## PROFORMA FOR FURNISHING INFORMATIONS FOR EXAMINING PROPOSALS FOR STARTING NEW INSTITUTION IMPARING \_\_\_\_\_\_ COURSE IN THE UNION TERRITORY OF PUDUCHERRY

1. Name of the Institution Proposeda) Name of the agency which will be

running/owning the Institution :

2. a) Nature of the agency : Individual/Society/Public Trust/

b) Registered address : c) Telephone No. :

d) Registration No.

e) Date of Registration :

3. Enclose a copy of

a) Certificate of registration :
b) Memorandum of association :
c) Bye-laws/Rules/Regulators :
d) Trust deed :

4. a) Location of proposed Institution :

b) Address of proposed Institution :

5. Details of Existing Institution :

 a) Give details of scheme of management of existing educational institutions owned by the applicant

b) Details of courses/Student strength in existing Institutions

Name of the Name of Details of No. of Total students Tuition fees courses Institution courses sections in each details courses (1) (2) (3)(4) (5) (6)

:

6. Details of existing teaching and non-teaching staff

SI.	Name of the teacher/employees	Designation	Qualification		Date of	Scale	Remarks
No			General	Professional	appointment	of Pay	
1.	2.	3.	4.	5.	6.	7.	8.

(Indicate whether staffs appointed are full-time or part-time)

7.	Assets and Liabili	tv of the ap	plicant Agency
	, 100010 Girror =1010111	.,	

a. Assets owned or controlled by the applicant Description of Properties

Value in Rupees

Available Proposed
Own Rented Own Rented

i. Movable

ii. Immovable

iii. Other Assets

Details

Name of the Bank / Branch Amount with address

iv. Reserved Fund

v. Fixed Deposits

vi. Endowments

vii. Shares

	<ul> <li>fixed deposits</li> <li>dividends</li> <li>endowments</li> <li>rents</li> <li>donations</li> <li>others (specify)</li> </ul>	
C.	Annual Expenditure :	
	<ul> <li>i. Staff expenditure</li> <li>ii. Maintenance</li> <li>iii. Improvement</li> <li>iv. Teaching aids</li> <li>v. Furniture</li> <li>vi. Library</li> <li>vii. Laboratory</li> <li>viii. Sanitary</li> <li>ix. Play ground</li> <li>x. Games etc.,</li> </ul>	
d.	Annual financial turn over of these institutions may be given to support their claims/financial stability	;
Detail	s of proposed Institution	:
		;
	Details of financial resources to run the proposed institution	;
ii.	Academic year for which permission sought	:
iii.	Intake capacity/courses applied for	:
iv.	Reasons for proposing a new Institution in Puducherry for courses	:
V.	Details of land and building proposed for the institution (Area, Ownership, Location, type of construction, room-wise Measurement etc as per AICTE norms Whether already available or not)	:
	d.  Detail i. Detail prop	- dividends - endowments - rents - donations - others (specify)  c. Annual Expenditure  i. Staff expenditure ii. Maintenance iii. Improvement iv. Teaching aids v. Furniture vi. Library vii. Laboratory viii. Sanitary ix. Play ground x. Games etc.,  d. Annual financial turn over of these institutions may be given to support their claims/financial stability  Details of proposed Institution  i. Details of scheme of management of proposed institution  a. Details of financial resources to run the proposed institution  ii. Academic year for which permission sought iii. Intake capacity/courses applied for iv. Reasons for proposing a new Institution in Puducherry for courses  v. Details of land and building proposed for the institution (Area, Ownership, Location, type of construction, room-wise Measurement etc as per AICTE norms

Annual Income

b.

	vi) Source and details of finance for meeting additional expenditure on staff and maintenance	:
9.	Whether the institution is opened for minorities? If yes, specify details.	:
10.	Give full details of any other business institution of any nature owned by the applicant in Pondicherry Union Territory to support the claim of financial stability.	:
11.	Give details of any other Educational Institution which was owned by the applicant and is not functioning now. With reason for closes.	:
12.	Any other information which the applicant would like to give.	:
	DECLARAT	<u>'10 N</u>
I soler	nnly declare that the facts stated above are cor	rect.
Place	:	SIGNATURE OF THE APPLICANT

NAME AND DESIGNATION

Date: