



# आर्यभट्ट ज्ञान विश्वविद्यालय

मीठापुर, पटना-800 001

दूरभाष:-0612-2351919, ई-मेल:-akuniv10@gmail.com

पत्रांक:- 006/Affili/032/AKU/2014 (Vol.-IV) -812

दिनांक: 20.02.2020

प्रेषक:-

कुलसचिव,  
आर्यभट्ट ज्ञान विश्वविद्यालय, पटना

सेवा में,

प्राचार्य/निदेशक/विशेष कार्य पदाधिकारी/प्रभारी,  
सभी सम्बद्ध (निजी) अभियंत्रण/फार्मेसी/व्यावसायिक/अन्य महाविद्यालय/संस्थान,  
आर्यभट्ट ज्ञान विश्वविद्यालय, पटना

**विषय:- शैक्षणिक सत्र 2020-2021 के औपबद्धिक सम्बद्धता विस्तार के संबंध में।**

महोदय,

उपर्युक्त विषय के संबंध में निदेशानुसार सूचित करना है कि शैक्षणिक सत्र 2020-2021 के औपबद्धिक सम्बद्धता विस्तार के लिए निम्नलिखित शर्तों के सहित अपना आवेदन ससमय समर्पित किया जाना सुनिश्चित करें:

1. आवेदन विश्वविद्यालय द्वारा विहित प्रपत्र (पूर्णरूप से भरी हुई) में ही स्वीकार किया जायेगा।
2. आवेदन निर्धारित अंतिम तिथि अर्थात् दिनांक 14.03.2020 को अपराह्ण 05.00 बजे तक ही स्वीकार किये जायेंगे।
3. विश्वविद्यालय के ज्ञापांक 006/Affili/032/AKU/2014 - 2067 दिनांक 16.05.2017 एवं ज्ञापांक 006/Affili/081/AKU/2015 - 1865 दिनांक 11.05.2019 के आलोक में आवेदन के साथ निर्धारित शुल्क एवं बकाया राशि (यदि कोई है) विश्वविद्यालय में उपलब्ध कराये जाने के उपरांत ही आवेदन स्वीकार किये जायेंगे।
4. विश्वविद्यालय के ज्ञापांक 006/Affili/154/AKU/2017 - 561 दिनांक 20.01.2020 के आलोक में विश्वविद्यालय द्वारा निर्धारित शुल्क संलग्न चालान के माध्यम से ही जमा कराया जाना है।
5. सुरक्षा कोष की राशि विश्वविद्यालय के ज्ञापांक 3374 दिनांक 06.08.2018 के आलोक में उपलब्ध (जिनका बकाया है) कराना सुनिश्चित करें।
6. नामांकन प्रक्रिया किसी भी परिस्थिति में औपबद्धिक सम्बद्धता विस्तार हो जाने के उपरांत ही प्रारम्भ की जाय।

आपसे अनुरोध है कि औपबद्धिक सम्बद्धता विस्तार की पूर्ण प्रक्रिया तय समय सीमा पर किये जाने हेतु आप सहयोग करें एवं विश्वविद्यालय द्वारा माँगे गये सभी कागजात/दस्तावेज ससमय उपलब्ध करायें।

अनुलग्नक : यथोक्त।

कुलपति के आदेशानुसार  
विश्वासभाजन

कुलसचिव (प्र०)

आर्यभट्ट ज्ञान विश्वविद्यालय, पटना

अनुरोध



**आर्यभट्ट ज्ञान विश्वविद्यालय**  
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(Established by Government of Bihar, Under Bihar Act 24, 2008)  
Gyan Parisar, Mithapur, Patna-800 001  
Phone No: 0612-2351919, website: [www.akubihar.ac.in](http://www.akubihar.ac.in), email: info@akubihar.ac.in

**APPLICATION FOR PROVISIONAL AFFILIATION/EXTENSION OF AFFILIATION**

To,  
The Registrar  
Aryabhatta Knowledge University, Patna-1

Sir,

I have the honour to apply for the affiliation/extension of affiliation of \_\_\_\_\_ (Name of the Institute/College) to the Aryabhatta Knowledge University, Patna for the applicable study/Teaching area with the status of degrees and corresponding disciplines for the session 201\_\_\_\_\_-201\_\_\_\_\_.

