

IDEAL PUBLIC SHIKSHAN SANSTHAN

Hissar Road, Rajgarh (Churu)

Ref. No. I.S. 10/108

Date: 9/11/08

THE REGIONAL DIRECTOR
Northern Regional Committee
National Council of Teacher Education
A-46, Shanti Path, Tilak Nagar
Jaipur - 302004

Sub : Application of grant of recognition for Ideal Teachers Training School (STC) Rajgarh
Distt. Churu (Raj.)

With reference to fee subject cited above, I beg to request as follows :-

- The prescribed application form for the recognition of the Ideal Teachers Training College Rajgarh Distt. Churu (Raj.) is submitted for your kind consideration.
- Prescribed application fee Rs. 41,000/-

B.h.
NOTED.



Chairman

Handwritten signature
Ideal Pubic Shikshan Sansthan
Rajgarh Distt. Churu (Raj.)

अध्यक्ष
आईडियल पब्लिक शिक्षण संस्थान
हिसार रोड, राजगढ़ (चुरु)

For office use

Code No. _____ Year _____
Regional Committee
Date of Application 9/1/2008
Course 37C
Category: New Institution/New Course/Additional Intake
Type of Management _____
Affiliating Body _____

**Form of Application for Grant of Recognition to Institutions including Permission
for Conducting a New Course/Additional Intake in Teacher Education Programme
under Section 14/15 the NCTE Act, 1993**



National Council for Teacher Education
Address of the Regional Committee concerned
with address of the Website/e-mail/Telephone/Fax

Price Rs. 1000/-

Application for Grant of Recognition/Permission to Institutions for conducting a New Course/Enhancement of Intake under Section 14/15 of the NCTE Act, 1993

NOTE: DETAILS OF THE APPLICATION IF SUBMITTED ON-LINE

DATE OF SUBMISSION _____ APPLICATION ID _____

1. Particulars of the authorized applicant

- 1.1 Name of the Applicant SANJAY SHARMA
- 1.2 Father's/Husband's Name SH. DHANPAT SHARMA
- 1.3 Occupation AGRICULTURE
- 1.4 Official Position in the Governing Body of the Society/Trust CHAIRMAN

2. Particulars of applicant Society/Trust

- 2.1 Name of the Society/Trust

IDEAL PUBLIC SHIKSHAN SANSTHAN

- 2.2 Whether a copy of Registration certificate attached.

Yes ☒ No ☐

- 2.3 Complete Postal Address of the Society/Trust.
(Strike out/ Leave blank any of the following which is not applicable)

Village/Town RAJGARH

Post office RAJGARH

Door/Plot Number _____

Street Number HISAR ROAD

Tehsil/Taluka RAJGARH Town/City RAJGARH

District CHURU State RAJASTHAN

Pin Code 331023 STD Code 01559

Telephone No. 226016 Mobile No. 9413367700

Fax No. 226016 E-Mail ID _____

Website Address www.ideal school.in

3. Details about the programme/course applied for

a.	Nature of proposal (Please tick only one choice)	<input checked="" type="checkbox"/> First Time Recognition <input type="checkbox"/> Enhancement of Intake <input type="checkbox"/> Additional Course	
b.	Name of the Course applied for	S.T.C	
c.	Level of the Course applied for	SECONDARY	
d.	Medium of Instruction	HINDI	
e.	Whether Course Curriculum fulfills the duration stipulated by NCTE norms and standards	YES	
f.	Mode	Distance/ Face to Face	
g.	Intake proposed	50	
h.	Affiliating Body/University	Name	
		Address	
		Telephone No.	
i.	Normal month of commencement of the course		

4. Particulars of the applicant institution

4.1 Name of the Institution
(in capital letters)

IDEAL TEACHERS TRAINING SCHOOL

4.2 Complete Postal Address [As mentioned in the Affidavit]
(Strike out/ Leave blank any of the following which is not applicable)

Village/Town RAJGARH
 Post office RAJGARH
 Door/Plot Number _____
 Street Number HISAR ROAD
 Tehsil/Taluka RAJGARH Town/City RAJGARH
 District CHURU State RAJASTHAN
 Pin Code 331023 STD Code 01519
 Telephone No. 226016 Mobile No. 9413367700
 Fax No. 226016 E-Mail ID _____
 Website Address www.ideal-school.in

4.3 Whether the institution is for (tick in the box)

Boys

☐

Girls

☐

Co-Ed

☒

4.4 Whether the Institution is a Minority institution
(Attach documentary proof issued by the Govt. concerned)

Yes ✓

No

4.5 Type of Management (Please tick only one out of the following)

- (i) A Govt. institution
- (ii) A Govt.-aided institution
- (iii) A university department
- (iv) A deemed to be university Pvt/ Govt.
- (v) A self-financing private institution ✓
- (vi) Any other, please specify.

(Please attach supporting documents. In case of institutions financed by Central Govt./State Govt./UT Admn. to the extent of not less than 50% of their recurring cost, a certificate to this effect from the Government concerned.)

