

For office use

Code No. _____ Year _____

_____ Regional Committee

Date of Application _____

Course _____

Category: New Institution/New Course/Additional Intake

Type of Management _____

Affiliating Body _____

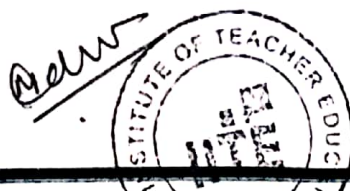
Form of Application for Grant of Recognition to Institutions including Permission
for Conducting a New Course/Additional Intake in Teacher Education
Programme under Section 14/15 the NCTE Act, 1993



गुरुर्गुरुतमो घाम
NCTE

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

Price Rs. 1000/-



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 Dr. Madhusudan D. Makwana
1.2 Father's/Husband's Name Shri Dhirubhai Makwana
1.3 Occupation Employed
1.4 Official Position in the Governing Body of the Society/Trust Registrar

2. Particulars of applicant Society/Trust/Body

2.1 Name of the applicant Body

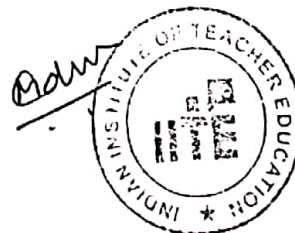
Indian Institute of Teacher Education

- 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

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

Door/Plot Number Ramkrishna Paramhans Vidya Sankul
Street Number Sector-15, Nr. Mahatma Mandir
Village/Town Gandhinagar
Post office Gandhinagar
Tehsil/Taluka Gandhinagar Town/City Gandhinagar
District Gandhinagar Pin Code 382016
State Gujarat STD Code 079
Telephone No. 23287339 Mobile No. 9978407756
Fax No. 23288016 E-Mail ID : iiteregistrar@gmail.com
Website Address www.iite.ac.in



2.4 Permanent Account Number of Society/Trust/Body: AAALI0214L

3. Details about the programme/course applied for

(i)	Nature of proposal (Please tick only one choice)	- First Time Recognition	
(ii)	Name of the Course applied for	B.Sc. B.Ed.	
(iii)	Level of the Course applied for	UG Integrated Innovative	
(iv)	Medium of Instruction	English	
(v)	Whether Course Curriculum fulfills the duration stipulated by NCTE norms and standards	Yes	
(vi)	Mode	Face to Face	
(vii)	Intake proposed	100	
(viii)	Affiliating Body/University	Name	Indian Institute of Teacher Education
		Address	Nr. Mahatma Mandir, KH-Road, Sector-15, Gandhinagar
		Telephone No.	079-23243733
(ix)	Normal month of commencement of the course	June	

4. Particulars of the applicant institution

4.1 Name of the Institution
(in capital letters)

CENTRE OF EDUCATION

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.) Government Higher Secondary School Campus, Sector-15

Address of the Land : Ramkrishna Paramhans Vidya Sankul
Nr. Mahatma Mandir, Kh-Road, Sector 15, Gandhinagar

Plot Number

Street Number Nr. Mahatma Mandir, KH-Road, Sector-15

Village/Town Gandhinagar

Post office Gandhinagar

Tehsil/Taluka Gandhinagar

District Gandhinagar

Town/City Gandhinagar

Pin Code 382016

State Gujarat

STD Code 079

Telephone No. 23287339

Mobile No. 9978407756



Fax No. 23288016 E-Mail ID iiteregistrar@gmail.com

Website Address www.iite.ac.in

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 ☒ (University Constituted College)
(iv) A deemed to be university Pvt/ Govt.
(v) A self- financing private institution
(vi) Any other, please specify.

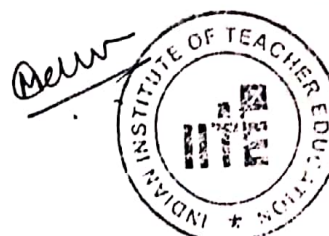
(Please attach supporting documents. In case of institutions financed by Central Govt./State Govt./UT Admn. to the extent of not less than 50% of their recurring cost, a certificate to this effect from the Government concerned.)

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
				N. 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
			N. A.				



