

F. No./NRC/NCTE/UP-2118/301st Meeting/2019/204669

Dated:

12 JUL 2019

SHOW CAUSE NOTICE U/S 17 of the NCTE Act, 1993

WHEREAS, recognition was granted by the Northern Regional Committee to **Chacha Vishal Singh Degree College, Pura Goverdhan, Agra, Uttar Pradesh** vide Order No. NRC/NCTE/UP-2118/2007/27633-27639 dated 13.09.2017 for B.Ed. course of one years duration with an annual intake of 100 students from the academic session w.e.f. 13.01.2006 and Revised Recognised order was issued to the institution for two years B.Ed. Course No. NRC/NCTE/UP-1261/2015/101177-82 dated 20.05.2015 with an annual intake 100 seats (one unit of 50 students each) from the academic session 2015-2016.

2. AND WHEREAS, on consideration of the conditions mentioned in Section 17 (1) of the NCTE Act, 1993 meriting withdrawal of recognition, the matter was placed before NRC in its 301st Meeting held on 09th to 11th May, 2019 in light of पत्रांक :- सम्ब 0/8214/2019 दिनांक 15.02.2019 received from Dr. B. R. A. University, Agra against the 134 institutions including the above institution alongwith the letter No पत्रांक :- सम्ब 0/8010/2019 दिनांक 19.01.2019 written by the university to the institution and the Committee, decided to issue Show Cause Notice under Section 17 of the NCTE Act, 1993 giving specified time for submission of reply / documents on the following grounds:-

- Dr. B. R. A. University, Agra, stated in their letter No. पत्रांक :- सम्ब 0/8010/2019 dated 19.01.2019 that एन 0 सी 0 टी 0 ई 0 द्वारा बी 0 ए 0 ड 0 पाठ्यक्रम संचालन हेतु विनियमन 2014 लागू किया गया है उक्त विनियमन के प्रावधान के अनुसार आपके महाविद्यालय में बी 0 ए 0 ड 0 पाठ्यक्रम में छात्रों के पठन पाठन हेतु एक यूनिट (50 छात्र) पर 08+03 (विषिष्ट विषय शिक्षक - फाईन आर्ट, संगीत एवं शारीरिक शिक्षा) = 11 तथा दो यूनिट (100 छात्र) पर 16 शिक्षकों का अनुमोदन विश्वविद्यालय से प्राप्त करना चाहिये था, किन्तु विनियमन लागू होने के 04 वर्ष बाद भी आपके महाविद्यालय द्वारा न तो कोर-फैकल्टी और न ही विशिष्ट विषयों यथा - फाईन आर्ट, संगीत, शारीरिक शिक्षा हेतु शिक्षक अनुमोदित कराये गये हैं जो कि विनियमन 2014 के अनुसार नियम विरुद्ध है साथ ही माननीय कुलपति जी के दिनांक 16.11.2017 के आदेशानुसार महाविद्यालय में पूर्व से कार्यरत शिक्षकों का अनुमोदन 05 वर्ष पूर्ण होने पर शासनादेश संख्या 2218/सत्तर-2-2011-16(409)/2010 दिनांक 23.08.2011 के अनुपालन में विश्वविद्यालय से पुनः अनुमोदन करना अनिवार्य है, ऐसे कार्यरत शिक्षक जिनका अनुमोदन एक से अधिक महाविद्यालयों में है उनका अनुमोदन निरस्त कर दिया गया है इस संबंध में सभी महाविद्यालयों की लॉगिन पर विश्वविद्यालय के पत्रांक संख्या सम्ब/4213/2017 दिनांक 17.11.2017 के द्वारा सूचना अपलोड की गयी थी तथा विश्वविद्यालय द्वारा पुनः एक पत्र संख्या सम्ब/4361/2017 दिनांक 15.12.2017 के द्वारा भी आपके महाविद्यालय में संचालित स्थायी बी 0 ए 0 ड 0 पाठ्यक्रम से संबंधित विभिन्न वॉछित सूचनायें उपलब्ध कराने हेतु महाविद्यालय की लॉगिन पर सूचना अपलोड करायी गयी थी। परन्तु आपके द्वारा उपरोक्त पत्रों के सापेक्ष में किसी तरह की सूचना आज तक उपलब्ध नहीं करायी गयी, जो कि संबद्धता शर्तों का उलंघन है। ऐसा प्रतीत होता है कि महाविद्यालय प्रबन्धन/प्रशासन उपरोक्त पाठ्यक्रम को संचालित करने में रुचि नहीं ले रहा है।

3. AND WHEREAS, in light of above letter of university and decision of NRC, the institution is directed to submit the letter issued by affiliating university to the institution to approve the faculty for above course with the detail of their qualification etc. in the proforma attached with this letter. The institute is also directed to submit the details of salary disbursed to the faculty along with 6 Months Bank statement.

