|  |  |  |
| --- | --- | --- |
| **E:\R section\Registrar\msu-logo.png** | **kNdhd;kzpak; Re;judhh; gy;fiyf;fofk;**  **MANONMANIAM SUNDARANAR UNIVERSITY**  **Abishekapatti, Tirunelveli 627 012**  Reaccredited with “A” Grade by NAAC  Phone:0462-2338632, Fax:0462-2334363  e-mail: [registrar@msuniv.ac.in](mailto:registrar@msuniv.ac.in); Website: www.msuniv.ac.in | |
| Prof. J.Sacratees, Ph.D.,  Registrar | |  |

MSU/R/CDC/A5/Circular /Fresh/Further/ Application/2024 19.09.2024

To

The Secretaries of All Affiliated Colleges / Educational Trusts

Sir/Madam,

Sub: CDC- Application inviting for Fresh/Further Affiliation of new Colleges / Programmes for the academic year 2025-26 – Format and revised fee structure uploaded on the University Website - Intimation - reg.

\*\*\*\*\*\*\*\*

I am by direction to inform that the Application for Fresh/Further Affiliation of Colleges / Programmes is invited for the academic year 2025-2026. The last date for submission of applications (2 copies) is fixed **on or before 31.10.2024**. In this regard, the formats for Application of Fresh / Further affiliation of new college / Programmes along with revised fee structure are uploaded on the University website link (<https://www.msuniv.ac.in/msuniv_college_development_council.php>).

I am to request you to submit the filled application in Hard and Soft copies, along with the prescribed revised fee in time.

The filled in Applications (Hard and Soft Copies) submitted after the due date will not be considered under any circumstance.

Encl: as above

-sd-

REGISTRAR

****

**NAME AND ADDRESS OF THE COLLEGE**

**Application for Fresh Affiliation of**

**College**

**(Academic year 2025-2026)**

**COLLEGE DEVELOPMENT COUNCIL**

**MANONMANIAM SUNDARANAR UNIVERSITY**

**TIRUNELVELI – 627 012**

**1**

**CONTENTS**

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| --- | --- | --- |
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| 2 | Particulars about the Trust / Society |  |
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| 4 | Governing Council/College Committee |  |
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**2**

**MANONMANIAM SUNDARANAR UNIVERSITY**

**TIRUNELVELI–627 012**

**Application for Fresh Affiliation for the Academic Year 2025-2026**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. College** | |  |  | |
| i. Name of the College | | **:** |  | |
| ii. Address of the site as approved by the  Govt. of Tamil Nadu | | **:** |  | |
| iii. Is the college functioning at the above said-  approved site? | | **:** |  | |
| iv. Type of Institutions **:** **Govt. / Govt. Aided / Self-Financing** | | | | |
| v. Is the college autonomous? | **:** | | | | |  |
| vi. Whether the College has received 2(f) and  12(B) Status of UGC with details |  | | | | |  |
| vii. Telephone Numbers | | **:** |  | |
| viii. E-mail Id | | **:** |  | |
| ix. Website address | | **:** |  | |
| x. Year of establishment of the college | | **:** |  | |
| xi. Category of the College | | **:** | **Men / Women/ Both** | |
| xii. NACC Accreditation Status with details | | **:** | |  |  |  | | --- | --- | --- | | Cycle | Score | Grade | |  |  |  | | |
| xiii. NIRF Status    xiv. Minority / Non-Minority (Please tick (√) the appropriate box.)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Non Minority** | **Minority** | | | | | | | | **Linguistic** | | | **Religious** | | | **Others**  **(specify)** | | **Malayalam** | **Telugu** | **Sourashtra** | **Christian** | **Muslim** | **Jain** | | | | | |
| Signature of the Principal  **3** | | | | |

|  |  |  |
| --- | --- | --- |
| **2. Trust / Society** (provide details in case of changes took place  SECRETARY  PHOTO  in the Trust/Society after previous inspection) | | |
| i. Name of the Trust / Society | **:** |  |
| ii. Address of the registered office | **:** |  |
| iii. Registration Number | **:** |  |
| iv. Date of registration | **:** |  |
| v. Name of the Chairperson /  Secretary/Correspondent | **:** |  |
| vi. Names of the present executive  committee members  vii. Telephone numbers  - Office | **:**  **:** |  |
|  |  |  |
| viii. Fax numbers | **:** |  |
| ix. Mobile numbers | **:** |  |
| x. E-mail | **:** |  |

