Post Graduate Course

|  |
| --- |
| Price Rs.500/- |

**KARMAVEER BHAURAO PATIL UNIVERSITY, SATARA**

**APPLICATION FOR RECOGNITION OF LABORATORY**

Date:

To,

The Register,

Karmaveer Bhaurao Patil University,

Satara.

Subject: **Recognition of Laboratory for Post-Graduate Degree / Diploma**

**course ……………………………………………………………...**

**in the subject………………………………………………………**

Respected Sir/Madam,

I am submitting herewith the application with a request to grant Recognition / Affiliation to the college Laboratory in the subject-------------------------------------------------for the teaching / research at M.A. / M.Sc. / M.Sc. (T & D) / M.Phil. / Ph.D. degree from June--------------.

The necessary information is given below:

1) Name of the College --------------------------------------------------------------------------

--------------------------------------------------------------------------

Address ---------------------------------------------------------------------------

---------------------------------------------------------------------------

---------------------------------------------------------------------------

Telephone No. --------------------------------------------------------------------------

Fax No. --------------------------------------------------------------------------

E-mail Address -------------------------------------------------------------------------

Website -------------------------------------------------------------------------

Year of establishment -------------------------------------------------------------------------

Year of inclusion under -------------------------------------------------------------------------

UGC 2f & 12B -------------------------------------------------------------------------

Year of permanent affiliation -------------------------------------------------------------------------

from University -------------------------------------------------------------------------

* (M.A./ M.Sc./ M.Sc.(T & D)/ M.Phil/Ph.D.) ----------------------------------------------------------

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2) Name of Educational Society/ :---------------------------------------------------------

Trust/Laboratory/Company :---------------------------------------------------------

Registration No. :---------------------------------------------------------

Address :---------------------------------------------------------

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Telephone No. :---------------------------------------------------------

Fax No. :---------------------------------------------------------

E-mail Address :---------------------------------------------------------

Website :---------------------------------------------------------

3) Course and Subject for which :---------------------------------------------------------

laboratory recognition is required for ----------------------------------------------------------

4) Nature of work carried out in the Teaching

Laboratory

Research

Teaching and Research

5) Laboratory and Post-graduate courses with subject for which the college is already granted recognition/affiliation and how many years these subjects are taught.

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| --- | --- | --- | --- |
| **Sr. No.** | **Course** | **Subject** | **Years** |
| 1 |  |  |  |
| 2 |  |  |  |
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6. Number of colleges/ University Dept. in the same village-town / city conducting

concerned Under Graduate Courses:-

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| --- | --- | --- | --- |
| **Sr. No.** | **Name of the College** | **Faculty** | **Subject** |
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7. Number of colleges/ University Dept. in the same village-city / town conducting course which laboratory recognition is required.

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| --- | --- | --- | --- |
| **Sr. No.** | **Name of the College** | **Subject** | **Student Strength** |
| 1 |  |  |  |
| 2 |  |  |  |
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| 5 |  |  |  |

8. Number of students appearing and passing the degree examination for the subject of which laboratory recognition is required (last 3 years).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Subject** | **Year** | | |
|  |  | **200** | **200** | **200** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
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| 5 |  |  |  |  |

9. Need for recognition of laboratory : ----------------------------------------------------------------

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10. Whether recognition subject teachers : -----------------------------------------------------------------

Available for which laboratory recognition

is required? ----------------------------------------------------------------

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1. Information of Approval in House Faculty :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Name of the Teacher** | **Subject** | **Nature of appointment** | **University approval no.** | **Remarks** |
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| 25 |  |  |  |  |  |

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1. Information of Approval Visiting Faculty :

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Name of the Teacher** | **Subject** | **Nature of appointment** | **University approval**  **letter no.** | **Whether cnsent of concerned principal obtained?** | **Whether teacher is working in other P.G. centre** | **Remarks** |
| 1 |  |  |  |  |  |  |  |
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11.a) Information of Laboratory for which recognition is required:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Total area of Lab. (in Sq. feets)** | **Area of proposed Lab. Be utilized for research purpose** | **Area of Lab. Utilized for other purposes** | **Remarks** |
| 1 |  |  |  |  |
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1. Information of Equipment’s and apparatus (If necessary, attach separate list) :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Name pf the Equipment’s / Apparatus** | **No. of items** | **Accession No.** | **Total cost** | **Remark** |
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12. library facilities available (This is : ------------------------------------------------------

Concerned only with subject of which -------------------------------------------------------

Laboratory recognition is required) -------------------------------------------------------

1. No. of Reference Books :------------------------------------------------------
2. No. pf Research Journals :------------------------------------------------------

13. Financial arrangement for fulfilment :------------------------------------------------------

of laboratory & other expenses -------------------------------------------------------

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Item** | **Provision in Budget (Rs.)** | **Remarks** |
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14. Whether the subject in which : Yes No

Recognition of Laboratory is asked for

Is government aided

|  |
| --- |
| **Note: Please attach all necessary documents and certificates** |

Place :

Date :

Yours faithfully

**Principal / Director**