

## Form -For Non-Granted B.Ed. College

मा. शिक्षण संचालक  
उच्च शिक्षण  
शिक्षण संचालनालय,  
मध्यवर्ती इमारत, पुणे

राष्ट्रीय अध्यापक शिक्षा परिषद (एन.सी.टी.ई.) अधिनियम 2014 नुसार  
बी.एड., एम.एड., बी.पी.एड., एम.पी.एड., अभ्यासक्रमास शासनाचे सुधारीत ना  
हरकत प्रमाणपत्र देण्याबाबत निकषांची तपासणी.

मा. सहसंचालक  
उच्च शिक्षण,  
नागपूर विभाग, नागपूर

**NCTE Regulation 2014**  
**Verification of B.Ed. Colleges**  
**Mode Face to Face**  
**(Non- Aided, Permanently Non-Aided & Self-Financed Colleges)**

**-: 'A' Information of College:-**

(i) Name of College:- \_\_\_\_\_

Phone No- STD Code \_\_\_\_\_ Telephone No \_\_\_\_\_

FAX No \_\_\_\_\_ Mobile No of Principal \_\_\_\_\_

Website address \_\_\_\_\_

Email id of college \_\_\_\_\_

Email id of Principal \_\_\_\_\_

(ii) Postal Address :- Village/ Town & Post Office \_\_\_\_\_

Plot No, Street Number \_\_\_\_\_

Land Mark \_\_\_\_\_

Taluka \_\_\_\_\_ District \_\_\_\_\_ Pin code \_\_\_\_\_

(iii) Date of Establishment of the College \_\_\_\_\_

(iv) Whether the college is for (tick)  
Boys  Girls  Co-Ed

(v) Type of Management (please tick out of the following)

a. Non-Aided College	<input type="checkbox"/>
b. Permanently Non-Aided College	<input type="checkbox"/>
c. Self-Financed College	<input type="checkbox"/>

(vi) Whether the College have Minority Status?: Yes/ No  
(If 'yes' attach documentary proof)

(vii) Course- B.Ed. Unit \_\_\_\_\_ Medium of Instruction (1) -----

(2) ----- (3) -----(4) -----

(viii) Affiliating University:- \_\_\_\_\_

**1 Authorized B.Ed. Basic Unit and Intake of Students approved by NCTE**

SN	Course & NCTE Code	Year	Basic Unit	Intake of Students
1		2014-2015		
2		2015-2016 (Batch 2015-2017) as per NCTE Regulation 2014		

**1 (b) How many B.Ed. Basic Unit, your College is running in 2015-2016 (Batch 2015-2017)?**

SN	Course & NCTE Code	Year	Basic Unit
1		2015-2016 (Batch 2015-2017)	

**1 (c) How many Granted Courses i.e. M.Ed., D.T.Ed., or other courses is running in the same premises in 2015-2016 (Batch 2015-2017)?**

SN	Course & NCTE Code	Year 2015-16	Unit
1	M.Ed.		
2	D.T.Ed.		
3	B.P.Ed./ M.P.Ed.		
4	Other Courses i.e. School, Academic College i.e. B.A., B.Com., B.Sc., other		

**1 (d) How many Non-Granted Courses i.e. M.Ed., D.T.Ed., or other courses is running in the same premises 2015-2016 (Batch 2015-2017)?**

SN	Course & NCTE Code	Year	Unit
1	M.Ed.		
2	D.T.Ed.		
3	B.P.Ed./ M.P.Ed.		
4	Other Courses i.e. School, Academic College i.e. B.A., B.Com., B.Sc., other		

## **‘B’ Information of Trust/Society**

2.1. Name of Trust/ Society \_\_\_\_\_

\_\_\_\_\_

2.2 Complete Postal Address of Trust/Society \_\_\_\_\_

\_\_\_\_\_

Phone No- STD Code \_\_\_\_\_ Telephone No \_\_\_\_\_

FAX No \_\_\_\_\_ Mobile No of Principal \_\_\_\_\_

Website address \_\_\_\_\_

2.3 Attached the documents of Registration Certificate, Details of Managing Committee & byelaws of Trust/Society

### **‘C’ Approved Teaching Staff (Academic Faculty) for One Basic Unit**

Academic Faculty :-

1) Your college have the full time regular Approved Principal (Yes/No)

2) Your college have the full time regular approved 7 Assistant Professor/Associate Professor for One Basic Unit. (Yes/No)

3) If your College is running 2 Basic Unit then college having  $1+15= 16$  full time regular approved Teaching Staff (Yes/No)

4) If your College is running 3 Basic Unit then college having  $1+ 22= 23$  full time regular approved Teaching Staff. (Yes/No)

If yes attached the herewith.

