

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: DETAILS OF THE APPLICATION IF SUBMITTED ON-LINE

DATE OF SUBMISSION_____ **APPLICATION ID**_____

1. Particulars of the authorized applicant

Name of the Applicant _____

1.2 Father's/Husband's Name _____

1.3 Occupation _____

1.4 Official Position in the Governing
Body of the Society/Trust _____

2. Particulars of applicant Society/Trust

2.1 Name of the Society/Trust

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 _____

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 _____

3. Details about the programme/course applied for

a.	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	
b.	Name of the Course applied for		
c.	Level of the Course applied for		
d.	Medium of Instruction		
e.	Whether Course Curriculum fulfills the duration stipulated by NCTE norms and standards		
f.	Mode	Distance/ Face to Face	
g.	Intake proposed		
h.	Affiliating Body/University	Name	
		Address	
		Telephone No.	
i.	Normal month of commencement of the course		

4. Particulars of the applicant institution

4.1 Name of the Institution
(in capital letters)

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

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	_____

4.3 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 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

- 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

5. Fees and Funds

- 5.1 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	
Receipt Number, if purchased	

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

Name of the Nationalized Bank	
Name of the Branch	
Address	
Draft Number	
Date	

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

- 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			
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 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	

6. 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	No
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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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y										
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>	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>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y										
iv) Name and address of the competent authority																	
v) Whether completion certificate obtained from the competent authority	Y/ N																
vi) Whether Bldg. disabled –friendly as per relevant laws.	Y/ N																
vii) Whether fire safety norms are being followed.	Y/ N																
viii) Total Built up Area (in sq. meter) (in sq.ft.)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																

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

7. Instructional Facilities

7.1 Library
Total Area (In Sq. ft.)

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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	Filled	Vacant

7.2.1.2 Details of Non-Academic Staff available at present

Name of the Post	Number of Post	Pay Scale	Filled	Vacant

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.

**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 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.

- (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: _____

NAME IN BLOCK LETTERS

Date: _____

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.

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

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 al 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, Fixed Deposit Receipt of Rs. five lakh towards Endowment fund in original, 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/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.
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 Regulations, 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

I, _____ (Name of the authorized person) son of
_____ and _____ of
_____ (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/Bhubaneswar/Jaipur/Bangalore seeking grant of recognition / permission for conducting a
course in Teacher Education titled C.Ed./ D.Ed./ B.El.Ed./ B.Ed./ B.Ed(ODLS) M.Ed/ M.Ed(ODLS)/
M.Ed(Part-time)/C.P.Ed./ B.P.Ed/ M.P.Ed. with 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 (in sqr. Mts.)

2.2 Built up Area (in sqr. Mts.)

2.3 Address:

Plot No:

Khasra No:

Village/Town/City:

District:

State:

Area in Square Meters:

Bounded by

North:

South:

East:

West:

Registered in the office of: _____
on _____

3. That the land is on ownership basis / lease basis 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 education institution (land use) and the permission of the Competent Authority to this effect has been obtained vide letter No. _____ dated _____ of the communication.
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: _____

Address: _____

Tel : _____

E-mail address : _____

Website address : _____

Place: _____

Date: _____

