

# Dalchand Ajab Bai Education Society

OFFICE : 52, Chouksey Nagar, Near DIG Square, Berasia Road, Bhopal

Ref. ....

Date. 30/10/08

To,  
The Regional Director  
N.C.T.E. (W.R.C.)  
Shymala Hills,  
Bhopal

**Sub.: Regarding Submission of application form for conducting new B.Ed. course in obedullaganj, Dist. Raisen (M.P.)**

Sir,  
with reference to subject cited above please find enclosed application form for conducting new B.Ed. course in Obedullaganj in Raisen Dist. in triplicate.

Kindly acknowledge the receipt.

Thanking you,

Yours sincerely,

सचिव  
डालचन्द अजबबाई एजुकेशन  
सोसायटी  
**Dr. Santosh Dubey**  
(Secretary)

DCAB College, Obedullaganj,  
Dist. Raisen



With Stakh  
and 3 Lakh  
F.D. B.

For office use

Code No. \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Regional Committee

Date of Application \_\_\_\_\_

Course B.Ed \_\_\_\_\_

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**



गुरुर्गुरुत्तमो घाम  
NCTE

**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: Please refer to the instructions at page-14 before submitting the application.

DATE OF SUBMISSION 30/10/08 APPLICATION ID \_\_\_\_\_

1. Particulars of the authorized applicant

- 1.1 Name of the Applicant Santosh Dubey  
1.2 Father's/Husband's Name Shri Ramprakash Dubey  
1.3 Occupation Medical practitioner  
1.4 Official Position in the Governing Body of the Society/Trust Secretary

2. Particulars of applicant Society/Trust/Body

- 2.1 Name of the applicant Society/Trust/Body DALCHAND ASAB BAI EDUCATION SOCIETY
- 2.2 Whether a copy of Certificate of Registration and MOA/ Bye-laws attached.  Yes  No  
(Applicable in case the institution is managed by Society/Trust)
- 2.3 Complete Postal Address of the applicant Body.  
(Strike out/ Leave blank any of the following which is not applicable)
- Door Plot Number M80 Anil Gupta  
Ho No - 52 Chouksey Nagar
- Street Number Berasia Road, Near D.I.C. square.
- Village/Town Bhopal
- Post office P.N.T colony
- Tehsil/Taluka HUJUR Town/City Bhopal
- District Bhopal Pin Code 462 010
- State MP STD Code 0755
- Telephone No. 0755 2730446 Mobile No. 9303130261
- Fax No. \_\_\_\_\_ E-Mail ID \_\_\_\_\_
- Website Address www.deabccollege.com

3. Details about the programme/course applied for

(i)	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	
(ii)	Name of the Course applied for	B.E.d	
(iii)	Level of the Course applied for	Graduation	
(iv)	Medium of Instruction	Hindi - English	
(v)	Whether Course Curriculum fulfills the duration stipulated by NCTE norms and standards	Yes	
(vi)	Mode	Distance/ Face to Face	
(vii)	Intake proposed		
(viii)	Affiliating Body/University.	Name	Barkatulla University
		Address	Hasangabad Road
		Telephone No.	
(ix)	Normal month of commencement of the course	2009-10	

4. Particulars of the applicant institution

4.1 Name of the Institution  
(in capital letters)

D.C.A.B. COLLEGE

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

Land Identification (Plot/Khasra No.) 506/2/02

Address of the Land No. H. 02 Obedullaganj, Distt Raisen

Door/Plot Number 506/2/2

Street Number No. H. 12 Hoshangabad Road

Village/Town Vishonkhada

Post office Obedullaganj

Tehsil/Taluka Broharganj Town/City Obedullaganj

District Raisen Pin Code

State M.P. STD Code

Telephone No. 0753-2730446 Mobile No. 9303130261

Fax No. E-Mail ID

Website Address www.dcabcollege.com

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 applicant Society/Trust/ Body.

Sl. No	Name of the institution	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 applicant Society/ Trust/ Body.

Sl. No.	Name of the institution	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
—	—	—	—	—	—	—	—

## Fees and Funds

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

Draft Number	728592
Date	30/10/08.
Name of the Nationalized Bank	State Bank of India
Name of the Branch	Chhola Road Branch
Address	Bus stand square Bhopal
Receipt Number, if purchased	

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

Draft Number	728590
Date	30/10/08.
Name of the Nationalized Bank	State Bank of India.
Name of the Branch	Chhola Road Branch
Address	Bus stand square Bhopal
Has the DD will enclosed in original	Y N

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

- 5.3 Details of the Endowment fund (self-financed institutions/programmes)?  
(Please see Clause 10 (1) of the NCTE (Recognition Norms and Procedure) Regulations, 2007 published on 10.12.2007)
- (i) Particulars of the Endowment fund (to be filled in the case of self-financed institutions/ programmes)?