1. Applicable study/Teaching Area :( Tick out the relevant area)

- |   |   |                          |               |
|---|---|--------------------------|---------------|
| A. Courses recognized by AICTE                              | : | <input type="checkbox"/> | Form- A to be |
| B. Courses recognized by PCI                                | : | <input type="checkbox"/> |               |
| C. Courses recognized by "National Council of Architecture" | : | <input type="checkbox"/> |               |
| D. Courses recognized by "NCTE"                             | : | <input type="checkbox"/> |               |
| E. Courses recognized by DCI                                | : | <input type="checkbox"/> | Form- B to be |
| F. Courses recognized by MCI                                | : | <input type="checkbox"/> |               |
| G. Courses recognized by INC                                | : | <input type="checkbox"/> |               |
| H. Courses recognized by CCIM                               | : | <input type="checkbox"/> |               |
| I. Others Courses   | : | <input type="checkbox"/> | Form- C to be |

2. As referred in (1) the status of degree to be awarded (Tick out the relevant portion)

- (a) Degree ☐ (b) Post Graduate Degree ☐

3. Disciplines/Programme (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_ & so on

- (a) In case of fresh application An Application fee of Rs. \_\_\_\_\_ (as prescribed) in the form of Bank Draft payable to "ARYABHATTA KNOWLEDGE UNIVERSITY- AFFILIATION FUND", payable at Patna.
- (b) As inspection and processing fee of Rs. \_\_\_\_\_ (as prescribed) in the form of Bank Draft payable to "ARYABHATTA KNOWLEDGE UNIVERSITY- INSPECTION CUM PROCESSING FUND", payable at Patna.
- (C) In case of Extension of Affiliation, no application fee shall be charged.

Details of the bank Draft:

Yours Faithfully,

Bank Draft Nos. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Designation \_\_\_\_\_

Drawn at bank \_\_\_\_\_

Full Address \_\_\_\_\_

Note: (1) Application fee mentioned in 3 (a) is not applicable to Government Institutions.  
(2) Affiliation fee includes Application fee. In case the Institute/College found not suitable for affiliation, application money will be deducted and the rest will be refunded.  
(3) A separate DD of Rs.2500/- (Two thousand five hundred) in favour of "ARYABHATTA KNOWLEDGE UNIVERSITY- AFFILIATION FUND", payable at Patna shall be paid with downloaded application form.



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**FORM - A**

Application for Provisional Affiliation/Extension of Provisional Affiliation of the Graduate/Post Graduate Degree Programmes/Courses in Aryabhatta Knowledge University, Patna for the academic year 201\_\_ - 201\_\_ of \_\_\_\_\_ course (Branch Name with intake \_\_\_\_\_ ).

**INSTITUTIONAL DETAILS** :

1. Name of the College/Institute :

2. Complete Postal Address :  
Including the nearest Rly.

Station and Airport

3. Telephone Number :

Fax :

Email id :

Website :

4. Location of College/Institute with surroundings

East :

West :

North :

South :

5. Information on Establishment of the Institute

a. Year of Establishment :

b. Date on which first approval was accorded by AICTE/NCTE/COA/PCI:

c. Year of commencement of the first batch :

6. AICTE/NCTE/COA/ PCI approved discipline and related courses during academic year 201\_\_-201\_\_ for which affiliation is sought. (Approval letter be attached).

Sl.No.	Courses	Year of Approval by AICTE/NCTE/COA/ PCI(Give approval ref. No. & Date)	Approved Intake	Actual Number of Students admitted	Status of Accreditation (Yes/No)

7. Approval by state Government (Approval letter be attached)

Sl.No.	Year /Semester	Courses	Date of approval	Approved intake	remarks

8. Letter no. & Date of previous University Affiliation, if any :



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9. Type of Institution : State Government/ Government Aided/Self-Financing (Minority)/Self-Financing (Non-Minority)/ Any other (Specify):

(Note: **Proof or relevant document should be attached**)

10. In case of self-financing Institution

- i. Name :
- ii. Address :
- iii. Phone Number :
- iv. Fax Number :
- v. Email id :
- vi. Website of the Society/Trust :

11. Please enclose the following documents or provide the information:

- A. The Constitution of the Governing Body.(Appended as Annexure)
- B. The Names of the members of the Governing Body.(Appended as Annexure)
- C. Is the Governing Body registered according to AICTE/NCTE/COA/PCI norms? - Yes/No
- D. Details of last meeting of Governing Body (Attach the Proceeding).
- E. Certified copies of trust deeds and title deeds of the property (Appended as Annexure)
- F. Provide the fund position of the college/Trust/Society including the reserve Fund, if any, mentioning the A/C nos. and the name of the Banks/Post office(Appended as Annexure)
- G. Means of Financial mobilization :
  - i. Contribution of the applicant :
  - ii. Grants :
  - iii. Donations :
  - iv. Equity :
  - v. Term loans :
  - vi. Other sources if any :