Signature of the Principal

**4**

|  |  |  |
| --- | --- | --- |
| **3. Principal** |  | Affix and Attest  passport  size photograph |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of the Principal** | | | **:** |  | | |
| **Residential Address** | | | **:** |  | | |
| **Contact Nos.** | | | **:** | Landline: Mobile  Email : | | |
| **Gender** | | | **:** | Male / Female / TG | | |
| **Community** | | | **:** | OC / BC / MBC / SC / ST | | |
| **: O**  **PAN Number :** | **OC / B** |  | | **Aadhaar Number** | **:** |  |
| **Date of Birth and Age** | | | **:** |  | | |
| **Date of joining the present post** | | | **:** |  | | |
| **Date of Retirement**  **Scale of pay** | | | **:**  **:** |  | | |
| **Present basic pay** | | | **:** |  | | |
| **Total salary** | | | **:** |  | | |

**I. Educational Qualifications: (completed only)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Programs** | **Discipline** | **Specialization**  **Area** | **Year of Passing/ Award** | **Name of the College** | **Name of the University** | **% of Marks / Grades obtained** | **Class obtained** |
| **UG** |  |  |  |  |  |  |  |
| **PG** |  |  |  |  |  |  |  |
| **M. Phil.** |  |  |  |  |  |  |  |
| **Ph.D** |  |  |  |  |  |  |  |

**I.a. Additional Qualifications**

**NET / SLET : (Ref.No./Date/Copy to be enclosed)**

**II. a. Title of Ph.D. Thesis \* :**

**b. Faculty/Discipline/Subject in which**

**Ph.D. was awarded :**

**III. a. Details of Ph.D.scholars (completed):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Name of the Scholar** | **Register Number** | **Year of completion** | **Name of the University** |
|  |  |  |  |  |

**5b. Details of Ph. D scholars (ongoing):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Name of the Scholar** | **Register Number** | **Date of Registration** | **Name of the University** |
|  |  |  |  |  |

**c. Details of Research projects:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Title of the Project** | **Name of the Funding Agency** | **Amount sanctioned** | **Amount Received** | **Project period** |
|  |  |  |  |  |  |

**d. Publications:**

**IV. Academic Experience:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the College** | **Whether Govt/Aided/S.F.** | **Designation** | **Joining Date** | **Relieving Date** | **Experience** | | |
| **Years** | **Months** | **Days** |
|  |  |  |  |  |  |  |  |
| **Total** | | | | |  |  |  |

**V. Administrative/other Experience:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Organisation** | **Designation** | **Nature of Work** | **Joining Date** | **Relieving Date** | **Experience** | | |
| **Years** | **Months** | **Days** |
|  |  |  |  |  |  |  |  |
| **Total** | | | | |  |  |  |

***Note -Principal eligibility is as per UGC norms***

Signature of the Principal

**6**

**4. Governing Council/College Committee** (Provide details, if changes took place after previous inspection)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Name** | **Position** | **Educational Qualification** | **Telephone numbers** | **E-mail** | **Residential Address** |
| 1 |  | Chairperson |  |  |  |  |
| 2 |  | Members |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  | University Representative |  |  |  |  |