4.6 Details of the existing Teacher Education Programmes/courses run by the same institution.

Sl. No.	Name of the programme	Academic session from which commenced	Existing approved intake	Regional Committee		Name of Affiliating Body	
				Recognition Order Number	Date	Name	Date of Affiliation

- 4.7 Details of courses other than Teacher Education Programme if any, run by the same institution.

Sl. No.	Name of the course/programme	Level of the course	Duration of the course	Year of starting of the course	Affiliating Body	
					Name	Date of Affiliation

5. Fees and Funds

- 5.1 Details of cost of application form of Rs. 1000/- (not applicable in case of application submitted online)

Name of the Nationalized Bank	AXIS BANK LTD.
Name of the Branch	RAJGARH
Address	BRGB, RAJGARH
Draft Number	014076
Date	09.01.08
Receipt Number, if purchased	

- 5.2. Details of Processing Fee of Rs. 40,000/- only

Name of the Nationalized Bank	AXIS BANK LTD.
Name of the Branch	RAJGARH
Address	BRGB, RAJGARH
Draft Number	014076
Date	09.01.08

(Please see Rule 9 of NCTE Rules, 1997 in terms of which Government Institutions are exempted from payment of processing fee)

5.3

Details of the Endowment fund (self-financed institutions/programmes)?
(Please see Clause 9 (1) of the NCTE (Recognition Norms and Procedure) Regulations, 2005 published on 13.1.2006)

Amount of Endowment Fund	
Fixed Deposit Receipt Number	
Duration of the FDR (Minimum five years)	
Date of issue	
Name of the Nationalized Bank	
Full address	
Phone numbers.	
Has the FDR been enclosed in original	<input type="checkbox"/> Y <input type="checkbox"/> N

5.4

Particulars of the reserve fund (to be filled in the case of self-financed institutions/programmes)?

Amount of Reserve Fund	
Fixed Deposit Receipt Number	
Duration of the FDR (Minimum five years)	
Date of issue	
Name of the Nationalized Bank	
Full address	
Phone numbers.	
Copy of the Fixed Deposit Receipt has been enclosed	<input type="checkbox"/> Y <input type="checkbox"/> N

Details of Infrastructural Facilities available for proposed programme/course

6.1 Land

An affidavit on Rs. 100/- stamp paper duly attested by Notary on the prescribed format as required under Clause 8(6) of the NCTE Regulations, 2005

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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6.2 Building

(Please refer to Clause 8 of NCTE (Recognition Norms and Procedure) Regulations, 2005)

Description	To be filled in by Institution																
i) Date of approval of the Building plan by the competent authority/State Govt.	<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>1</td><td>3</td><td>1</td><td>2</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	1	3	1	2	2	0	0	7
D	D	M	M	Y	Y	Y	Y										
1	3	1	2	2	0	0	7										
ii) 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>2</td><td>9</td><td>0</td><td>6</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	2	9	0	6	2	0	0	7
D	D	M	M	Y	Y	Y	Y										
2	9	0	6	2	0	0	7										
iii) If construction of the building is not complete, the likely date of completion of 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										
iv) Name and address of the competent authority	Sh. BHANWAR LAL S.M. P.W.D. RAHARH WYN																
v) Whether completion certificate obtained from the competent authority	Y/N <input checked="" type="checkbox"/>																
vi) Whether Bldg. disabled -friendly as per relevant laws.	Y/N <input checked="" type="checkbox"/>																
vii) Whether fire safety norms are being followed.	Y/N <input checked="" type="checkbox"/>																
viii) Total Built up Area (in sq. meter) (in sq.ft.)	<table border="1"> <tr> <td>1</td><td>5</td><td>3</td><td>5</td><td></td><td></td> </tr> <tr> <td>1</td><td>6</td><td>5</td><td>0</td><td>1</td><td></td> </tr> </table>	1	5	3	5			1	6	5	0	1					
1	5	3	5														
1	6	5	0	1													

3. Specification of Rooms and other infrastructural facilities

S.No.	Description	Room No.	Length In meter	Breadth In meter	Carpet area in sq. meter
1	2	3	4	5	6
1	Class Room	2	35	20	700
2	Class Room	8	24	18	432
3	Multipurpose Hall	01	60	22	1320
4	Multipurpose Room	01	24	18	432
5	Seminar room/tutorial room				
6	Principal Room	01	18	14	252
7	Administrative office	01	24	18	432
8	Store Room	01	33	18	594
10	Sports Store Room	01	33	18	594
9	Girls Common Room & Boys Common Room	01	24	18	432
11	Boys Common Room Computer Room	01	33	18	594
12	Art & Crafts Room Lib. Room	01	33	18	594
13	Music Room				
14	Socially Useful Productive Work (SUPW) Room	01			
15	Science Lab1	01	33	18	594
16	Science Lab2	01	33	18	594
17	Psychology lab	01	33	18	594
18	Educational Technology (ET) /ICT Lab	01	24	18	432
19	Workshop	01	24	18	432
20	Any other Room/Hall				
21	Toilets	10	51	15	75
	(i) Male	10	61	15	90
	(ii) Female				

7. Instructional Facilities

7.1 Library
Total Area (In Sq. ft.)

594

7.2 Manpower

7.2.1 Academic and Non-Academic Staff (Applicable for existing institutions)

7.2.1.1 Details of Academic Posts available at present

Name of the Post	Number of Post	Pay Scale	Filled	Vacant

7.2.1.2 Details of Non-Academic Staff available at present

Name of the Post	Number of Post	Pay Scale	Filled	Vacant

8. Arrangement for Games and Sports

8.1 Details of availability of playgrounds

Sl. No.	Number of Playgrounds	Length in meter	Breadth in meter	Area in sq mt.