Amount of Endowment Fund	Five Lakhs.
Fixed Deposit Receipt Number	33695
Duration of the FDR (Minimum five years)	Five years
Date of issue	30/10/08.
Name of the Nationalized Bank	State Bank of India.
Full address	Bus stand square Bhopal
Phone numbers.	9303130261
Has the FDR been enclosed in original	Y N

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

Amount of Reserve Fund	Three Lakhs	
Fixed Deposit Receipt Number	33696.	
Duration of the FDR (Minimum five years)	Five years	
Date of issue	30/10/08.	
Name of the Nationalized Bank	State Bank of India.	
Full address	Chhala Road Branch Near Bus standquire Bhopal	
Phone numbers.	9303130261	
Has the FDR been enclosed in original	<input type="checkbox"/> Y	<input type="checkbox"/> N

6. Details of Infrastructural Facilities available for proposed programme/course

(i) Area of the land in possession (in sq. mts.)

6070.20sq mts

(ii) Built up area earmarked for the course (in sq. mts.)

3407.94sq mts

(iii) Whether an affidavit on Rs. 100/- stamp paper duly attested by Notary / Oath Commissioner on the prescribed format as required under Clause 8(8) of the NCTE Regulations, 2007 has been submitted.

Yes  No

(iv) Whether certified copies of land ownership/lease documents are enclosed as per Regulation 8(8) of the Regulations, 2007

Yes  No

(v) Whether English Version of Land Ownership/Lease Documents, duly Notarized are enclosed

Yes  No

(vi) Whether copy of approved building plan is enclosed.

Yes  No

(vii) Whether copy of building completion certificate is enclosed. in case building is constructed

Yes  No

(viii) Whether the building constructed is proposed to be constructed in the same land as indicated in col. 4.2

Yes  No

## 6.1 Building

(Please refer to Clause 8 of NCTE (Recognition Norms and Procedure) Regulations, 2007)

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>0</td><td>5</td><td>0</td><td>0</td><td>2</td><td>0</td><td>0</td><td>0</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	0	5	0	0	2	0	0	0
D	D	M	M	Y	Y	Y	Y										
0	5	0	0	2	0	0	0										
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></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										
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>3</td><td>0</td><td>1</td><td>2</td><td>2</td><td>0</td><td>0</td><td>0</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	3	0	1	2	2	0	0	0
D	D	M	M	Y	Y	Y	Y										
3	0	1	2	2	0	0	0										
iv) Name and address of the competent authority for approval of building plan and issue of completion certificate	C.M.O. Nagar panchayat Obedullaganj, Distt - Raism																
v) Whether completion certificate obtained from the competent authority	Y/N																
vi) Whether Bldg. disabled -friendly as per relevant laws.	Y/N																
vii) Whether fire safety norms are being followed.	Y/N																
viii) Total Built up Area (in sq. meter) (in sq.ft.)	<table border="1"> <tr> <td>3</td><td>4</td><td>0</td><td>7</td><td>.</td><td>9</td><td>4</td><td>Sq mts</td> </tr> <tr> <td>3</td><td>6</td><td>6</td><td>0</td><td>3</td><td>Sq</td><td>feet.</td><td></td> </tr> </table>	3	4	0	7	.	9	4	Sq mts	3	6	6	0	3	Sq	feet.	
3	4	0	7	.	9	4	Sq mts										
3	6	6	0	3	Sq	feet.											

## 6.2 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	06	6.10	0.00	48.0
2	Class Room	02	7.00	6.00	42.00
3	Multipurpose Hall	01	17.72	0.00	141.76

S.No.	Description	Room No.	Length In meter	Breadth In meter	Carpet area in sq. meter
1	2	3	4	5	6
4	Multipurpose Room	07	17.72	0.00	141.76
5	Seminar room/tutorial room	01	15.40	0.00	123.2
6	Library	01	7.40	0.00	592
7	Principal Room	01	4.50	4.00	10.00
8	Administrative office	01	6.30	0.00	50.4
9	Store Room	02	3.60	3.00	10.0
10	Sports Store Room	01	3.00	2.70	0.1
11	Girls Common Room	01	6.80	6.00	40.0
12	Boys Common Room	01	5.00	0.00	40.00
13	Art & Crafts Room	01	3.35	6.00	20.1
14	Music Room	01	3.35	6.00	20.1
15	Socially Useful Productive Work (SUPW) Room	01	6.27	0.00	50
16	Science Lab1	01	6.00	6.00	40.0
17	Science Lab2	01	5.00	0.00	40.00
18	Psychology lab	01	6.40	0.00	51.2
19	Educational Technology (ET) /ICT Lab	01	6.40	0.00	40.00
20	Workshop	01	5.00	0.00	40.00
21	Any other Room/Hall	01	5.00	0.00	40.00
22	Toilets				
	(i) Male	02	3.00	5.20	15.6
	(ii) Female	02	3.00	5.20	15.6
23	Any other facility may be specified				