**Note:** Enclose the copy of the Minutes of the recent Governing Council/College Committee meeting.

Signature of the Principal

**7**

**5. Planning and Monitoring Board**

| **Sl. No.** | **Name** | **Position (Chairperson/**  **Member)** | **Category** | **Educational Qualification** | **Telephone numbers** | **E-mail** | **Residential Address** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | Chairperson | Principal of the college |  |  |  |  |
| 2 |  | Member | Senior faculty member of the college |  |  |  |  |
| 3 |  | Member | Senior faculty member of the college |  |  |  |  |
| 4 |  | Member | University Representative |  |  |  |  |

**Note:** Enclose the copy of the Minutes of the recent Planning and Monitoring Board meeting.

Signature of the Principal

**8**

**6 (i) Discipline and Welfare Committee**

| **Sl. No.** | **Name** | **Position (Chairperson/**  **Member)** | **Category** | **Educational Qualification** | **Telephone numbers** | **E-mail** | **Residential Address** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | Chairperson | Principal of the college |  |  |  |  |
| 2 |  | Member | Senior faculty member of the college |  |  |  |  |
| 3 |  | Member | Senior faculty member of the college |  |  |  |  |
| 4 |  | Member | Warden/Deputy warden of Boys’ Hostel |  |  |  |  |
| 5 |  | Member | Warden/Deputy warden of Girls’ Hostel |  |  |  |  |
| 6 |  | Member | Lady faculty member |  |  |  |  |
| 6 |  | Convener | Student counselor (staff) |  |  |  |  |

Signature of the Principal

**9**

**(ii) Complaints cum Redressal Committee**

| **Sl. No.** | **Name** | **Position (Chairperson/**  **Member)** | **Category** | **Educational Qualification** | **Telephone numbers** | **E-mail** | **Residential Address** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |

**Norms of Composition**

* **Should be headed by a senior lady member**
* **50% of the membership of the committee should be represent by ladies**
* **A third party either an NGO or an outside activist who is familiar with the issue of sexual harassment in work place**

Signature of the Principal

**10**

**6. Bank details of the College:**

1. **Savings Bank / Current Accounts**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Nature of Account**  **Savings Bank / Current account** | **Bank Name** | **Branch** | **Account number** | **IFSC Code** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Endowment in the College**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Created with** | **Amount (Rs.)** | **Deposited in the bank (name)** | **Branch** | **FD No. and date** | **Date of maturity** |
|  | UGC |  |  |  |  |  |
|  | University |  |  |  |  |  |
|  | State Govt. |  |  |  |  |  |
|  | Others |  |  |  |  |  |

Signature of the Principal

**11**

**7 (i) Land Area details of the College** (in acres)**:**

**Government of Tamil Nadu Norms:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Area in which site located** | **Requirement of Land** | **Deficiency if any** |
| 1. | Within the Metropolitan Cities limit (Corporation) | 2 acres |  |
| 2. | Within the Municipal limit | 3 acres |  |
| 3. | Within the Town Panchayat /Village Panchayat limit | 5 acres |  |

**(ii) Details of Land earmarked for the college:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Address of the Land and Survey Number** | **Area** | **Registration Number/ Name of the person/Society** | **Date of registration** | **Deficiency**  **If any** |
|  |  |  |  |  |  |

**12**

**8. New Program(s) for which approval is sought for the academic year 2025-2026**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Degree** | **Program** | **Intake sought** | **Medium of Instruction** | **SCAA limit** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***Note:***

*The request for approval for additional programmes will be considered for the academic year 2025-2026 only if the following condition is satisfied:*

*Approved Syllabus and Curriculum should be available at the time of submitting the Application for Affiliation to the*

*University.*

Signature of the Principal

**13**

**9. Faculty**- **Qualification and Experience**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| N**ame of the Department**  Affix and Attest  passport  size photograph | | | **:** |  | | |
| **Name of the faculty member** | | | **:** |  | | |
| **Present Designation** | | | **:** |  | | |
| **Residential Address** | | | **:** |  | | |
| **Contact Nos.** | | | **:** | Landline: Mobile  Email : | | |
| **Gender** | | | **:** | Male / Female / TG | | |
| **Community** | | | **:** | OC / BC / MBC / SC / ST | | |
| **PAN Number :** | **OC / B** |  | | **Aadhaar Number** | **:** |  |
| **Date of Birth and Age** | | | **:** |  | | |
| **Date of joining the present post** | | | **:** |  | | |
| **Date of Retirement**  **Scale of pay** | | | **:**  **:** |  | | |
| **Present basic pay** | | | **:** |  | | |
| **Total salary** | | | **:** |  | | |