(a) From the date of establishment of College, how many times your college/trust advertise for the Post of Principal and Teaching Staff. -----

(b) How many Candidate selected through proper selection committee for the post of

Principal -----

and Assistant Professor (Teaching Staff) -----

Out of them how many candidate Joined for the post of Principal -----

-----“-----Teaching Staff -----

**‘C’ Approved Teaching Staff (Academic Faculty) for One Basic Unit**

Note:- Attached the List of Fulltime Regular and Approved Teaching Staff in the Following Format (Attached University Approval)

sn	Name of the Teacher	Designation	B.Ed. %	M.Ed. %	PG%	NET/SET Subject	Ph.D. Date Subject	Date of Appointm ent	Status Fulltime/ Regular & Approved only	Pay Scale	Experience		Photo
											College	School	
1													
2													
3													
4													
5													
6													
7													
8													
9													

If you have more Basic Unit you will attached another sheet also

Remarks :

**‘C-i’ Approved Non- Teaching Staff (Administrative Staff) for One Basic Unit**

Note:- Attached the List of Fulltime Regular and Approved Staff in the Following Format

sn	Name of Staff	Designation	10 <sup>th</sup>	12 <sup>th</sup>	Graduation	Post Graduation	Any other Qualification	Date of Appointment	Status Fulltime/ Regular & Approved only	Experience	Pay Scale	Photo
1												
2												
3												
4												
5												
6												
7												
8												
9												

Remarks

**1) Salary of Teaching/Non-Teaching Staff:**

- a) By Bank      B) By Check      c) By Cash      -----
- b) CPF of staff is deducted (Yes/No)      -----  
if yes attached the list
- c) TDS is deducted Every Month form Salary (Yes/No)      -----  
If yes attached the list
- d) Last year IT form No 16 was issued to Staff (Yes/No)      -----  
If yes attached it
- d) Quarterly returns filed by the college (Yes/No)      -----  
If yes attached the list
- e) Financial account is written (Yes/No)      -----  
if yes verify it
- f) Enclose audit report of last three years      \_\_\_\_\_
- g) Service Books of Staff is ready (Yes/No)      \_\_\_\_\_  
if yes verify it
- h) Scholarship is disburse properly (Yes/No)      -----  
if yes enclose the list

**‘D’ Infrastructure Facilities**

3. College Land is in the Name of College or Trust \_\_\_\_\_

3.1 College Land area in Sq. Met									
College Land area in Sq. Ft.									

3.1 Land available as per NCTE regulation 2014      Yes      NO

If yes enclosed Documents.

**3.2 Details of Building**

Description	Mentioned Details																
i) college is having Educational NA Land	Attached documents																
ii) Date of Approval of the Building Plan by the competent authority.	<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) 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										
iv) If Construction is not complete, likely date of completion of building 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										
v) Name & Address of the Competent Authority issued the certificate.																	
vi) Whether the Building Completion Certificate obtained from the competent authority.	<table border="1"> <tr> <td>YES</td><td>NO</td> </tr> </table>	YES	NO														
YES	NO																

vii) Whether fire safety norms are being followed	<table border="1"> <tr> <td>YES</td> <td>NO</td> <td></td> <td></td> </tr> </table>				YES	NO		
YES	NO							
viii) total built up Area ( in Sq. Meter)  (in Sq. Ft.)								

### 3.3 The Institution must have the following infrastructure

sn		No of Room	Length in meter	Breadth in meter	Total Sq. Meter	Total Sq. Ft.	Remarks
1	Class Room for every 50 students						
2	Class room						
3	Multipurpose Hall 2000 Sq. Ft.						
4	Library-cum-Reading Room						
5	ICT Resource Centre/ Educational Technology (ET)						
6	Curriculum Laboratory						
7	Art and craft Resource Centre						
8	Health & Physical Education Resource Centre (including Yoga Education)						
9	Principal Office						
10	Staff Room						
11	Administrative Office						
12	Visitor's Room						
13	Boys Common Room						
14	Girls Common Room						
15	Seminar Room						
16	Canteen						
17	Toilets- Male						
18	Toilets – Female						
19	Toilets – Staff Male						
A	Toilets- Staff- female						
B	Toilets- for PWD						
C	Parking Space						
D	Store Room (One)						
20	Store Room(Two)						
21	Multipurpose Playfield						
b	Psychology lab						
22	Any other Room/Hall						
23	Open Space for Additional Accommodations						



## ‘E’ Instructional Facilities

### 1) Library

a) Total Area of Library	(Sq. Met)-----	(Sq.Ft.)-----	Seating Capacity of Reading Room
b) Reading Room	(Sq. Met)-----	(Sq.Ft.)-----	

i) Total No of Text Books	
ii) Total No of Reference Books	
iii) Total No of Encyclopedia	
iv) Total No of Journals/ Periodicals	
v) Total No of Educational CD.	