- 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
		*						

* This application is in continuation with your Letter No. WRC/Gujarat/Innovative Course/2014/125333, Dated: 11/12/2013

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	378465
Date	18/11/2011
Name of the Nationalized Bank	State Bank of India
Name of the Branch	Gandhinagar Main Branch
Address	Sector-10-B, Gandhinagar
Receipt Number, if purchased	---

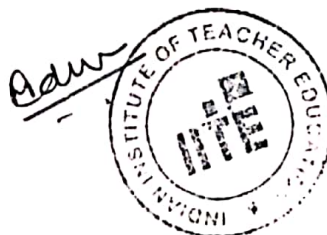
- 5.2. Details of Processing Fee of Rs. 50,000/- only

Draft Number	403285
Date	02/01/2015
Name of the Nationalized Bank	Bank of India
Name of the Branch	Sector-16, Gandhinagar
Address	Sector-16, Gandhinagar
Has the DD will enclosed in original	Y✓ N

(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)?



Amount of Endowment Fund	5,00,000/-
Fixed Deposit Receipt Number	202045110017916
Duration of the FDR (Minimum five years)	5 Year
Date of issue	02/01/2015
Name of the Nationalized Bank	Bank Of India
Full address	Sector-16, Gandhinagar
Phone numbers.	079-23221960
Has the FDR been enclosed in original	Y✓ N

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

Amount of Reserve Fund	7,00,000/-
Fixed Deposit Receipt Number	202045110017917
Duration of the FDR (Minimum five years)	5 Year
Date of issue	02/01/2015
Name of the Nationalized Bank	Bank Of India
Full address	Sector-16, Gandhinagar
Phone numbers.	079-23221960
Has the FDR been enclosed in original	Y✓ N

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

(i) Area of the land in possession (in sq. mts.)

4	5	600
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4. Built up area earmarked for the course (in sq. mts.)

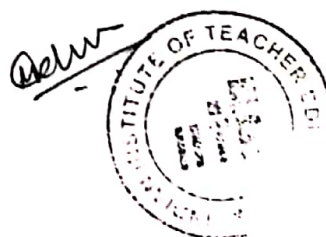
5	0	12
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(iii) Whether an affidavit on Rs. 100/- stamp paper duly attested by Notary / Oath Commissioner on the prescribed format as required under Clause 8(8) of the NCTE Regulations, 2007 has been submitted.

Yes✓	No
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(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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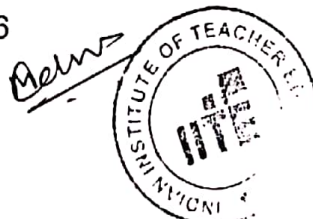


- (v) Whether English Version of Land Ownership/Lease Documents, duly Notarized are enclosed ☒ Yes ☐ No
- (vi) Whether copy of approved building plan is enclosed. ☒ Yes ☐ No
- (vii) Whether copy of building completion certificate is enclosed, in case building is constructed ☐ Yes ☒ No
- (viii) Whether the building constructed is proposed to be constructed in the same land as indicated in col. 4.2 ☐ Yes ☒ No

6.1 Building

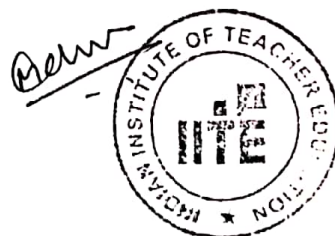
(Please refer to Clause 8 of NCTE (Recognition Norms and Procedure) Regulations, 2007)

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>3</td><td>1</td><td>0</td><td>3</td><td>1</td><td>9</td><td>8</td><td>9</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	3	1	0	3	1	9	8	9
D	D	M	M	Y	Y	Y	Y										
3	1	0	3	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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>* Govt. of Gujarat has handed over the building to the IITE for the purpose</p>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y										
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.R. ----</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 for approval of building plan and issue of completion certificate	Building & Communication Department, Government of Gujarat																
v) Whether completion certificate obtained from the competent authority	Government Constructed Building																
vi) Whether Bldg. disabled –friendly as per relevant laws.	Yes																
vii) Whether fire safety norms are being followed.	Yes																
viii) Total Built up Area (in sq. meter) (in sq.ft.)	<table border="1"> <tr> <td>0</td><td>5</td><td>0</td><td>4</td><td>0</td></tr> <tr> <td>5</td><td>4</td><td>2</td><td>5</td><td>0</td></tr> </table>	0	5	0	4	0	5	4	2	5	0						
0	5	0	4	0													
5	4	2	5	0													