**I. Particulars of Educational Qualification: (Awarded only) Ref.No./Date/Copy to be enclosed**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Name of the Degree** | **Specialization** | **Year of Passing** | **Name of the College** | **Name of the University** | **% of Marks / Grades obtained** | **Class obtained** |
| **UG** |  |  |  |  |  |  |  |
| **PG** |  |  |  |  |  |  |  |
| **Ph.D.** |  |  |  |  |  |  |  |

**I.a. Additional Qualification :**

**NET / SLET :**

**14**

**II. a. Title of Ph.D. Thesis :**

**b. Faculty/Discipline/Subject in which Ph.D. was awarded :**

**III.a. Number of Ph.D scholars completed:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Name of the Scholar** | **Register Number** | **Year of completion** | **Name of the University** |
|  |  |  |  |  |

**b. Number of Ph. D scholars registered under Guidance (University wise):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Name of the Scholar** | **Register Number** | **Date of Registration** | **Name of the University** |
|  |  |  |  |  |

**c. Number of projects received from various funding agency:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Name of the Funding Agency** | **Amount sanctioned** | **Amount Received** | **Under which Plan** |
|  |  |  |  |  |

**IV. Academic Experience:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the College** | **Whether Govt/Aided/S.F.** | **Designation** | **Joining Date** | **Relieving Date** | **Experience** | | |
| **Years** | **Months** | **Days** |
|  |  |  |  |  |  |  |  |
| **Total** | | | | |  |  |  |

**15V. Administrative/other Experience:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Organisation** | **Designation** | **Nature of Work** | **Joining Date** | **Relieving Date** | **Experience** | | |
| **Years** | **Months** | **Days** |
|  |  |  |  |  |  |  |  |
| **Total** | | | | |  |  |  |

**VI. Other Relevant Information :**

It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty**

(Endorsement by the Principal)

**16**

10. i) **Teaching staff details (Department wise):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No. | Name of the staff | Designation | Qualification | Date of Appointment | Date of Retirement |
| A | Under Graduate Programs |  |  |  |  |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |

**ii. Library and Physical Education Department**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Department | Name of the staff | Designation | Qualification | Date of joining the present post | Date of birth and age | Scale of pay | Total emoluments |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Signature of the Principal

17

**11. Non-Teaching Staff details**

1. **Technical staff:** Provide the information separately for each Department.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Laboratory** | **Name of the staff** | **Department** | **Designation** | **Qualification** | **Date of joining the present post** | **Date of birth and age** | **Scale of pay** | **Total emoluments** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**ii. Ministerial staff**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the staff** | **Place of work** | **Designation** | **Qualification** | **Date of joining the present post** | **Date of birth and age** | **Scale of pay** | **Total emoluments** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Signature of the Principal

**18**

**12. Laboratory:** Provide Program-wise details separately

1. **Space available:**

Name of the Department:

Lab Area : 20 sq.ft. per student (*UGC Regulations for affiliation 2009):*

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Name of the Laboratory** | **Area of the laboratory available (sq.ft.)** |
|  |  |  |
|  |  |  |
|  |  |  |

**b). Laboratory Equipments available:**

(Provide the information in the format given below for each laboratory program separately in respect of all the semesters concerned for the UG, PG & M. Phil programs applied for in the Department)

(Refer requirements of laboratory equipments in ***Manonmaniam Sundaranar University, Tirunelveli*** Website [***www.msuniv.ac.in***](http://www.msuniv.ac.in))

|  |  |  |
| --- | --- | --- |
| Degree | **:** |  |
| Program | **:** |  |
| Semester | **:** |  |
| Regulation | **:** |  |
| Name of the Laboratory Subject | **:** |  |

