

भाने सहाय जनकल्याण शिक्षण संस्थान

सबरामपुरा, जयपुर (राज.)

क्रमांक

दिनांक 31/10/2008

सेनाग

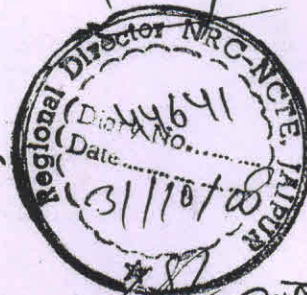
डीमान रिजनल डाइरेक्टर
N.C.T.E जयपुर

विषय:- S.T.C की फाइल जमा करवाने हेतु:-

महोदय,
 नाम निवेदन है कि भाने सहाय जनकल्याण
 शिक्षण संस्थान के द्वारा लोकेश S.T.C कॉलेज सबराम-
 पुरा चलाने के लिए N.C.T.E के मापदण्डों के अनुसार
 हमने कार्य कर लिया है, और यदि कोई कमी पाई जायेगी
 तो पूरी कर दी जायेगी।

अतः S.T.C कोर्स के लिए हमारी फाइल
 जमा करने की कृपा करें। HIO FOR
 निम्न दस्तावेज संलग्न हैं। (401)

- ① D.D. No 674896, 40,000 रु.
- ② अन्य सभी दस्तावेज



Handwritten signature and name: **बाबूलाल यादव**
 सचिव

भानेसहाय जन कल्याण शिक्षण संस्थान
 सबरामपुरा, जयपुर

Handwritten signature: **BMJ**
 सचिव

भानेसहाय जन कल्याण शिक्षण संस्थान
 सबरामपुरा (जयपुर)



National Council for Teacher Education
Northern Regional Committee

Office : A-46, Shanti Path, Tilak Nagar, Jaipur-302004 (Rajasthan)

गुरुकुलमो घात
NCTE

RECEIPT

{G.A.R. 6 Rule 22 (1)}

Date 13/06/2008

No. 7832

Received From

आर्जे सहाय जी-अकश्रीत विशेष संस्थान अखराभपुरी अयडर

with letter No. & Date 13/06/2008

the sum of Rupees

छेक एक हजार बीअस

Bank

Date

in Cash/by Cheque/DDNo. (s)

छेक

on account of

अयडर - 668.5

R.

1000/-

(Subject to encashment of Cheque/DD)

(Signature with Designation)

[Signature]

केनरा बैंक CANARA BANK

वैशाखीनगर, जयपुर
VASHTALINAGAR, JAIPUR - 302 001

(2793)

मांगने पर ON DEMAND PAY

Secretary, NRE North Regional Committee

DD No. 674896 31.10.08

रुपये RUPEES

Forty thousand only

केनरा बैंक CANARA BANK

DDNG/OL

Drawee Branch, D.P. Code

प्रतिभूत हस्ताक्षर का
Authorised Signatory

पदनाम
Designation

ह.सं.सं.
S.P. No.

अदा करें । FOR VALUE RECEIVED

कुले केनरा बैंक For CANARA BANK

रु. Rs. 40000/-00

केवल छः माह के लिए वैध FOR SIX MONTHS ONLY

⑈674896⑈ 000015000⑈ 652793⑈ 16

मानेसहाय जन कल्याण शिक्षण संस्थान
सचिव
सुलिससपुरा (जयपुर)

6685

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/-

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 BABU LAL YADAV
- 1.2 Father's/Husband's Name HARCHAND YADAV
- 1.3 Occupation TEACHING
- 1.4 Official Position in the Governing Body of the Society/Trust SOCIETY

2. Particulars of applicant Society/Trust/Body

- 2.1 Name of the applicant Society/Trust/Body DHANE SAHAYA JAN KALYAN SISHAK SANSTHAN SABRAMPURAJAR.

