

BUILDING COMPLETION CERTIFICATE

I _____ hereby certify that the institution namely _____ situated at _____ have personally inspected the land and building mentioned in the statement below and the same is based on the registered documents, data measurements and specifications found in the site.

1.	Name of the society/trust	
2.	Name of the institution	
3.	<p>A certificate from the competent authority to the effect that the society sponsoring the instruction has transferred and vest the title of the land and building in the name of the institution as per clause 8 (4)(iii) of the NCTE Regulations, 2014</p> <p><u>Note:</u> Clause 8(4)(iii) of the NCTE Regulation, 2014 provides that “the society sponsoring the institution shall be required to transfer and vest the title of the land and building in the name of the institution within a period for of six months from the date of issue of formal recognition order under sub-regulation (16) of Regulation 7. However, in case, the society fails to do so due to local laws or rules or bye-laws, it shall intimate in writing with documentary evidence of its inability to do so.”</p>	<p>A copy of the certificate is required to be enclosed by all recognized institutions within a period of six months from the date of issue of formal recognition order under sub- regulation (16) of Regulation 7 of the NCTE Regulation, 2014.</p> <p>Copy enclosed: Yes/No</p>
4.	Location with khata/khasra/Street No./ Ward No., Name of the Place, Corporation / Municipality / Panchayat.	
5.	Date of Registration of Land	
6.	Registered in the office of Sub-Registrar with address	
7.	The location of the land of the institution is in a single plot or different plot	
8.	If the location of the land of the institution is not in a single plot the distance of different plots be mentioned.	

9.	Type of ownership of land			
10.	Building plan approved by (address of Corporation / Municipality / Panchayat/ any other Govt. Agency			
11.	Year of construction			
12.	Purpose for which the building is being used / proposed to be used			
13.	Electricity connection No.			
	Telephone connection No.			
14.	Total land area of the institution			
	Total built up area of the institution			
15.	Total land area earmarked for teacher training programme (Name of the course to be mentioned)			
	Total built up area earmarked for teacher training programme (Name of the course to be mentioned)			
16.	Details of construction of building (Roofing– pl. mention RCC/ Asbestos/Tiled/any other pl. Specify)		Area	Roofing
		Ground Floor	Sq.ft.	
		First Floor	Sq.ft.	
		Second Floor	Sq.ft.	
		Third Floor	Sq.ft.	
17.	Details of Land Use Certificate for Educational purposes from the concerned Govt. authorities/any other govt. local body details thereof.	Date of issue of Certificate Issued by :		

On verification of the above on site, I hereby certify that:-

- (i) **The land & building of the institution is exclusively meant for running teacher training programme. The institution campus, building, furniture etc. is barrier free. There is no temporary structure, asbestos/tin sheet sheds available in the building. Safeguard against fire hazard has been provided in all parts of the building.**
- (ii) **The building of the institution is constructed keeping in view the provisions and bye-laws of the building construction as per the Bureau of Indian Standards and the same is structural safe and secure to run the teacher training course.**

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- (iii) The construction of the building is completed in all respects and the building is structurally sound to be used for Educational purposes and having the load bearing capacity as per the latest Indian Standards.
- (iv) This is to certify that the building has been completed in all respects as per the plan submitted to NCTE.

Signature with Seal	
Name of the approved/authorized Engineer/ Architect	
Designation	
Office Address	

Certified by the competent govt. authority/local govt. body

Signature with Seal	
Name of the competent authority	
Designation	
Office Address	

Countersigned by the authorized representative of the management of the institution.

Signature with Seal	
Name of the authorized representative of the society/trust running the teacher training programme.	
Designation	
Name of the society/trust	
Office Address	