List of equipments required for a batch of 30 students for U.G. / 25 students for P.G. given in Annexure**:**

**1.**

**2.**

**3.**

**4.**

Signature of the Principal

19

**13. Central Computing Facility**

**(a). Area**

|  |  |
| --- | --- |
| **Area required (sq.ft)** | **Area available (sq.ft.)** |
| Minimum 2000 sq. ft. upto the strength of 1000 students |  |

**(b). Terminals and LAN / WAN connections:**

**Norms for number of terminals:** **Terminal: Student**

UG programs 1:2

PG programs . 1:2

M. Phil programs 1:1

**(c). Softwares**

|  |  |
| --- | --- |
| Software required | **Name of the software available** |
| System software | 1. |
| 2. |
| Application software | 1. |
| 2. |
| 3. |

**(d). Network connectivity**

    Bandwidth **:**

    Number of nodes with Internet connection **:**

Signature of the Principal

20

**14. Library**

**(a). Area: 20 sq. ft per student (Refer UGC norms)**

|  |  |
| --- | --- |
| **Area required (sq.ft.)** | **Area available (sq.ft.)** |
|  |  |

**b) Books**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **UG programs** | | **PG programs** | | **M. Phil programs** | | |
| **No. of Titles** | **No. of Volumes** | **No. of Titles** | **No. of Volumes** | **No. of Titles** | **No. of Volumes** | |
| Required |  |  |  |  |  | |  |
| Available |  |  |  |  |  |  | |

\* Refer **UGC Norms (minimum 100 books per programme)**

**21**

**c) Journals (Refer UGC norms):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Degree** | **Program** | **No. of National journals** | | **No. of International journals** | |
| **R** | **A** | **R** | **A** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

No. of Online Journals subscribed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Degree** | **Program** | **No. of Online Journals (National)** | | **No. of Online Journals (International)** | |
| **R** | **A** | **R** | **A** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Signature of the Principal

**22**

**15. Class Rooms availability in the whole college**

***Refer UGC Norms (UGC Regulations for Affiliation 2009)***

# *Area (sq.ft) per student       Capacity*

**15** *Refer SCAA norms*

**(a). Name of the Block :**

**Buildup area in sq.ft (type of roof) :**

**Number of Class Rooms :**

**Allotment of Class Rooms :**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Room Number/**  **Room Code** | **Class Room area (sq.ft.)** | **Allotted to which Dept.** | **Allotted to which program** | **Allotted to I/II/III year** | **Students strength** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| . |  |  |  |  |  |  |
| . |  |  |  |  |  |  |
| . |  |  |  |  |  |  |

**16. Conference Hall**

**Number of Conference halls required**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Programs** | **Numbers available** | **Area of the each Conference Hall required (sq.ft.)** | **Area of the Conference Hall available (sq.ft.)** |
| 1 |  |  |  |  |
| . |  |  |  |  |

Signature of the Principal

**23**

**17. Building space**

**(a). Administrative Area**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Building space for** | **Carpet Area required (sq.ft) \*** | **Available (sq.ft.)** |
|  | Principal / Director office | 350 |  |
|  | Board Room | 220 |  |
|  | Office all inclusive | 1600 / 3200 |  |
|  | Department offices | 100 |  |
|  | Cabins for Head of Departments | 100 |  |
|  | Faculty Rooms | 50 |  |
|  | Central Stores | 350 |  |
|  | Maintenance | 100 |  |
|  | Security | 100 |  |
|  | Housekeeping | 100 |  |
|  | Pantry for staff | 100 |  |
|  | Examinations Control office | 350 |  |
|  | Placement office | 350 |  |

(b) Building under construction – Class Room, Hostel, Laboratory, Library (\*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl.No. | Room to be allotted to | Carpet Area (in Sq.ft) | Time Schedule of Completion | Roof type | Flooring type |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\* Attach sketch along with building plan approval copy