- 2.2 Whether a copy of Certificate of Registration and MOA/ Bye-laws attached. ☒ Yes ☐ No
(Applicable in case the institution is managed by Society/Trust)

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

Door/Plot Number _____

Street Number _____

Village/Town VILL. SABRAMPURA

Post office BHAMBHARI

Tehsil/Taluk JAIPUR Town/City JAIPUR

District JAIPUR Pin Code _____

State RAJASTHAN STD Code 0141

Telephone No. _____ Mobile No. 9461165094

Fax No. _____ E-Mail ID _____

Website Address _____

2.4 Permanent Account Number of Society/Trust/Body: - _____

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	S.T.C	
(iii)	Level of the Course applied for	XII th LEVEL	
(iv)	Medium of Instruction	HINDI & ENG.	
(v)	Whether Course Curriculum fulfills the duration stipulated by NCTE norms and standards	YES	
(vi)	Mode	Distance/ Face to Face	
(vii)	Intake proposed	NO	
(viii)	Affiliating Body/University	Name	LOKESH, S.T.C. COLLEGE
		Address	UNIVERSITY OF RAJASTHAN
		Telephone No.	
(ix)	Normal month of commencement of the course	TWO YEAR	

4. Particulars of the applicant institution

4.1 Name of the Institution
(in capital letters)

LOKESH S.T.C. COLLEGE

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.) _____

Address of the Land _____

Door/Plot Number _____

Street Number _____

Village/Town SABRAMPURA

Post office BHAMBHORI

Tehsil/Taluka JAIPUR Town/City JAIPUR

District JAIPUR Pin Code _____

State RAJASTHAN STD Code 0141

Telephone No. _____ Mobile No. 9461165094

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
- (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
				NIL				

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
			NIL				

- 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
				NIL				

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	
Date	
Name of the Nationalized Bank	
Name of the Branch	
Address	
Receipt Number, if purchased	

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

Draft Number	674896
Date	31-10-08
Name of the Nationalized Bank	CANARA BANK
Name of the Branch	CANARA BANK
Address	VAISHALI NAGAR JAIPUR
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			
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 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 checked="" type="checkbox"/> Y	<input type="checkbox"/> N	

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

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

2529.20 sq. mt.

(ii) Built up area earmarked for the course (in sq. mts.)

1600 sq. mt.

(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

- (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>2</td><td>1</td><td>1</td><td>0</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	2	1	1	0	2	0	0	7
D	D	M	M	Y	Y	Y	Y										
2	1	1	0	2	0	0	7										
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>5</td><td>0</td><td>3</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	1	5	0	3	2	0	0	8
D	D	M	M	Y	Y	Y	Y										
1	5	0	3	2	0	0	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 colspan="4">COMPLETE.</td><td></td><td></td><td></td><td></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	COMPLETE.							
D	D	M	M	Y	Y	Y	Y										
COMPLETE.																	
iv) Name and address of the competent authority for approval of building plan and issue of completion certificate	B. S. SAINI, 2/16/ MANSAROVAR JAIPUR.																
v) Whether completion certificate obtained from the competent authority	<input checked="" type="checkbox"/> Y/N																
vi) Whether Bldg. disabled -friendly as per relevant laws.	<input checked="" type="checkbox"/> Y/N																
vii) Whether fire safety norms are being followed.	<input checked="" type="checkbox"/> Y/N																
viii) Total Built up Area (in sq. meter) (in sq.ft.)	<table border="1"> <tr> <td>1</td><td>6</td><td>0</td><td>0</td><td>S</td><td>E</td><td>M</td><td>T</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	6	0	0	S	E	M	T								
1	6	0	0	S	E	M	T										

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	Class Room				
3	Multipurpose Hall				
4	Multipurpose Room				
5	Seminar room/tutorial room				
6	Library				
7	Principal Room				
8	Administrative office				
9	Store Room				
10	Sports Store Room				
11	Girls Common Room				
12	Boys Common Room				
13	Art & Crafts Room				
14	Music Room				
15	Socially Useful Productive Work (SUPW) Room				
16	Science Lab1				
17	Science Lab2				
18	Psychology lab				
19	Educational Technology (ET) /ICT Lab				
20	Workshop				

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				
22	Toilets				
	(i) Male				
	(ii) Female				
23	Any other facility may be specified				

7. Instructional Facilities

7.1 Library
Total number of Books

2200

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	12000-16500/-	Filled	No
LECTURAR	05	6500-10,500/-	11	11
LIBRARIAN	01	6500-10,500/-	11	11
PHYSICAL LECTURAR	01	6500-10,500/-	11	11