12. An undertaking that the foundation society shall, before the institution is granted affiliation, deposit with the university, Endowment Fund of the Institution. (Appended as Annexure)

13. Name and Particulars of the Head of the Institution (Principal/Director):

Name					
Qualifications			Date of Birth		
Experiences					
STD Code		Phone No.(O)		Fax No.	
STD Code		Phone No.(R)		Fax No.	
E-Mail			Mobile No		



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14. Profile/testimonials and salary proof of all the existing Faculty members including Principal/Director in the enclosed Performa. (Also to be submitted as soft copy in the excel sheet provided)

15. Human Resources:

TEACHING FACULTY

i)	Principal (Whether Qualified)	Yes/No (Bio data to be appended as Annexure)
ii)	Faculty Cadre Ratio	: : Prof. Associate Prof. Asstt. Prof.
iii)	Teacher Taught Ratio	1:
iv)	Librarian	Yes/No. Bio Data to be appended as Annexure

**Note:**List of all faculty members including Principal and the proceedings of selection committee of appointed teaching/non-teaching staff including principal must be attached.

16. Non-Teaching technical staff (Enumerate them post wise, if not included in the list and write yes/No, if according to AICTE/NCTE/COA/PCI directive or not) Append the documentary evidences including the appointments letters as Annexure.

16.	1	Computer Programmer	Yes/No
	2	Technical Assistant	Yes/No
	3	Lab Attendant- Lab 1	
	4	Lab Attendant- Lab 2	Yes/No
	5	Lab Attendant- Lab 3	Yes/No
	6	Lab Attendant- Lab 4	Yes/No
	7	Lab Attendant- Lab 5	Yes/No
	8	Librarian	Yes/No
	9	Asst. Librarian	Yes/No
	10	& So on, if any	



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17. Non-Teaching administrative staff (Enumerate them post wise, if not included in the list and write Yes/No, if according to AICTE/NCTE/COA/PCI directive or not)  
Append the documentary evidences including the appointment letters as Annexure

17.	1	Registrar	Yes/No
	2	Training & Placement Officer	Yes/No
	3	Accounts Officer	Yes/No
	4	Office Superintendent	Yes/No
	5	Assistant	Yes/No
	6	Steno	Yes/No
	7	Peon	Yes/No
	8	Chowkidar	Yes/No
	9	Sweeper	Yes/No
	10	Mali	Yes/No
	11	Pharmacist/Laboratory Technician (D.Pharm qualification)	Yes/No
	12	Laboratory Attendant	Yes/No
	13	Mechanic & Electrician	Yes/No
	14	& so on, if any	Yes/No

18. **PHYSICAL INFRASTRUCTURE & OTHER FACILITIES/AMENITIES**

(All infrastructure provided by the institute as per guideline of AICTE/NCTE/COA/ PCI)

Infrastructure (Enumerate them infrastructure wise and write Yes/No, if they are according to AICTE/NCTE/COA/PCI directive or not) Documentary evidences in support of each item should be appended as Annexure.

18	1	Total Area as per AICTE/NCTE/COA/PCI norms	Yes/No
	2	Class rooms as per AICTE/NCTE/COA norms	Yes/No
	3	Tutorial rooms as per AICTE/NCTE/COA/PCI norms	Yes/No
	4	Library as per AICTE/NCTE/COA/PCI norms(Certifies copy of last 5 pages of accession register to be given as annexure)	Yes/No



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5	Fully equipped labs as per AICTE/NCTE/COA/PCI norms(Certified inventories as per stock register and physical availability to be given as annexure)	Yes/No
6	_____ no of computers with ratio to students(if as per AICTE/NCTE/COA/PCI norms or not	Yes/No
7	Conference hall	Yes/No
8	Common Room for Boys	Yes/No
9	Common Room for Girls	Yes/No
10	Dispensary	Yes/No
11	Principal Office	Yes/No
12	Reception office	Yes/No
13	Main office	Yes/No
14	Admin Office	Yes/No
15	Maintenance & Estate Office	Yes/No
16	Faculty Rooms	Yes/No
17	Toilets for Staff	Yes/No
18	Toilets for Boys	Yes/No
19	Toilets for Girls	Yes/No
20	Canteen	Yes/No
21	& More if any	Yes/No



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19. Other facilities (Enumerate them other facilities wise and write Yes/No, if they are according to AICTE/NCTE/COA/PCI directive or not) Documentary evidences in support of each item should be appended as annexure.