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**(C). Amenities**

**Carpet Area (sq.ft.) required**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Building space for** | **One Program**  **(sq.ft.)** | **More than one Program (sq.ft.)** | **Available (sq.ft.)** |
| 1. | Toilets (Ladies & Gents) | 1600 | 3800 |  |
| 2. | Boys Common Room | 75 | 100 |  |
| 3. | Girls Common Room | 75 | 100 |  |
| 4. | Cafeteria | 1600 | 1600 |  |
| 5. | Stationery Store & Reprography | 100 | 100 |  |
| 6. | First Aid cum Sick room | 100 | 100 |  |
| 7. | Principal’s quarters | 1600 | 1600 |  |
| 8. | Guest House | 350 | 350 |  |
| 9. | Sports Club / Gymnasium | 1100 | 2200 |  |
| 10. | Auditorium / Amphi Theater | 2700 | 4300 |  |
| 11. | Boys Hostel | Adequate | Adequate |  |
| 12. | Girls Hostel | Adequate | Adequate |  |

Signature of the Principal

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**18. Hostels**

Distance between the location of the college and the city:

***Norms***

*Carpet Area (sq.ft.)*

Triple seated room 220

1. **Boys Hostel**

***Norms***

* *For the students a maximum of three in a room should be provided.*
* Accommodation for 120 students is to be considered as one hostel unit.

1. **Details**
2. **Boys Hostel (Y/N)**
3. **Hostel building** (please tick (√) the appropriate box)

|  |  |
| --- | --- |
| **Owned** | **Rental / Lease** |
|  |  |

1. **Location of the hostel**(please tick (√) the appropriate box)

|  |  |
| --- | --- |
| **inside the campus** | **outside the campus** |
|  |  |

1. **Distance of the college from the city**(please tick (√) the appropriate box)

|  |  |
| --- | --- |
| **Within 20Km** | **Beyond 20Km** |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Block number** | **Carpet area of room (sq.ft.)** | **Room capacity (a)**  **(refer norms given above)** | **Number of rooms (b)** | **Capacity per Block**  **(c) = (a) x (b)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total |  |  |  |  |  |

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**B. Summary**

|  |  |
| --- | --- |
| **Total hostel capacity required for boys**  **(refer norms given above)** | **Total hostel capacity available for boys** |
|  |  |

**ii. Girls Hostel**

***Norms***

*Carpet Area (sq.ft.)*

Triple seated room 220

***Norms***

* *For the students a maximum of three in a room to be provided.*

1. **Details**
2. **Girls Hostel (Y/N)**
3. **Hostel building** (please tick (√) the appropriate box)

|  |  |
| --- | --- |
| **Owned** | **Rental / Lease** |
|  |  |

1. **Location of the hostel** (please tick (√) the appropriate box)

|  |  |
| --- | --- |
| **inside the campus** | **outside the campus** |
|  |  |

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1. **Distance of the college from the city** (please tick (√) the appropriate box)

|  |  |
| --- | --- |
| **Within 20Km** | **Beyond 20Km** |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Block number** | **Carpet area of room (sq.ft.)** | **Room capacity (a) (refer norms given above)** | **Number of rooms (b)** | **Capacity per Block**  **(c) = (a) x (b)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total |  |  |  |  |  |

**B. Summary**

|  |  |
| --- | --- |
| **Total hostel capacity required for girls**  **(refer norms given above)** | **Total hostel capacity available for girls** |
|  |  |

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**iii. Other related building areas**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Description of the area** | **Required carpet area (sq.ft.) per hostel unit of 120 students** | **Projected area required (sq.ft.)** | **Available carpet area (sq.ft.)** |
| 1. | Common Dining Hall | 2200 |  |  |
| 2. | Indoor games cum Common hall | 1600 |  |  |
| 3. | Medical room (for all hostels) | 550 | 550 |  |
| 4. | Canteen | 550 |  |  |
| 5. | Warden office | 200 |  |  |
| Additional four rooms of 100 sq.ft. each within the blocks |  |  |
| 6. | Guest rooms | 200 (2 nos.) |  |  |
| Additional four rooms of 100 sq.ft. each within the blocks |  |  |
| 7. | Toilets | 800 |  |  |