Contd.....

कार्यालय: जी-7, सैक्टर-10, (नियर सैक्टर-10 मेट्रो स्टेशन) द्वारका,
नई दिल्ली-110075
कार्य क्षेत्र : उत्तर प्रदेश, उत्तरांचल, दिल्ली, हरियाणा, पंजाब
चण्डीगढ़, हिमाचल प्रदेश, राजस्थान
फोन : 011-20892151, 011-20892152

Office : G-7, Sector-10, (Near Sector-10 Metro Station) Dwarka,
New Delhi-110075

Jurisdiction: U.P, Uttranchal, Delhi, Haryana, Punjab, Chandigarh,
H.P, Rajasthan

E-mail : nrc@ncte-india.org, Website : www.ncte-india.org

4. NOW, THEREFORE, the institution is required to submit the representation/compliance accompanied with an affidavit from the authorized representative of the Principal/Management. The representation along with an affidavit must reach this office within the time specified at the end.

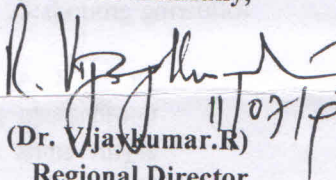
5. In case the reply submitted is incomplete or factually incorrect or not received in this office by the date mentioned in the Sr. No. 8 of this letter, then it shall be treated as incomplete reply to this notice.

6. It is expected that your reply shall reach this office through Courier / Registered AD/ Speed Post only. NCTE does not expect applicants to personally visit the RC Office for any reason whatsoever.

7. Your reply, complete in all respects must reach this office on or before 11/08/2019.

8. Receipt of this Notice may please be acknowledged.

Your faithfully,

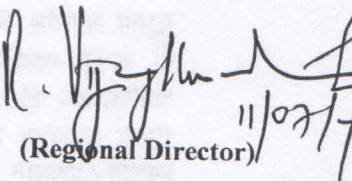

(Dr. Vijay Kumar.R)
Regional Director

To,

The Principal,
Chacha Vishal Singh Degree College,
Pura Goverdhan, Agra, Uttar Pradesh

Copy to: -

The Manager/Secretary,
Chacha Vishal Singh Degree College,
Pura Goverdhan, Agra, Uttar Pradesh


(Regional Director)

Encl.: - 1. Proforma of Teaching Staff.

2. Copy of above referred Letter received from Dr. B. R. A. University, Agra, UP.

ANNEXURE - F

**FORMAT OF AFFIDAVIT ON Rs.100/ STAMP PAPER TO BE SUBMITTED
ALONG WITH THE REPLY TO SHOW CAUSE NOTICE**

I _____ son/daughter/wife of Shri _____, the _____
(Chairman/President/Secretary (in case of Self Financed Pvt.
Institution) _____ (Name of the Society/Trust/Name of the
Govt. Body with complete address, pin code, phone No., Mobile No., E.Mail ID, etc.) or
Head of Office/Registrar/Principal (in case of Govt. institution) of the _____ (Name of
the Govt. Body with complete address, pin code, phone No., Mobile No., E.Mail ID, etc.),
do hereby solemnly affirm and declare that I am authorised to make this affidavit on the
_____ day of _____, 2019. That I am well conversant with all the facts
and details, pertaining to _____ (name of the institution) :-

(i) That our society had submitted an application for grant of recognition / permission to
_____ Regional Committee, NCTE for _____ course vide application No. _____ /
That our institution is recognised by _____ RC for _____ course vide No. _____ dated
_____ (Strike out whichever is not applicable)

(ii) That the _____ Regional Committee had issued Show Cause Notice to our institution
vide No. _____ dated _____.

(iii) That in response to the above Show Cause Notice, our institution is submitting the
following submission.

- a. _____
- b. _____
- c. _____
- d. _____

DEPONENT

Verification

I _____ above named deponent do hereby verify that the information provided
under para No. 1 to _____ including sub-paras wherever given are true and correct to the best
of my knowledge and belief. Nothing is false or incorrect and nothing is concealed.

I do understand that in the event of any information provided as above if found incorrect the recognition of teacher education programme being run in my Institution/College/Department will be withdrawn and I will be prosecuted under relevant provision of IPC etc. against such misreporting/providing wrong information.

DEPONENT

Date

Place



O. I. G. S
Speed Post / Registered Post / Courier



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