### 2) Computer Laboratory

Size of Computer Lab in Sq. Ft.	
No of Computers	
Availability of Software's	
Computer connected with internet	

### 3) Psychology Laboratory

Size of Psychology Lab in Sq. Ft.	
How many test available	
How many apparatus available	
Attached the list	

### 4) Educational Technology Laboratory

Size of Educational Technology Lab in Sq. Ft.	
How many apparatus available	
Attached the list	

### 5) Science Laboratory

Size of Science Lab in Sq. Ft.	
How many apparatus available in Physics section	
How many apparatus & Chemicals available in Chemistry section	
How many apparatus available in Mathematics section	
How many biological device available in Biology section	
Attached the list	

### 6) Language Laboratory

Size of Language Lab in Sq. Ft.	
Which software is available for the same.	
Seating Capacity of Language Lab.	
How many apparatus available in Language Lab.	
Attached the list	

### 7) Musical Room

Size of Musical Room in Sq. Ft.	
Is the Harmonium, table, manjira and other indigenous instruments are available in Musical room	
Attached the list	

7) Sports Facility-

1	Indoor games	Yes	No	If yes attached list
2	Outdoor Games	Yes	No	If yes give the list of outdoor games

i) Details of availability of playgrounds

sn	Number of Playgrounds	Length in meter	Breadth in meter	Area in sq mt

ii) Games and Sports Material :

(Attached the list)

**‘F’ Instructional Facilities**

i) Safeguard against fire hazards : (Yes/No) \_\_\_\_\_

ii) Furniture and Fixtures available : enclosed list

iii) Availability of Safe Drinking water facility (Yes/No) -----

iv) Is CCTV is available in the college:- (Yes/No) -----

v) Biometric Machine (Yes/No) \_\_\_\_\_

vii) List of Desk, Bench, and other essential Furniture is available (Yes/No)

vi) List of Practice teaching schools and their distance from college:  
Enclose list

vii) Hostel

	Capacity of hostel
Boys	
Girls	

viii) Whether the NAAC of B.Ed. College has completed Date of NAAC-----

Cycle No----- for Period -----Grade-----CGPA-----

Attached Certificate

**‘G’ Fees and Funds**

1. College Tuition Fees was approved by competent authority (Yes/No) -----

Attached the letter and Tuition Fees receipt.

2. Details of the Endowment Fund :-

Amount of Endowment Fund	
Receipt Number of FDR attached the copy.	

3. Details of the Reserve Fund:-

Amount of Reserve Fund	
Receipt Number of FDR attached the copy.	

4. Details of the another Reserve Fund if any :-

Amount of another Reserve Fund	
Receipt Number of FDR attached the copy.	

**Undertaking**

That I have read and understood the contents of the form and furnished the same which is true and correct on the basis of my personal knowledge and records of the college.

(i) Trust/Society 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.

(ii) In the event of non-compliance by the \_\_\_\_\_

\_\_\_\_\_ (Name of 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.

**Place:**

**Date:**

**Seal**

**Signature**

**Name**

## Sworn Affidavit

I \_\_\_\_\_(Name of the authorized person)  
son of \_\_\_\_\_ and \_\_\_\_\_ of (Name of the College/  
Trust/Society) aged \_\_\_\_\_ years resident of \_\_\_\_\_  
am the authorized signatory of the application made to the Hon'ble Director, Higher  
Education, Central Building, Pune seeking grant of No Objection Certificate (NOC)  
from State Government of Maharashtra, for Conducting a Course in Teacher  
Education titled B.Ed. One/two/three Basic Unit intake of -----.

1. The College have fulltime regular University approved Principal & ----- Assistant  
Professor -----Associate Professor and -----Professor for One / Two/ Three  
Basic Unit.

2. That the \_\_\_\_\_  
College is in possession of land as per the following description:-

2.1 Total Area (in Sq. Mt)

2.2 Built up Area ( in Sq. Mts.)

2.3 Address: \_\_\_\_\_  
\_\_\_\_\_

Plot No \_\_\_\_\_ Khasra No \_\_\_\_\_

Village/Twon/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.

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 had 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 NOC is being sought.

7. College is having Instructional Facilities as per NCTE Norms.

8. That the copy of the affidavit shall be displayed on the website of the institution for general public.

I do hereby swear that my declaration under Para's (1) to (8) 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: \_\_\_\_\_

email address \_\_\_\_\_

Place:-

Date:-