Signature of the Principal

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**19. Physical Education**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Description** | **Details** |
| 1 | Total area of the play ground |  |
| 2 | Details of the outdoor games available |  |
|  |
|  |
|  |
| 3 | Details of the Indoor games available (also mention the total area allocated for each game in sq.ft.) |  |
|  |
|  |
|  |
| 4 | Details of gymnasium available |  |
|  |
|  |
|  |
| 5 | Fund allotted to Physical Education/year |  |

Signature of the Principal

**30**

**Facilities available**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Item** | **Available (Y/N)** |
| 1 | Conference hall |  |
| 2 | Interview room |  |
| 3 | LCD projector |  |
| 4 | Audio visual facilities |  |

**20. Other Amenities**

**i. Health Centre**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the staff** | **Designation** | **Qualification** | **Specialization** | **Experience** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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**ii. Others**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Amenity** | **Available (Y/N)** |
| 1. | Drinking water facility |  |
| 2. | Electric Supply |  |
| 3. | Generator (min. 25 KVA) |  |
| 4. | Sewage Disposal |  |
| 5. | Telephone facility |  |
| 6. | Vehicle parking stand |  |
| 7. | Website |  |
| 8. | Barrier free built Environment for disable |  |
| 9. | Safety Provisions (Fire and others) |  |
| 10. | General Insurance for assets |  |
| 11. | All weather approach road |  |
| 12 | Notice Boards |  |
| 13 | Public announcement System |  |
| 15 | Transport facilities for staff and students |  |
| 16 | Bank /Extension counter facility / Post |  |
| 17 | CCTV Security |  |
| 18. | LCD in class rooms |  |
| 19. | Group Insurance for employee |  |
| 20 | Group Insurance for students |  |
| 21 | Staff Quarters |  |
| 22 | Rain Water Harvesting Structures |  |
| 23 | Facilities for Differently abled |  |
| 24 | Internet Facility |  |

Signature of the Principal

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**21. Registers and Records**

| **Sl. No.** | **Name of Register / Record** | **Is it**  **maintained?**  **(Y / N)** |
| --- | --- | --- |
| 1. | Department wise faculty profile |  |
| 2. | Department wise Non-Teaching Staff Profile |  |
| 3. | Register of attendance and assessment record (program wise) |  |
| 4. | Attendance for teaching and non-teaching staff |  |
| 5. | Advertisement for recruitment of faculty members |  |
| 6. | Minutes of the meeting of Staff Selection Committee |  |
| 7. | Appointment / offer letters issued to faculty members |  |
| 8. | Joining report of staff members |  |
| 9. | Record of students (program wise) |  |
| 10. | Academic performance record of students (programwise) |  |
| 11. | Record of student projects (UG, PG & PhD) |  |
| 12. | Register of attendance and assessment record (program wise) |  |
| 13. | Record of scholarships / fellowships / financial assistance for students |  |
| 14. | Book of Transfer certificate (including counterfoils) |  |
| 15. | Copy of Regulations, curriculum and syllabi (program wise) |  |
| 16. | Record of Research / Consultancy / Extension activities  (Department wise) |  |
| 17. | Record of Achievements, Award and Recognition (Department wise) |  |
| 18. | Master time table and Academic calendar |  |
| 19. | Accession register for library |  |
| 20. | Stock register for equipment |  |
| 21. | Stock register for consumable |  |
| 22. | Stock register for furniture |  |
| 23. | Stock register for tools and plants |  |
| 24. | Minutes of the meetings of the Governing council/College Committee of the college |  |
| 25. | Minutes of the meeting of the Planning and Monitoring Board |  |
| 26. | Minutes of the meetings of the Registered Society / Trust of the college |  |
| 27. | Year-wise audited statement of accounts of the college and also in the format specified by the University |  |
| 28. | Cash book of the college |  |
| 29. | Acquaintance register |  |
| 30 | Fee receipt books (including counterfoils) |  |
| 31 | Funds position / bank certificates / FDR copies to indicate financial stability |  |