19.	1	Digital Library	Yes/No
	2	Electrical Generator	Yes/No
	3	Parking	Yes/No
	4	Internet Facility	Yes/No
	5	Communication Lab	Yes/No
	6	All weather Road	Yes/No
	7	Portable Water Supply	Yes/No
	8	Hostel For Boys	Yes/No
	9	Hostel for Girls	Yes/No
	10	Principal Quarter	Yes/No
	11	Staff Quarter	Yes/No
	12	Guest House	Yes/No
	13	Play Ground	Yes/No
	14	Sports	Yes/No
	15	Photocopier	Yes/No
	16	& More if any	Yes/No

20. In case of extension of affiliation

- No. of books and journals purchased in library for current academic session.
- No. of Lab equipment's/computers/other accessories purchased in previous academic session.

21. Faculty members appointed in previous academic session.

22. No. of faculty members added for coming academic session (Proof must be attached).



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23. Copy of advertisement in two daily newspapers regarding the appointment of teaching and non-teaching staff.

(If Space given is not sufficient to provide the information, us additional papers)

24. Declaration on Affidavit containing all deficiencies pointed out by last inspection team should be complied.

25. Declaration

I, (name)..... (designation) ..... of  
.....(college/institute) do hereby  
solemnly affirm and declare that :-

- i. I am the duly authorized representative of this college.
- ii. All the enclosures to this application are true copy of the original and self-attested by me.
- iii. I solemnly declare and affirm that particulars given above are correct and true to the best of my knowledge and nothing concealed therein.

Place: .....

Signature with seal of Authorized

Date: .....

Signatory.



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**FORM- B**

Application for Provisional Affiliation/Extension of Provisional Affiliation of the Graduate/Post Graduate Degree Programmes/Courses in Aryabhatta Knowledge University, Patna for the academic year 201\_\_\_\_ - 201\_\_\_\_ of course \_\_\_\_\_.

**INSTITUTIONAL DETAILS**

1. Name of the College/Institute :

2. Complete Postal Address :  
Including the nearest Rly.  
Station and Airport

3. Telephone Number :  
Fax :  
Email id :  
Website :

4. Location of College/Institute with surroundings  
East :  
West :  
North :  
South :

5. Information on Establishment of the Institute

- a. Year of Establishment :
- b. Date on which first approval was accorded by MCI/DCI/INC/CCIM:
- c. Year of commencement of the first batch :

6. MCI/DCI/INC/CCIM approved discipline and related courses during academic year 201\_\_\_\_-201\_\_\_\_ for which affiliation is sought. (Approval letter be attached).

Sl.No.	Courses	Year of Approval by MCI/DCI/INC/CCIM(Give approval ref. No. & Date)	Approved Intake	Actual Number of Students admitted	Status of Accreditation (Yes/No)



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7. Approval by State Government (Approval letter be attached)

Sl.No.	Year/Semester	Courses	Date of approval	Approved intake	remarks

8. Letter no. & Date of previous University Affiliation, if any :

9. Type of Institution : Sate Government/ Government Aided/Self-Financing (Minority)/Self-Financing (Non-Minority)/ Any other (Specify):

(Note: **Proof or relevant document should be attached**)

10. In case of self-financing institution

- i. Name :
- ii. Address :
- iii. Phone Number :
- iv. Fax Number :
- v. Email id :
- vi. Website of the Society/Trust :

11. Please enclose the following documents or provide the information:

- A. The Constitution of the Governing Body.(Appended as Annexure)
- B. The Names of the members of the Governing Body.(Appended as Annexure)
- C. Is the Governing Body registered according to MCI/DCI/INC/CCIM norms? – Yes/No
- D. Certified copies of trust deeds and title deeds of the property (Appended as Annexure)
- E. Provide the fund position of the college/Trust/Society including the reserve Fund, if any, mentioning the A/C nos. and the name of the Banks/Post office(Appended as Annexure).
- F. Undertaking by the Society/Trust.
  1. Land in the name of proposed society/trust/institution.
  2. Land use certificate from appropriate Authority.
  3. Pollution Control certificate as applicable.
- G. Means of Financial mobilization :
  1. Contribution of the applicant :
  2. Grants :
  3. Donations :
  4. Equity :
  5. Term loans :
  6. Other sources if any :