## 7. Instructional Facilities

7.1 Library  
Total number of Books

03 000

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	No. of Filled Posts	No. of Vacant Posts
Principal	01	22,400/-	-	01
Lecturers	07	13050/-	-	07

7.2.1.2 Details of Non-Academic Staff available at present

Name of the Post	Number of Post	Pay Scale	No. of Filled Posts	No. of Vacant Posts
Librarian	01	13050/-	-	01
Technical Assistant	01	6,000/-	-	01
Accountant	01	5,000/-	✓	
Store Keeper	01	5,000/-	✓	
Support staff	02	3,000/-	✓	

## 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.
	01	100mts	30.00meter	3000.00 sqmts

सचिव

*Deubey* डालचन्द अजबबाई एजुकेशन सोसायटी

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

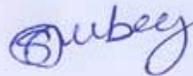
### Undertaking

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 Dulehand Ajab Bai Education Society (Name of the Institution) to conduct B.C.D course with 100 student intake/additional intake. and hereby undertake to comply with the following:-

- That infrastructural, instructional, and other facilities has been/shall be provided as per the NCTE norms, standards and guidelines prescribed from time to time.
- That admission to the Course will be made only after recognition is granted by the concerned Regional Committee of the NCTE and affiliation is granted by the concerned University/Affiliating Body.
- 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 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.

- (vii) 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.
- (viii) That the Management shall discharge the statutory obligations relating to provident fund, pension, gratuity etc. in respect of all its employees.
- (ix) That the Management will make adequate funds available for providing satisfactory facilities and for proper programme implementation.
- (x) 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.
- (xi) 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.
- (xii) In the event of non-compliance by the Dalehand Ajab Bai Education Society 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 after grant of recognition, and that where compelled to do so, it will seek the concurrence of NCTE for discontinuation on the completion of the year/batch.
- (xiv) 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.

 **सचिव**  
**डालबन्द अजबबाई एजुकेशन**  
**सोसायटी**

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

Place: Bhopal

Date: 23/10/2008

**SANTOSH DUBEY**  
 NAME IN BLOCK LETTERS

(Format of affidavit to be given on Rs. 100 stamp paper duly attested by Oath Commissioner/  
Notary Public)

(In terms of provision of NCTE (Recognition Norms and Procedure) Regulation 2007 as  
amended to time to time)

AFFIDAVIT

I, Santosh Dubey (Name of the authorized person)  
son of Shri Ram Prakash Dubey and Secretary of the  
Dalchand Ajab Bai Education Society (name of the College / Institution /  
Trust / Society, etc.) aged about 32 yrs years, resident of  
H.No 153 Teela Jamal pura Baraisia Road Bhopal  
I am the authorized signatory of the application made to  
the Regional Committee of the National Council for Teacher Education at  
Bhopal/Bhubaneshwar/Jaipur/Bangalore seeking grant of recognition / permission for  
conducting a course in Teacher Education titled BoEod with  
intake/additional intake of 100 students

2. That the Dalchand Ajab Bai Education Society Society / Trust / Institution /  
College (strike out whichever is not applicable) is in possession of land as per the following  
description: -

2.1 Total Area (in sq. Mts.) - 6070-20 sq mts

2.2 Address: N.H 12 Hoshangabad Road Raisen

Plot No: 506/2/2

Khasra No:

Village/Town/City: Vishankhada (Obedulaganj)

District: - Raisen

State: - mp

Area in Square Meters: 6070, 20 sq mts

Bounded by

North: - shre kamal singh yadar

South: - shre kisan Lal

East: - shree Babulal Agarwal

West: - smt Jyoti Lupta

Registered in the office of: Sub Registrar  
on obedulaganj

3. That the land is on ownership basis / lease basis for a minimum period  
of \_\_\_\_\_ years (in figures and words) (Strike out whichever is not applicable).

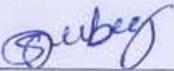
4. That the land is free from all encumbrances.