Signature of the Principal

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**22. Certificates**

The **originals** of the following are to be produced for verification at the time of inspection to the inspection committee members (**copies need not be enclosed along with application for the existing affiliated colleges).** The new colleges should submit a copy of the following documents duly attested by the chairman of the trust along with the application:

| **Sl.**  **No.** | **Certificate** | **Available**  **(Y / N)** |
| --- | --- | --- |
|  | Village field map / Field measurement book sketch |  |
|  | College site map / plan. |  |
|  | Existing building plan. |  |
|  | Building sketch [details of Rooms, Laboratories, Stores, Library etc. for all the floors] |  |
|  | Building plan proposed. |  |
|  | Irrevocable Trust Registration Deed. |  |
|  | Documentary proof for ownership of lands exclusively earmarked for the College. |  |
|  | Legal opinion from not below the rank of the Govt. pleader on the ownership of land and extent of coverage. |  |
|  | Land use Certificate from an appropriate authority (RDO) and Land conversion certificate from the Directorate of Town & Country planning. |  |
|  | **#** Certificate under Section 37 (B) of Tamil Nadu Land Reforms (Land fixation and Ceiling) Act, 1961. |  |
|  | **#** State Government permission for starting the College. |  |
|  | Documents showing the financial viability of the college [details of financial budgeted revenue and expenses statements (Current year)]. |  |
|  | Composition of the Governing council/College Committee. |  |
|  | Audited statement of accounts of the college for the past three years. |  |
|  | Certificates for fire/boiler/electrical safety from competent authorities. |  |
|  | Certificate from Health Inspector. |  |
|  | Certificate from PWD Superintendent Engineer for the structural stability of the building |  |
|  | Building and equipment insurance certificate. |  |

# The application for affiliation will be considered without prejudice to the right of the University requiring the production of certificate under Section 37B of Tamil Nadu Land Reforms (LC) Act 1961 and the permission of the Government to establish the college subject to the verdicts of the Hon’ble High Court of Madras [W.A.M.P. No.5740 of 2002].

Signature of the Principal

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**23. Application, Inspection and Consideration fee**

Details of Inspection/Processing/Consideration Fee for Fresh Affiliation of courses: (The D.D. has to be enclosed with the application)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sl.  No. | Courses for which affiliation is sought for the years | | Application Fee | Inspection fee per course | Processing fee per course | Consideration fee per course | Number of Course(s) | Total amount (Rs**)** |
| 1. | New/Further affiliation of course(s)(UG/PG) | |  |  |  |  |  |  |
| 2. | Diploma/Certificate | |  |  |  |  |  |  |
| Grant Total | | | | | | | | |
|  | | D.D. No.:-------------------------------------- Date ------------------------------  Name of the Bank & Branch:-----------------------------------------------------------------  *( The D.D. to be drawn in favour of ‘The Registrar, Manonmaniam Sundaranar University, Tirunelveli-627 012’ payable at Tirunelveli)* | | | | | | |

Signature of the Principal

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**24. Declaration by the Management**

I, Thiru. / Tmt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son / daughter of Thiru. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on behalf of the Trust, viz., \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that the particulars furnished in the application are correct to the best of my knowledge. No programme(s) / program(s) will be started and students admitted without the prior approval / affiliation of UGC / NBA / Manonmaniam Sundaranara University, Tirunelveli for the academic year concerned and all the original documents related to the particulars given in the application will be produced at the time of inspection and whenever called for.

**Chairman / Secretary**

(Name in Capital Letters)

Seal

Place:

Date:

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