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| **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 NAACPhone:0462-2338632, Fax:0462-2334363e-mail: 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 Further Affiliation of (New ) Programmes**

**(Academic year 2025-2026)**

**COLLEGE DEVELOPMENT COUNCIL**

**MANONMANIAM SUNDARANAR UNIVERSITY**

**TIRUNELVELI – 627 012**

**1**

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**MANONMANIAM SUNDARANAR UNIVERSITY**

**TIRUNELVELI–627 012**

**Application for Further Affiliation of (new) programmes 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  |
| Signature of the Principal**3** |

2. Name of the Secretary :

1. Contact Mobile No :
2. E-mail Id :

3. Name of the Principal :

a) Contact Mobile No :

1. E-mail Id :

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No | Name of the Programme | Aided / SF | UG/ PG | Permanent / Temporary | Sanctioned intake | Year of Commencement |
|  |  |  |  |  |  |  |
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4. Details of Existing Programme :

\* List enclose separately

Signature of the Principal

**4**

5. New programme for which approval is sought for the AY 2025 -26

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No | Degree / Certificate/ Diploma / Advanced Diploma | Name of the Programme | Intake sought | Medium of Instruction | SCAA limit |
|  |  |  |  |  |  |
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Note:

*The request for approval for additional programmes will be considered for the academic year 2025-2026 only if the following conditions 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

**5**

**6. Infrastructure Facilities:**

|  |  |
| --- | --- |
| a) | Please specify the following infrastructure facilities available: |
| (a) Class rooms |
|  | Room code | Carpet Area (in Sq. Feet)  | Roof Type RCC/ Madras Terrace/ Tiles |  Furniture capacity (in terms of number of occupants) |
| Class Rooms (15 Sq.ft per student) | 1 |  |  |  | DeskBench |
| 2 |  |  |  | DeskBench |
| 3 |  |  |  | DeskBench |
| Staff Room  |  |  |  | TableChair |
| Laboratory(20 Sq.ft per student) |  |  |  | Capacity (in terms of Students) |
|  | (b) List of Equipment available (As per the Syllabus) (Attach the details in a separate sheet in the below format) |
| Name with make and model No. | Numbers | Capacity (in terms of Students)  |
|  |  |  |
|  |  |  |
| (c) List of Books and Journals available:  |
| No. of Books (100 titles relevant to the Programme) | No. of Journals | No. of Newspapers |
|  |  |  |
| (d) List of Teaching Staff Members working/proposed in the Department: |
| Sl. No. | Name | D.O.B | D.O.J / Willingness | Qualification | Ph.D/SET/NET-month and year of passing | Whether qualified or not |
| Qualified | Not Qualified |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
|  | (e) List of administrative staff and Lab Assistants working, if required |
|  |  | Name | D.O.B | D.O.J / Willingness  | Qualification | Dedicated / Shared |
|  | Administrative Staff |  |  |  |  |  |
|  | Lab Assistant |  |  |  |  |  |

Signature of the Principal

**6**

**7. Documents:**

|  |  |
| --- | --- |
|  | Photocopies of documents at the college for proposed new programme should be enclosed: |
|  Name of the programme | Vacancy called for / Proposed to call | Appointment order | Joining Report | Willingness letter of the proposed staff |
| i) |  |  |  |  |
| ii) |  |  |  |  |
| iii) |  |  |  |  |
| iv) |  |  |  |  |
| v) |  |  |  |  |

 Signature of the Principal

**7**

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

Details of Inspection/Processing/Consideration Fee for New / Further 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

8

**9. 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:

**9**