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
OFFICE SUPAN DENT	01	5500-9000/-	Filled	11 No
COMPUTER OPERATOR	01	3050-5000/-	11	11
HELPER	02	2550-3550/-	11	11
PEONS	02	2550-3550/-	11	11
— x	—	x —	x —	x —

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.
	BLUE PRINT	ATTACHED	—	

BABULAL YADAV 14/12/20

(Signature of the authorized designated authority 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 (Name of the Institution) to conduct course with intake/additional intake, and hereby undertake to comply with the following:-

- That infrastructural, instructional and other facilities 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 BHANE SAHAY JANKALYAN SISHAK SANSTHAN (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 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: JAIPUR

ate: 30/06/08

BABULAZ YADAV

सचिव

NAME IN BLOCK LETTERS

मानेसहाय जन कल्याण शिक्षण संस्थान

सबरामपुरा, जयपुर

BUY

सचिव

मानेसहाय जन कल्याण शिक्षण संस्थान
सबरामपुरा (जयपुर)

(Format of affidavit to be given on Rs. 100 Non-Judicial stamp paper duly attested by Oath
Commissioner/ Notary Public)
(In terms of provision of NCTE (Recognition Norms and Procedure) Regulation 2007 as
amended to time to time)

AFFIDAVIT

I, _____ (Name of the authorized person)
son of _____ and _____ of the
_____ (name of the College / Institution /
Trust / Society, etc.) aged about _____ years, resident of _____

_____ am the authorized signatory of the application made to
the Regional Committee of the National Council for Teacher Education at
Bhopal/Bhubaneshwar/Jaipur/Bangalore seeking grant of recognition / permission for
conducting a course in Teacher Education titled _____ with
intake/additional intake of _____

2. That the _____ Society / Trust / Institution /
College (strike out whichever is not applicable) is in possession of land as per the following
description: -

2.1. Total Area of the land (in sqr. Mts.) _____

(b) Total building
area for the said course (In Sq Mts) _____

2.2 Address:

Plot No:

Khasra No:

Village/Town/City:

District:

State:

Bounded by

North:

South:

East:

West:

Registered in the office of: _____

on _____

3. That the land is on ownership basis / lease from Govt. for a minimum period
of _____ years (in figures and words) (Strike out whichever is not applicable).

4. That the land is free from all encumbrances.

5. That the land is exclusively meant for running the educational institution and the permission of the Competent Authority to this effect has been obtained vide letter No. _____ dated _____ and a copy thereof is enclosed.

6. That the said premises shall not be used for running any educational activity/institution, other than the teacher education programme for which recognition is being sought.

7. That the copy of the affidavit shall be displayed on the website of the Institution for general public.

8. I do hereby swear that my declaration under Para's(1) to (6) are true and correct and that it conceals nothing and that no part of this is false. In case the contents of affidavit are found to be incorrect or false, I shall be liable for action under the relevant provision of the Indian Penal Code and other relevant laws.

Signature: _____

Name of the Applicant: BABU LAL YADAV

Address: VILL. SABRAMPURA, POST - BHAMBHORI

DIST - JAIPUR

JAIPUR, RAJASTHAN.

Tel : 9461165094

E-mail address : _____

Website address : _____

Place: JAIPUR.

Date: 30/06/08.

BLY

सचिव

भानेसहाय जन कल्याण शिक्षण संस्थान
सबरामपुरा (जयपुर)

INSTRUCTION

Attachments with the application

Application for grant of recognition including permission for additional intake or new course should be submitted in Triplicate in the format as prescribed to the concerned Regional Committee alongwith the following essential documents: -

Processing Fee

Demand draft of Rs. 40,000/-(forty thousand) from a Nationalized Bank drawn in favour of the Member Secretary, NCTE payable at the city where the Regional Committee is located.