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12. An undertaking that the foundation society shall, before the institution is granted affiliation, deposit with the university, Endowment Fund of the Institution. (Appended as Annexure)

13. Name and Particulars of the Head of the Institution (Principal/Director):

Name					
Qualifications			Date of Birth		
Experiences					
STD Code		Phone No.(O)		Fax No.	
STD Code		Phone No.(R)		Fax No.	
E-Mail			Mobile No		

14. Profile of all the existing Faculty members including Principal/Director in the enclosed Performa. (Also to be submitted as soft copy in the excel sheet provided)

15. Human Resources:

**TEACHING FACULTY**

i)	Principal (Whether Qualified)	Yes/No (Bio data to be appended as Annexure)
ii)	Faculty Cadre Ratio	Prof. : Associate Prof. : Asstt. Prof.
iii)	Teacher Taught Ratio	1:
iv)	Librarian	Yes/No. Bio Data to be appended as Annexure

16. Non-Teaching Technical staff(enumerate them post wise, if not included in the list and write Yes/No, if according to MCI/DCI/INC/CCIM directive or not) append the documentary evidences including the appointment letters as Annexure

1	ECG Technician	Yes/No
2	Psychiatric Social Workers	Yes/No
3	Child Psychologist	Yes/No
4	Health Educator	Yes/No
5	Lab Attendants	Yes/No
6	Social Worker	Yes/No
7	Refractionist	Yes/No



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16.	8	Audiometry Technician	Yes/No
	9	Speech Therapist	Yes/No
	10	Radiographic Technician	Yes/No
	11	Dark Room Assistant	Yes/No
	12	Dental Technician	Yes/No
	13	Modelers	Yes/No
	14	Dissection Hall Attendants	Yes/No
	15	& More, if any	Yes/No

17. Non-Teaching administrative staff (Enumerate them post wise, if not included in the list and write Yes/No, if according to MCI/DCI/INC/CCIM directive or not) Append the documentary evidences including the appointment letters as Annexure

17.	1	Registrar	Yes/No
	2	Training & Placement Officer	Yes/No
	3	Accounts Officer	Yes/No
	4	Office Superintendent	Yes/No
	5	Assistant	Yes/No
	6	Steno	Yes/No
	7	Peon	Yes/No
	8	Chowkidar	Yes/No
	9	Sweeper	Yes/No
	10	Mali	Yes/No
	11	& so on, if any	Yes/No



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**18. PHYSICAL INFRASTRUCTURE & OTHER FACILITIES/AMENITIES**

Infrastructure (Enumerate them infrastructure wise and write Yes/No, if they are according to MCI/DCI/INC/CCIM directive or not) Documentary evidences in support of each item should be appended as Annexure

18.	1	Total Area as per MCI/DCI/INC/CCIM norms	Yes/No
	2	Class rooms as per MCI/DCI/INC/CCIM norms	Yes/No
	3	Tutorial rooms as per MCI/DCI/INC/CCIM norms	Yes/No
	4	Library as per MCI/DCI/INC/CCIM norms (Certifies copy of last 5 pages of accession register to be given as annexure)	Yes/No
	5	Fully equipped labs as per MCI/DCI/INC/CCIM norms (Certified inventories as per stock register and physical availability to be given as annexure)	Yes/No
	6	_____ no of computers with ratio to students	Yes/No
	7	Conference hall	Yes/No
	8	Common Room for Boys	Yes/No
	9	Common Room for Girls	Yes/No
	10	Dispensary	Yes/No
	11	Principal Office	Yes/No
	12	Reception office	Yes/No
	13	Main office	Yes/No
	14	Admin Office	Yes/No
	15	Maintenance & Estate Office	Yes/No
	16	Faculty Rooms	Yes/No
	17	Toilets for Staff	Yes/No
	18	Toilets for Boys	Yes/No



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19	Toilets for Girls	Yes/No
20	Canteen	Yes/No
21	Animal House	Yes/No
22	Mortuary	Yes/No
23	Cultural and Recreational Centre	Yes/No
24	Sports Complex	Yes/No
25	Others (State name of the facility)	Yes/No

19. Other facilities (Enumerate them other facilities wise and write Yes/No, if they are according to MCI/DCI/INC/CCIM directive or not) Documentary evidences in support of each item should be appended as annexure.