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	4	7.20	5.35	38.52
2	Class Room	4	7.20	6.50	46.80
3*	Multipurpose Hall	1	11.70	17.70	207.09
4*	Multipurpose Room	1	7.20	5.35	38.52
5*	Seminar room/tutorial room	1	7.20	6.5	46.80
6*	Library	1	11.70	8.50	99.45
7*	Principal Room	1	3.10	5.35	19.26
8*	Administrative office	1	3.10	5.35	19.26
9*	Store Room	1	7.20	5.35	38.52
10*	Sports Store Room	1	7.20	5.35	38.52
11*	Girls Common Room	1	7.20	6.50	46.80
12*	Boys Common Room	-	-	-	-
13*	Art & Crafts Room	1	7.20	5.35	38.52
14*	Music Room	-	-	-	Along with multi-Purpose room
15*	Socially Useful Productive Work (SUPW) Room	-	-	-	-
16*	Science Lab1 (Physics) (Chemistry)	1 1	7.20 30.30	19.50 10.05	140.04 318.15
17*	Science Lab2 (Biology)	1	20.20	10.05	212.10
18*	Psychology lab	1	7.20	6.5	46.80
19*	Educational Technology (ET) /ICT Lab	1	7.20	6.5	46.80
20	Workshop	1	7.20	6.5	46.80



S.No.	Description	Room No	Length In meter	Breadth In meter	Carpet area in sq. meter
1	2	3	4	5	6
21*	Any other Room/Hall	3	7.20	5.35	38.52
22*	Toilets				
	(i) Male	2	*5.35	4.70	25.14
	(ii) Female	2	5.90	2.14	14.16
23 +	Any other facility may be Specified (Hostel accommodation)	228	5.85	4.35	25.45

*Shared with B.A. B.Ed. programme. + Hostel facilities is provided over and above buildup area

7. Instructional Facilities

7.1 Library

Total number of Books

0	7	0	0	0
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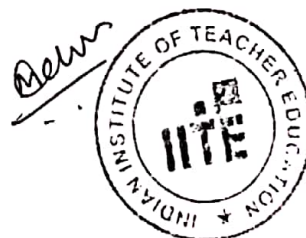
7.2 Manpower

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	1	AGP: 10,000/- PB: 4	1	-
Asst. Professor	1	AGP: 6,000/- PB :3	1	
Asst. Professor	15	Ad-hoc as per Govt. Norms	2	* 12

* Copy of advertisement is attached herewith.



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	1	---	1	---
Computer Lab Assistant	3	---	3	---
Office Manager	1	9300-34800 GP 4200	---	Advertised
Office Assistant Cum Data Entry Operator	1	5200-20200 GP 1900	1	---
Curriculum Lab Coordinator	1	---	1	To be filled in due course
Account Assistant	1	5200-20200 GP 2400	1	---
Helpers/Lab Attendant	2	---	2	---

(Some of the staff members shall in sharing B.A. B.Ed.)

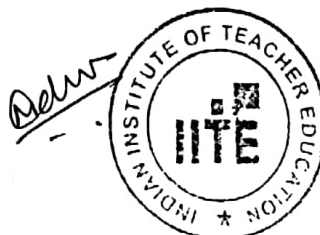
8. Arrangement for Games and Sports

8.1 Details of availability of playgrounds

Sl. No.	Number of Playgrounds	Length in meter	Breadth in meter	Area in sq mt.
1	1	456	194.5	88692
2	2	40	194.5	7780
3	3	40	46	1840

REGISTRAR
INDIAN INSTITUTE OF TEACHER EDUCATION
GANDHINAGAR

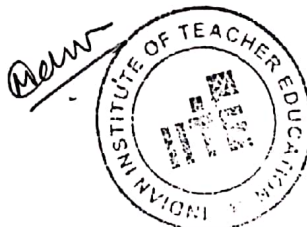
(Signature of the authorized designated authority giving undertaking alongwith his/her official position and office Seal)



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 **Indian Institute of Teacher Education** to conduct B.Sc. B.Ed. Innovative course with 100 Intake/additional intake, and hereby undertake to comply with the following:-
 - (i) That infrastructural, instructional and other facility has been/shall be provided as per the NCTE norms, standards and guidelines prescribed from time to time.
 - (ii) That admission to the Course will be made only after recognition is granted by the concerned Regional Committee of the NCTE and affiliation is granted by the concerned University/Affiliating Body.
 - (iii) 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.
 - (iv) That there shall be reservation of seats for SC/ST/OBC/other categories etc. as per the Policy of State Govt.
 - (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.



- (xii) In the event of non-compliance by the **Indian Institute of Teacher Education** 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 after grant of recognition, and that where compelled to do so, it will seek the concurrence of NCTE for discontinuation on the completion of the year/batch.
- (xiv) 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 and office Seal)

Place: Gandhinagar

Date: 05/01/2015

NAME IN BLOCK LETTERS

Melw
DR. MADHUSODAN MAKWANA

REGISTRAR
INDIAN INSTITUTE OF TEACHER EDUCATION
GANDHINAGAR

