

ASSAM SCIENCE AND TECHNOLOGY UNIVERSITY



FORMAT FOR APPLICATION FOR TEMPORARY AFFILIATION

1. DETAILS OF APPLICANT COLLEGE/INSTITUTION

Name of the College/Institution	
Full Address with PIN Code from where the college/institute is operating or proposes to operate	
Year of Establishment	
Telephone Numbers	
FAX Numbers	
Email	
Website	
Year of Establishment of the college/institute	
Type of Institution (✓ whichever applicable)	Government <input type="checkbox"/> Private Self-Financed <input type="checkbox"/> Charitable Trust <input type="checkbox"/> Co-Educational <input type="checkbox"/>

1. ABOUT THE ORGANIZATION RUNNING THE INSTITUTION

Name of the Organization	
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Type of Organization	
Address of the Registered Office	
Registered with	
Year of first registration	
Registration Number & Date (Please enclose a copy of the Registration certificate)	
Name of Chairman/Secretary / Correspondent	
Telephone Number	
Mobile Number	
Website of the Organization	

2. DETAILS OF THE HEAD OF THE INSTITUTION

Full Name	
Exact Designation	
Residential Address	
Telephone Number	
Mobile Number	
Email Address	
Highest Academic Qualification	
Field of Specialization	
Years of Experience	Teaching – Industry – Others -

3. GOVERNING BODY OF THE COLLEGE/INSTITUTION

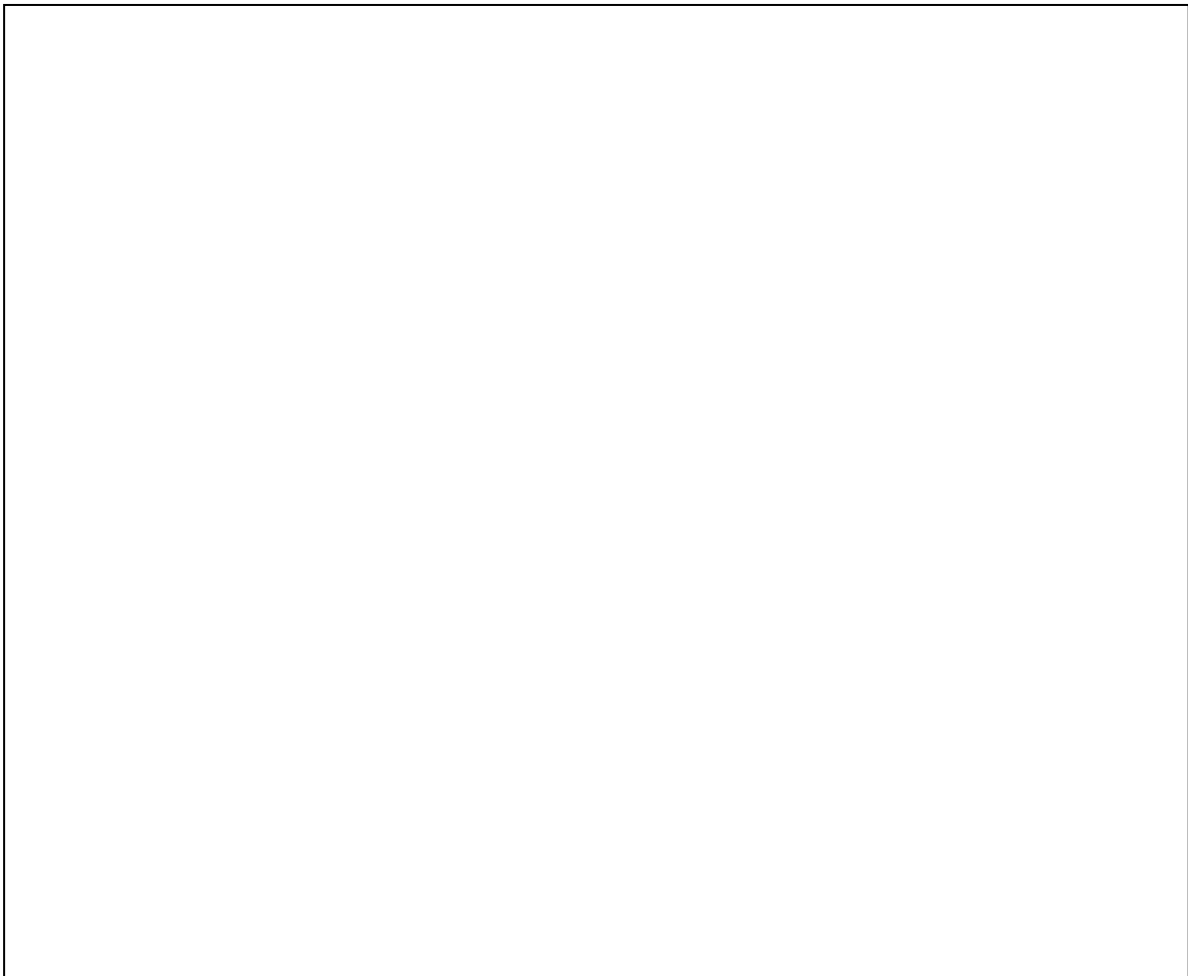
Sl No	Name	Position (Chairman/Member)	Brief Background