19.	1	Digital Library	Yes/No
	2	Electrical Generator	Yes/No
	3	Parking	Yes/No
	4	Internet Facility	Yes/No
	5	Communication Lab	Yes/No
	6	All weather Road	Yes/No
	7	Portable Water Supply	Yes/No
	8	Hostel For Boys	Yes/No
	9	Hostel for Girls	Yes/No
	10	Principal Quarter	Yes/No
	11	Staff Quarter	Yes/No
	12	Guest House	Yes/No
	13	Play Ground	Yes/No
	14	Sports	Yes/No



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	15	Photocopier	Yes/No
	16	& More if any	Yes/No

20. Name and Address of the Existing Hospital :

21. Profile of category wise staff manning the hospital, administrative, other ancillary and support services including the head of existing hospital.( In detail with documentary evidence as annexure including the appointment letter)

(If Space given is not sufficient to provide the information, use additional papers)

22. Other details.

22.	1	Bed Strength(Whether according to MCI/DCI/INC/CCIMnorms)	Yes/No
	2	Bed Distribution(Whether according to MCI/DCI/INC/CCIMnorms)	Yes/No
	3	Bed Occupancy(Whether according to MCI/DCI/INC/CCIMnorms)	Yes/No
	4	Whether norm of 5 in patients per student would be fulfilled	Yes/No
	5	Clinical and para clinical disciplines(whether according to MCI/DCI/INC/CCIMnorms)	Yes/No
	6	OPDs department wise(whether according to MCI/DCI/INC/CCIMnorms)	Yes/No
	7	Architectural and lay out plans(whether according to MCI/DCI/INC/CCIMNorms)	Yes/No
	8	Medical and allied equipment's(provide the list in a separate sheet)(whether according to MCI/DCI/INC/CCIMnorms)	Yes/No
	9	Engineering services(whether according to MCI/DCI/INC/CCIMnorms)	Yes/No

23. In case of extension of affiliation

i. No. of books and journals purchased in library for current academic session.



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- ii. No. of Lab equipment's/computers/other accessories purchased in previous academic session.
24. Faculty members appointed in previous academic session.
25. No. of faculty members added for coming academic session (Proof must be attached).
26. Copy of advertisement in two daily newspapers regarding the appointment of teaching and non-teaching staff.

(If Space given is not sufficient to provide the information, use additional papers)

27. Declaration on Affidavit containing all deficiencies pointed out by last inspection team should be complied.

**28. Declaration**

I, (name)..... (designation) ..... of  
.....(college/institute) do hereby  
solemnly affirm and declare that :-

- i. I am the duly authorized representative of this college.
- ii. All the enclosures to this application are true copy of the original and self-attested by me.
- iii. I solemnly declare and affirm that particulars given above are correct and true to the best of my knowledge and nothing concealed therein.

Place: .....

Signature with seal of Authorized

Date: .....

Signatory.



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## FORM- C

Application for Provisional Affiliation/Extension of Affiliation of the Graduate/Post Graduate Degree Programmes/Courses in Aryabhatta Knowledge University, Patna for the academic year 201\_\_\_\_\_ - 201\_\_\_\_\_ of course \_\_\_\_\_ (Branch Name \_\_\_\_\_).  
\_\_\_\_\_.

### INSTITUTIONAL DETAILS :

1. Name of the College Institute :

2. Complete Postal Address :

Including the nearest Rly.

Station and Airport

3. Telephone Number :

Fax :

Email id :

Website :

4. Location of College/Institute with surroundings

East :

West :

North :

South :

5. Information on Establishment of the Institute

a. Year of Establishment :

b. Date on which first approval was accorded by any Authorized body, if any (if Yes, then information to Be provided in item column 6) :

c. Year of commencement of the first batch :

6. If approval is accorded by some authorized body for the courses mentioned above during academic year 201\_\_\_\_\_ - 201\_\_\_\_\_ for which affiliation is sought.(Approval letter be attached).

