

No.

FORM PRESCRIBED BY SOLAPUR UNIVERSITY, SOLAPUR

To,
 Officer on Special Duty
 Academic, Research and Development
 Solapur University, Solapur

Sub : Continuation of affiliation for teaching Post-Graduate Degree/Diploma Courses.

Sir,

I am submitting herewith the application with a request to grand Continuation of affiliation to the college for teaching Post-graduate Degree Courses from June..... The necessary information is given below.

1	Name of College	
	Address	
	Phone/Mobile	
	Fax	
	E-mail	
2	Name of Trust	
	Address	
	Phone/Mob	
	Fax	
	E-mail	
3	Year of Establishment	
4 a)	Degree courses and subjects for which the college is already affiliated.	
b)	Year of starting concerned U.G. Courses.	
c)	Post-graduate courses and subject for which the college is already granted affiliation and for how many years continuously these subjects/Courses are taught.	

d)	Courses and subjects for which affiliation is required for Post-graduation teaching. (along with specialization if any)													
5	Number of colleges in the same city/town conducting courses up to bachelors degree (type of courses along with subject may be specified)													
6	Number of colleges in the same city/town conducting post graduate courses (type of courses along with subject may be specified)													
7	Number of students passing the degree examination in relevant subject.													
8	Need for starting / new Post Graduation Course.													
9	Whether recognized teachers are available according to the rules prescribed for each subject / paper Give names teachers and with subject / papers. Give names of teachers with subjects. Mention the subjects in which they are recognized. (This information may be supplied in the attach statement)													
a	Please attach a list of teachers on the roll staff of the college as approval by university with their details such as qualification, experience etc. (faculty wise and subject wise) of the relevant subject)													
b	<p style="text-align: center;">Work Load</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name of the Teacher</th> <th style="width: 30%;">Details of Reorganization</th> <th style="width: 20%;">UG Workload</th> <th style="width: 20%;">PG Workload</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Name of the Teacher	Details of Reorganization	UG Workload	PG Workload								
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c	<p>Whether adequate PG recognized staff is available in the institution Yes/ No in No then give additional teacher</p> <p style="text-align: center;">Work Load</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name of the Teacher</th> <th style="width: 30%;">Details of Reorganization</th> <th style="width: 40%;">Proposed PG workload to be given</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Name of the Teacher	Details of Reorganization	Proposed PG workload to be given									
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d	Weather the teachers working in other colleges whose named have been include in (c) above have given their consent for teaching P.G. courses through their principals. If so, attach copies of consent letters.													

10 a)	Accommodation available for Post-graduate classes/practicals and its suitability	
b)	Hostel accommodation if any available for Post – graduate students.	
11	Library facilities available for post graduate teaching 1. Number of Titles 2. Number of Volumes 3. Number of Journals	
12	Laboratory facilities for each Science subject.	
13	Financial arrangements for meeting Expenses on the proposed Post-Graduate course	

Place :

Yours Faithfully

Date :

Principal/Director