musical Instruments : Enclose list

9.5 CCTV : Yes | No

9.6 Biometric Machine : Yes | No

9.7 List of practice teaching schools and their distance from college : (Enclose list)

9.8 Hostel : Yes No

Facility : Boys
Girls

(Only required for B.P.Ed Course)

9.9 **Sports and field Equipment**

a) Ath	letics	(Enclose	list	of E	Equipn	nent)
--------	--------	----------	------	------	--------	-------

- (Enclose list of Equipment) b) **Sports and Games**
- i) Badminton
- ii) Basketball
- iii) Cricket
- iv) Football
- Hand ball v)
- vi) Hockey
- vii) Kho – Kho
- viii) **Lawn Tennis**
- ix) Volley Ball
- x) Weight Lifting
- c) Equipments for Indigenous Actives (Enclose list)
- **Gymnastic Apparatus**

(Enclose list)

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

Undertaking

That I have read and understood the contents of the from and furnished the same which is true and correct on the basis of my personal knowledge and records of the institution.

- (i) That the Management will strictly follow all conditions and norms prescribed by NCTE from time totime, conduct the programme in all earnestness, and submit itself to inspection by the NCTE as required at any time.
- (ii) 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 body or a persona 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 Ir

nstitution/Management. (Signature of the authorized designated a	uthority alongwith his/her official position office Seal
Place:	
Date:	NAME IN BLOCK LETTER

Attachments with the application

Following essential documents:-

Essential Documents

- 1. An affidavit in Rs.100 Stamp Paper attested by Notary Public stating the precise location of the land, total area, permission of the competent authority to use the land for educational purpose, that the land is free from all encumbrances and the mode of possession etc.(Please refer to Clause 8(5),(6)& (7) of NCTE (Recognition Norms & Procedure) Regulations,2005.
- 2. In case of self financed institutions/Courses, Copy of Fixed Deposit Receipt of Rs. Five lakh towards Endowment fund, from a Nationalized Bank of a duration of & above 5 years
- 3. Approved building plan along with completion certificate from the concerned competent authority of the State Govt. etc., if the building has already been constructed.(Please refer to Clause 8 (8) of NCTE (Recognition Norms & Procedure)Regulations, 2005.
- 4. In case of institutions financed by Central Govt./UT Administration. To the extent of not less than 50% of their resurring cost, a certificate to this effect from the Government concerned.
- 5. Documentary proof for the Minority Institution status, issued by the Govt. concerned, if applicable.
- 6. A copy each of the Certificate of Registration, Memorandum of Association and Bye laws in case the institution is managed by a Society / Trust.

Note: To facilitate the fast processing of applications, the applicants may ensure that the above documents are submitted in the first instance so that application can be sent to State Governments for recommendations as provided in Clause 7 (2) (iv) of the NCTE Regulation, 2005.

 Please refer to the relevant Regulations for any clarification. The Regulations are available in the Website of NCTE (http://www.ncte-in.org)

(Format of affidavit to be given on Rs.100 stamp paper duly attested by Notary Public) (In terms of provision of NCTE (Recognition Norms and Procedure)Regulation 2005 as amended to time to time)

AFFIDAVIT

1.			(Name of t	he authorized person) son of
				of the
		(name of the Colleg		
			Years,	resident of
		, am the	authorized signat	tory of the application made
	to the R	egional Committee of the Natio	onal Council for Te	acher Education at
	Bhopal /	/ Bhubaneswar / Jaipur / Bang	alore seeking gran	t of recognition / permission
	forcond	uctiong a course in Teacher Edu	ucation titled C.Ed.	/D.Ed./B.El.Ed./B.Ed./B.Ed
		л.Ed/ M.Ed(ODLS)/M.Ed(Part-ti		
	•	f		
2.			Society	/Trust / Institution / College
		out whichever is not applicable		
	descript		, , io iii peeceeieii	or raina ao por ano remerning
	2.1	Total Area (in sqr.Mts.)		
	2.2	Built up Area (in sqr.Mts.)		
	2.3	Address :		
	Plot No	:		
	KhasraN	lo:		
	Village/	Town/ City :		
	District :	:		
	State:			
		Square Meters :		
	Bounde	d by		
_	rth :			
So	uth:	_		
	East	t :		
W	est :	and in the office of .		
	_	red in the office of:		
	011			
3.	That the	e land is on ownership ba	sis / lease basis	for a minimum period of
		years(in figures and words)(Strike out whichev	er is not applicable).