Sl.No.	Courses	Year of Approval by authorized body (Give approval ref. No. & Date)	Approved Intake	Actual Number of Students admitted	Status of Accreditation (Yes/No)



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## 7. Approval by state Government (Approval letter be attached)

Sl.No.	Year/Semester	Courses	Date of approval	Approved intake	remarks

8. Letter No. & Date of previous University Affiliation, if any :

9. Type of Institution : State Government/ Government Aided/Self-Financing (Minority)/Self-Financing (Non-Minority)/ Any other (Specify):

(Note: **Proof or relevant document should be attached**)

10. In case of self-financing institution

- Name :
- Address :
- Phone Number :
- Fax Number :
- Email id :
- Website of the Society/Trust :

11. Please enclose the following documents or provide the information:

- The Constitution of the Governing Body.(Appended as Annexure)
- The Names of the members of the Governing Body.(Appended as Annexure)
- Is the Governing Body registered according to authorized body norms? – Yes/No
- Certified copies of trust deeds and title deeds of the property (Appended as Annexure)
- Provide the fund position of the college/Trust/Society including the reserve Fund, if any, mentioning the A/C nos. and the name of the Banks/Post office(Appended as Annexure)
- Means of Financial mobilization :
  - Contribution of the applicant :
  - Grants :
  - Donations :
  - Equity :
  - Term loans :
  - Other sources if any :

12. An undertaking that the foundation society shall, before the institution is granted affiliation, deposit with the university, Endowment Fund of the Institution. (Appended as Annexure)

13. Name and Particulars of the Head of the Institution (Principal/Director):



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Name					
Qualifications			Date of Birth		
Experiences					
STD Code		Phone No.(O)		Fax No.	
STD Code		Phone No.(R)		Fax No.	
E-Mail			Mobile No		

14. Profile of all the existing Teaching Faculty members including Principal/Director in the enclosed Performa. (Also to be submitted as soft copy in the excel sheet provided)

15. Human Resources:

TEACHING FACULTY

i)	Principal (Whether Qualified)	Yes/No (Bio data to be appended as Annexure)
ii)	Faculty Cadre Ratio	Prof. : Associate Prof. : Asstt. Prof.
iii)	Teacher Taught Ratio	1:
iv)	Librarian	Yes/No. Bio Data to be appended as Annexure

16. Non-Teaching technical staff (Enumerate them pose wise, if not included in the list and write yes/No, if according to authorized body prescribed norm or not) Append the documentary evidences including the appointments letters as Annexure

16.	1	Computer Programmer	Yes/No
	2	Senior Technical Assistant	Yes/No
	3	Technical Assistant	Yes/No
	4	Lab Attendant	Yes/No
	5	& So on, if any	Yes/No

17. Non-Teaching administrative staff (Enumerate them post wise, if not included in the list and write Yes/No, if according to authorized body prescribed norm or not) Append the documentary evidences including the appointment letters as Annexure

	1	Registrar	Yes/No
	2	Training & Placement Officer	Yes/No
	3	Accounts Officer	Yes/No



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17.	4	Office Superintendent	Yes/No
	5	Assistant	Yes/No
	6	Steno	Yes/No
	7	Peon	Yes/No
	8	Chowkidar	Yes/No
	9	Sweeper	Yes/No
	10	Mali	Yes/No
	11	& so on, if any	Yes/No

**18. PHYSICAL INFRASTRUCTURE & OTHER FACILITIES/AMENITIES**

Infrastructure (Enumerate them infrastructure wise and write Yes/No, if they are according to authorized body directive or not) Documentary evidences in support of each item should be appended as Annexure

18.	1	Total Area as per norms	Yes/No
	2	Class rooms as per norms	Yes/No
	3	Tutorial rooms as per norms	Yes/No
	4	Library as per norms(Certifies copy of last 5 pages of accession register to be given as annexure)	Yes/No
	5	Fully equipped labs as per norms(Certified inventories as per stock register and physical availability to be given as annexure)	Yes/No
	6	_____ no of computers with ratio to students( if as per norms or not)	Yes/No
	7	Conference hall	Yes/No
	8	Common Room for Boys	Yes/No
	9	Common Room for Girls	Yes/No



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10	Dispensary	Yes/No
11	Principal Office	Yes/No
12	Reception office	Yes/No
13	Main office	Yes/No
14	Admin Office	Yes/No
15	Maintenance & Estate Office	Yes/No
16	Faculty Rooms	Yes/No
17	Toilets for Staff	Yes/No
18	Toilets for Boys	Yes/No
19	Toilets for Girls	Yes/No
20	Canteen	Yes/No
21	& More if any	Yes/No

19. Other facilities (Enumerate them other facilities wise and write Yes/No, if they are according to authorized body norms or not) Documentary evidences in support of each item should be appended as annexure.