Essential Documents (only application alongwith these essential documents would be deemed to be complete application within the meaning of Regulation 5(5) of the NCTE (Recognition Norms & Procedure) Regulations, 2007 notified on 10th December, 2007)

1. An affidavit on Rs. 100 Non-Judicial Stamp Paper attested by Notary Public/Oath Commissioner 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.
2. Certified copies of land documents relating to ownership/lease taken from Govt.
3. In case of self-financed institutions/courses, Fixed Deposit Receipt of Rupees five lakh towards Endowment fund, and Rupees three lakhs for Reserve Fund in original, from a Nationalized Bank of a duration of & above 5 years.
4. Approved building plan and also completion certificate from the concerned competent authority of the State Govt. etc., if the building has already been constructed.
5. 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:- No column in the application form be left blank. The column in respect of which there is no information to furnish or which is not applicable may accordingly be indicated.

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

Mandatory Disclosure Format

(The following information will be displayed by the Institution concerned in its own website for the information of all concerned simultaneously with submission of application to the NCTE seeking grants of recognition and updated from time to time as per Clause 8(14) of the NCTE (Recognition Norms & Procedure) Regulations, 2007

1. Details of the institution:

- 1.1 Name of the Institution LOKESH S.T.C COLLEGE
- 1.2 Date of Establishment 13/06/2008
- 1.3 Complete postal address:
Village: SABRAMPURA.
P.O. BHAMBHORI Block JHOTWARA
Tehsil/Taluka JAIPUR Town/City JAIPUR
District JAIPUR State RAJASTHAN Pin
- 1.4 Phone (with STD code): 946165094
- 1.5 Fax: _____
- 1.6 E-mail: _____
- 1.7 Website Address: _____
- 1.8 Nearest Railway Station JAIPUR JUNCTION
- 1.9 Nearest Town JAIPUR
- 1.10 Type of Institution (Boys/Girls/Co-Education) Co-Education
- 1.11 Status of Institution (Minority/Non-Minority) NON MINORITY

2. Management:

- 2.1 Government owned: NO
- 2.2 Govt. aided: NO
- 2.3 Self-financed: YES
- 2.4 University Department: NO
- 2.5 Any other (please specify): NO

3. Details of the course applied for

- 3.1 Level of the Course 10+2 OR XIIth LEVEL
- 3.2 Name of the Teacher S. T. C
- 3.3 Duration of the Course TWO YEAR
- 3.3 Whether to be conducted in
face to face or distance mode. FACE TO FACE
- 3.4 Proposed Intake NO
- 3.5 Academic Session from
which the course will be
conducted 2009 - 2010
- 3.5 Details of the Affiliating Body
Name _____
Address/Tel/Fax No. _____

4. Land:

- 4.1 Whether copy of the Affidavit in the prescribed
format has been displayed on the website as required
under Regulation 8(9) of the NCTE Regulations, 2007 ☒ Yes ☐ No
- 4.2 Land Identification
(Plot/Khasra No.) _____
- 4.2 Land Area in sq mt. 2529 - sq. mt.
- 4.2 Whether the Title of the land is on
Ownership basis YES
- 4.3 Title of the land is on lease
as per law NO
- 4.4 Duration of the lease NO
- 4.5 Land Use Certificate obtained
for Educational Institution YES

5. That the land is exclusively meant for running the educational institution and the permission of the Competent Authority to this effect has been obtained vide letter No. _____ dated _____ and a copy thereof is enclosed.

6. That the said premises shall not be used for starting any educational activity/institution, other than the teacher education programme for which recognition is being sought.

7. That the copy of the affidavit shall be displayed on the website of the Institution for general public.

8. I do hereby swear that my declaration under Para's (1) to (6) are true and correct and that it conceals nothing and that no part of this is false. In case the contents of affidavit are found to be incorrect or false, I shall be liable for action under the relevant provision of the Indian Penal Code and other relevant laws.

Signature: _____

Name of the Applicant: DABU LAL YADAV

Address: VILL. SABRAMPURA, POST - BHANBAMHUR

DIST - JAIPUR

JAIPUR, RAJASTHAN.

Tel : 9461165094

E-mail address : _____

Website address : _____

Place: JAIPUR.

Date: 30/06/08.

Bu
साधिव

मानेसहाय जन कल्याण शिक्षण संस्थान
सबरामपुरा (जयपुर)