Copy to Certificate enclose

Signature of the authorized designated authority giving undertaking alongwith his/her official and position office Seal)


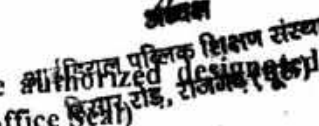
Undertaking

That I have read and understood the contents of the application and the same are true and correct on the basis of my personal knowledge and on the basis of records of the institution.

2. In connection with my/our application for grant of recognition/permission of Ideal Teachers Training School (Name of the Institution) to conduct B.T.C course with 50 intake/additional intake. and hereby undertake to comply with the following:-

- That infrastructural, instructional and other facilities will be provided as per the NCTE norms, standards and guidelines prescribed from time to time.
- That admission of students, satisfying the eligibility conditions will be made either on the basis of marks obtained in the qualifying examination or in the entrance examination conducted by the State Govt./University as per its policy.
- That there shall be reservation of seats for SC/ST/OBC/handicapped etc. as per the Policy of State Govt.
- That admission to the Course will be made only after recognition is granted by the concerned Regional Committee of the NCTE.
- That the supporting and other staff will be appointed as per the guidelines of the State Govt./the affiliating University.
- That the tuition and other fees will be charged at rates prescribed by the concerned state Govt./affiliating University.
- That the academic and other staff of the institution (including part time staff) shall be paid such salary as may be prescribed by the concerned State Govt./University from time to time.
- That the Management shall discharge the statutory obligations relating to provident fund, pension, gratuity etc. in respect of all its employees.
- That the Management will make adequate funds available for providing satisfactory facilities and for proper programme implementation.
- That the accounts of the institution will be properly maintained and audited annually by the audit authorities or a Chartered Accountant, and will be open for inspection.
- That the Management 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.

- (xii) In the event of non-compliance by the Ideal Teacher's Training School (Name of the 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.
- (xiii) That the Management will not cause or allow discontinuation of the Course in any year or for any batch, and that where compelled, it will seek the concurrence of NCTE for discontinuation on the completion of the year/batch.
- (xiv) That the Management has seen, studied and understood the norms and conditions stipulated by the NCTE for grant of recognition to the programme proposed and feels that they are satisfied, or can be satisfied by the time of inspection, failing which it would be willing to accept an unfavourable decision.
- (xv) The (College/Institution) by virtue of the approval given by the NCTE shall not automatically become claimant of any financial grant or assistance from the Central or State Govt., or support from the NCTE.

(Signature of the  authorized  authority alongwith his/h
official position office Seal)

SANJAY SHARMA
NAME IN BLOCK LETTER

Place:

Raggarh

Date:

9/1/08

Attachments with the application

Application for grant of recognition including permission for additional intake or new course should be submitted in Triplicate in the format as prescribed to the concerned Regional Committee alongwith the following essential documents:-

Processing Fee

Demand draft of Rs. 40,000/- (forty thousand) from a Nationalized Bank drawn in favour of the Member Secretary, NCTE payable at the city where the Regional Committee is located. (Please see Rule 9 of NCTE Rules, 1997 in terms of which Government Institutions are exempted from payment of processing fee)

Essential Documents

1. An affidavit in Rs. 100 Stamp Paper attested by Notary Public stating the precise location of the land, total area, permission of the competent authority to use the land for educational purpose, that the land is free from all encumbrances and the mode of possession etc. (Please refer to Clause 8 (5), (6) & (7) of NCTE (Recognition Norms & Procedure) Regulations, 2005.
2. In case of self-financed institutions/courses, Fixed Deposit Receipt of Rs. five lakh towards Endowment fund in original, from a Nationalized Bank of a duration of & above 5 years.
3. Approved building plan along with completion certificate from the concerned competent authority of the State Govt. etc., if the building has already been constructed. (Please refer to Clause 8 (8) of NCTE (Recognition Norms & Procedure) Regulations, 2005.
4. In case of institutions financed by Central Govt/State Govt/UT Admn. to the extent of not less than 50% of their recurring cost, a certificate to this effect from the Government concerned.
5. Documentary proof for the Minority Institution status, issued by the Govt. concerned, if applicable
6. A copy each of the Certificate of Registration, Memorandum of Association and Bye-laws in case the institution is managed by a Society/Trust.

Note: To facilitate the fast processing of applications, the applicants may ensure that the above documents are submitted in the first instance so that application can be sent to State Governments for recommendations as provided in Clause 7 (2) (iv) of the NCTE Regulations, 2005.

* Please refer to the relevant Regulations for any clarification. The Regulations are available in the Website of NCTE (<http://www.ncte-in.org>)