1	Digital Library	Yes/No
2	Electrical Generator	Yes/No
3	Parking	Yes/No
4	Internet Facility	Yes/No
5	Communication Lab	Yes/No
6	All weather Road	Yes/No
7	Portable Water Supply	Yes/No
8	Hostel For Boys	Yes/No
9	Hostel for Girls	Yes/No
10	Principal Quarter	Yes/No



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11	Staff Quarter	Yes/No
12	Guest House	Yes/No
13	Play Ground	Yes/No
14	Sports	Yes/No
15	Photocopier	Yes/No
16	& More if any	Yes/No

20. In case of extension of affiliation

- No. of books and journals purchased in library for current academic session.
- No. of Lab equipment's/computers/other accessories purchased in previous academic session.

21. Faculty members appointed in previous academic session.

22. No. of faculty members added for coming academic session (Proof must be attached).

23. Copy of advertisement in two daily newspapers regarding the appointment of teaching and non-teaching staff.

(If Space given is not sufficient to provide the information, use additional papers)

24. Declaration on Affidavit containing all deficiencies pointed out by last inspection team should be complied.

**25. Declaration**

I, (name)..... (designation) ..... of  
.....(college/institute) do hereby  
solemnly affirm and declare that :-

- I am the duly authorized representative of this college.
- All the enclosures to this application are true copy of the original and self-attested by me.
- I solemnly declare and affirm that particulars given above are correct and true to the best of my knowledge and nothing concealed therein.

Place: .....

Signature with seal of Authorized

Date: .....

Signatory



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Performa for Teaching Faculty members including Principal/Director and Non-Teaching Staff  
(relevant proof documents must be attached)

Sl. No.	Name of faculty member/ Non-Teaching Staff	Designation	Date of Birth	Date of Joining	Subject (For faculty members)	Qualification	Aadhaar No.	PAN No.	Status of submission of quarterly Bank Statement

# ARYABHATTA KNOWLEDGE UNIVERSITY, PATNA

## Affiliation form deposit check slip

Affiliation Status (Please Tick on status):		Fresh/		Extension/		No Objection Certificate		
Name of Institute/College :								
Academic Session :								
Sl. No.	Name of Course/Branch	Intake Capacity	No. of Unit	Application Form Fee	Application Fee	Inspection cum Processing Fee	Affiliation Fee	Total Amount
Deposited Fee								
Total								
Required Fee (Filled by AKU)								
Total								
Dues Fee								
Total								

Enclosed : Amount : .....

Amount : .....

Amount : .....

DD No./UTR No. ....

DD No./UTR No. ....

DD No./UTR No. ....

Date: .....

Date: .....

Date: .....

Bank Name .....

Bank Name .....

Bank Name .....

**Prepared by**

D.A. Signature of Principal/Director of  
Institute/College with Seal

**Checked by**

D.A. S.O. (Affiliation)  
Affiliation Section (AKU)

**Verified by**

D.A. S.O. (Finance)  
Finance Section (AKU)

Note: Amount of fee should be paid as per University Notification memo no. 006/Affili/032/AKU/2014 - 2067 dated 16.05.2017 and 006/Affili/081/AKU/2015 - 1865 dated 11.05.2019

**Finance Officer**

**Registrar**

*P.T.O.*

**Note: Details for DD to be prepared or Online Payment as below:**

<b>Sl. No.</b>	<b>Name of Fee</b>	<b>Name of Fund</b>	<b>Bank Name</b>	<b>Account Number</b>	<b>IFSC Code</b>
<b>1</b>	<b>Application Form Fee</b>	<b>AKU, Patna Affiliation Fund</b>	<b>Indian Bank, Kankarbagh, Patna</b>	<b>6659726767</b>	<b>IDIB000K196</b>
<b>2</b>	<b>Application Fee</b>	<b>AKU, Patna Affiliation Fund</b>	<b>Indian Bank, Kankarbagh, Patna</b>	<b>6659726767</b>	<b>IDIB000K196</b>
<b>3</b>	<b>Inspection cum Processing Fee</b>	<b>AKU, Patna Inspection cum Processing Fund</b>	<b>Central Bank of India</b>	<b>3610250763</b>	<b>CBIN0284778</b>
<b>4</b>	<b>Affiliation Fee</b>	<b>AKU, Patna Affiliation Fund</b>	<b>Indian Bank, Kankarbagh, Patna</b>	<b>6659726767</b>	<b>IDIB000K196</b>
<b>5</b>	<b>Endowment Fee</b>	<b>Fixed Deposit as directed by University vide Memo no. 004/FIN /005/AKU/2013 (Vol. IV) - 3374 dated 06.08.2018</b>			