Frequency of meetings	
Date of last meeting	

4. ACADEMIC ADVISORY BODY

Sl No	Name	Position (Chairman/Member)	Brief Background
Frequency of meetings			
Date of last meeting			

5. ORGANIZATIONAL CHART



9. LAND DETAILS OF THE COLLEGE/INSTITUTION

Total Area of Land in acre	
Land ownership name (Land ownership is required to be in the name of the college/institution)	
Location of the land (locality, village/town, Mouza, district)	
Dag No. & Patta No.	
Office of Registration	
Date of Registration	
Registration No. (A copy of Registration Certificate to be enclosed)	
Is the land one continuous piece or split into pieces? If split number of pieces and distance between the pieces	
Is the land exclusive to the college/institution or shared by other institutions of the Society/Organization? If shared, give details	

10. BUILDING DETAILS OF THE COLLEGE/INSTITUTION

<p>Are the buildings owned by the college/institution?</p>	
<p>Total covered area constructed so far (Attach certified copies of site plan and architectural drawings)</p>	
<p>Building construction Approval Authority (Copy of the approval to be attached)</p>	
<p>Fire Safety Certificate No. & Date (Copy to be attached)</p>	
<p>Building Insurance Certificate N. & Date (Copy to be attached)</p>	

11. INFRASTRUCTURE DETAILS

DETAILS OF CLASS ROOMS & TUTORIAL ROOMS				
Programme Name	No. of Class & Tutorial Rooms	Details		
		Room No.	Area, sqm	Student Capacity

DETAILS OF LABORATORIES				
Programme Name	No. of Laboratories	Details		
		Laboratory	Area, sqm	Student Capacity

Enclose lists of major equipment & instruments of each laboratory				

DETAILS OF DRAWING HALL AND WORKSHOP			
Drawing Hall		Workshop	
Area, sqm	Capacity	Area, sqm	No. of Shops
Enclose lists of major equipment and tools of each shop			

DETAILS OF COMPUTER CENTRE				
Area, sqm	No. of Computers	No. in LAN	No. of Printers	Internet Speed

DETAILS OF LIBRARY					
Area, sqm	Books		No. of National Journal	No. of International Journal	Reading Room Seating Capacity
	No. of Titles	N. of Volumes			

OTHER FACILITIES	
Audio Visual Aids	Please enclose a list of all audio visual aids
Language Laboratory (Yes/No)	
Medical Facility	Ambulance (Yes/No)
	Doctor (Yes/No)
	Pharmacist (Yes/No)
	Nurse (Yes/No)
Emergency Genset Capacity in kW	
Water Supply System (Own/Public Supply)	
No. of Students' Buses	
No. of Staff Vehicles	

ADMINISTRATIVE WING, TEACHERS' SEATING ROOMS, AND STUDENTS' COMMON ROOM					
Administrative Wing		Teachers' Seating Rooms		Students' Common Room	
No. of Rooms	Area, sqm	No. of Rooms	Area, sqm	No.	Area, sqm

STUDENTS' HOSTELS AND STAFF QUARTERS					
Boys' Hostel		Girls' Hostel		Staff Quarters	
No.	Capacity	No.	Capacity	No. for Teaching Staff	No. for Non-Teaching Staff

12. FINANCIAL INFORMATION

Whether the applicant has adequate finance for continued running of the courses in the college/institution (Attach proof, viz., FDR's, Bank Account Statements, Details of loan, if any, etc.)	
Detailed financial statements with balance sheets, income expenditure accounts, profit & loss accounts audited by Chartered Accountant for last three years	Please enclose
PAN No.	
GST No.	
TAN No.	
Income Tax Returns for last three years	Please enclose
Projected Annual Income-Expenditure	Please enclose details

13. DETAILS OF TEACHING STAFF IN PROGRAMMES FOR WHICH TEMPORARY AFFILIATION OF ASTU IS APPLIED FOR

Sl No	Programme	Approved Intake x No. of Years	Designation	No. Required as per Norms	No. Existing		
					Permanent	Temp	Total
			Professor				
			Assoc Prof				
			Asstt Prof				
			Professor				
			Assoc Prof				
			Asstt Prof				
			Professor				
			Assoc Prof				
			Asstt Prof				

DECLARATION BY THE HEAD OF THE INSTITUTION

I hereby declare that all information furnished in this application are based on facts and true to the best of my knowledge.

Date:

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(Signature)

Full Name

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