4. That the land is free from all encumbrances.

5.	5. That the land is exclusively meant for running the education ins	titution (land use)and
	the permission of the Competent Authority to this effect ha	s been obtained vide
	letter No datedo	f the communication.
6.	6. That the said premises shall not be used for runni	ing any educational
	activity/institution, other than the teacher education p	rogramme for which
	recognition is being sought.	
7.	7. That the copy of the affidavit shall be displayed on the website general public.	e of the Institution for
8.	8. I do hereby swear that my declaration under Para's(1) to (6) are that it conceals nothing and that no part of this is false. In affidavit are found to be incorrect or false, I shall be liable	case the contents of
	relevant provision of the Indian Penal Code and other relevant l	laws.
	Signature :	
	Name of the Applicant : _	
	Address :	
	· 	
	Telephone No.:	
	E-Mail Address:	
	Website address:	
	Place :	
	Date :	

महाविद्यालय	प्राची भौतिक तपासण	गिची व इतर य	ांची नोंद घे	तल्यानंतर तय	गार करावयाचे	अहवान	पत्रक
₹.	भौतिकसोईसवलती :						
₹.	मानवसंसाधन	:					
₹.	शैक्षणिकसोय सवलती	:					
٧.	प्रशासकीय बाबी	:					
	वेतन	:					
	आयकर	:					
	अंशदानात्मकभविष्यनि	र्वाहनिधी :					
	अंकेक्षण	:					
ч.	इतर	:					
	वरीलनुसार	•••••	•••••	या म	हाविद्यालयास	शासनाचे	नाहरकत
	प्रमाणपत्र देण्याचीशिष	ारसकरण्यात येत	ाआहे/नाही.				
	नाव :			पद	स्वााक्षरी		

अध्यक्ष

सदस्य

सदस्य

1-

₹.

₹.

 $List\ of\ Teachers:\ Details\ of\ teaching\ staff\ for\ B.Ed./\ M.Ed.\ /\ B.P.Ed.\ for\ two\ basic\ units\ of\ 50\ students\ each.$

Sr. No.	Name of the teacher with category Open/SC/ST/DT NT/OBC/SBC	Designation	Subject	Date of appointment	Degree	Qualification Percentage	Name of Awarding University	Permanent /	Approved/not Approved University
1		Principal/HOD							
		Assistant Professor in (Perspective in Education)							
2		Assistant Professor in (Perspective in Education)							
2		Assistant Professor in (Perspective in Education)							
		Assistant Professor in (Perspective in Education)							
		Assistant Professor in (Pedagogy subject of Maths)							
3		Assistant Professor in (Pedagogy subject of Maths)							
		Assistant Professor in (Pedagogy subject of Science)							

Sr. No.	Name of the teacher with category Open/SC/ST/DT NT/OBC/SBC	Designation	Subject	Date of appointment	Degree	Qualification Percentage	Name of Awarding University	Status of appointment Permanent / temporary / CHB	Approved/not Approved University
		Assistant Professor in (Pedagogy subject of Science)							
		Assistant Professor in (Pedagogy subject of Social Science)							
		Assistant Professor in (Pedagogy subject of Social Science)							
		Assistant Professor in (Pedagogy subject of Language)							
		Assistant Professor in (Pedagogy subject of Language)							
4		Assistant Professor in Heath & Physical Education							
5		Assistant Professor in Fine Arts							
6		Assistant Professor in Performing Arts (Music/Dance/ Theatre)							

Note – If the students strength for two years is one hundred (with one basic unit of 50 students), the number of faculty shall be reduced to 8.

Sr. No.	Name of the non- teaching faculty	Designation	Date of appointment	Qualification			Status of appointment	Category
5r. NO.				Degree	Percentage	Name of Awarding University	Permanent / temporary	category
1		Librarian						
2		Lab Assistant						
3		Office-Cum- Account Assistant						
4		Office assistant – Cum Computer Operator						
5		Store Keeper						
6		Technical Assistant						
7		Lab Attendants /Helpers /Support Staff						

Note:- In a composite institution, the Principal & academic, administrative and technical staff can be shared. There shall be one Principal, and others may be termed as HODs.

Availability of practice teaching schools & location address (only for B.Ed./M.Ed./B.P.Ed. college)

Name of the College with address	:-	

Sr. No.	Name of School	Address	Distance from College (in km)