5. That the land is exclusively meant for running the education institution (land use) and the permission of the Competent Authority to this effect has been obtained vide letter No. 263 dated 16/07/08 of the communication.

6. That the said premises shall not be used for running any educational activity/institution, other than the teacher education programme for which recognition is being sought.

7. That the copy of the affidavit shall be displayed on the website of the Institution for general public.

8. I do hereby swear that my declaration under Para's(1) to (6) are true and correct and that it conceals nothing and that no part of this is false. In case the contents of affidavit are found to be incorrect or false, I shall be liable for action under the relevant provision of the Indian Penal Code and other relevant laws.

Signature:   
Name of the Applicant: SANTOSH DUBEY  
Address: HONOIS3 TEEGA JAMAL PURA  
NEAR RAM MANDIR BERASTA ROAD  
BHOPAL (MOP)  
Tel : \_\_\_\_\_  
E-mail address : 9303130261  
Website address : www.dcabCollege.com

Place: Bhopal  
Date: \_\_\_\_\_

## 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.

Essential Documents (only application alongwith these essential documents would be deemed to be complete application within the meaning of Regulation 5(5) of the NCTE (Recognition Norms & Procedure) Regulations, 2007 notified on 10<sup>th</sup> December, 2007)

1. An affidavit in Rs. 100 Stamp Paper attested by Notary Public/Oath Commissioner 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.
2. Certified copies of land ownership/lease documents.
3. In case of self-financed institutions/courses, Fixed Deposit Receipt of Rupees five lakh towards Endowment fund, and Rupees three lakhs for Reserve Fund in original, from a Nationalized Bank of a duration of & above 5 years.
4. Approved building plan and also completion certificate from the concerned competent authority of the State Govt. etc., if the building has already been constructed.
5. A copy each of the Certificate of Registration, Memorandum of Association and Bye-laws in case the institution is managed by a Society/Trust.

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

## Mandatory Disclosure Format

(The following information will be displayed by the Institution concerned in its own website for the information of all concerned simultaneously with submission of application to the NCTE seeking grants of recognition and updated from time to time as per Clause 8(14) of the NCTE (Recognition Norms & Procedure) Regulations, 2007

### 1. Details of the institution:

- 1.1 Name of the Institution D.C.A.B College.
- 1.2 Date of Establishment 31/08/2007
- 1.3 Complete postal address: N.H.12 Hoshangabad Road  
Obedullaganj, Distt - Raisen  
P.O. Obedullaganj Block \_\_\_\_\_  
Tehsil/Taluka Goharganj Town/City Obedullaganj  
District Raisen State M.P. Pin \_\_\_\_\_
- 1.4 Phone (with STD code): 0755 - 2730446
- 1.5 Fax: \_\_\_\_\_
- 1.6 E-mail: \_\_\_\_\_
- 1.7 Website Address: www.dcabcollege.com
- 1.8 Nearest Railway Station Obedullaganj
- 1.9 Nearest Town \_\_\_\_\_
- 1.10 Type of Institution (Boys/Girls/Co-Education) Co education
- 1.11 Status of Institution (Minority/Non-Minority) non minority

### 2. Management:

- 2.1 Government owned: \_\_\_\_\_
- 2.2 Govt.aided: \_\_\_\_\_
- 2.3 Self-financed: Self financed.
- 2.4 University Department: \_\_\_\_\_
- 2.5 Any other (please specify): \_\_\_\_\_

3. Details of the course applied for

- 3.1 Level of the Course Graduate Level
- 3.2 Name of the Teacher  
Education Course Bo God
- 3.3 Duration of the Course one year
- 3.3 Whether to be conducted in  
face to face or distance mode. Face to Face
- 3.4 Proposed Intake 100 student
- 3.5 Academic Session from  
which the course will be  
conducted 2009-10
- 3.5 Details of the Affiliating Body  
Name Barkatulla University  
Address/Tel/Fax No. No H-12 Hoshongabad Road  
Bhopal

4. Land

- 4.1 Whether copy of the Affidavit in the prescribed  
format has been displayed on the website as required  
under Regulation 8(9) of the NCTE Regulations, 2007 

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
---	-----------------------------
- 4.2 Land Identification  
(Plot/Khasra No.) 506/2/2
- 4.2 Land Area in sq mt. 6070.20 sq mts
- 4.2 Whether the Title of the land is on  
Ownership basis Ownership Basis
- 4.3 Title of the land is on lease  
as per law \_\_\_\_\_
- 4.4 Duration of the lease \_\_\_\_\_
- 4.5 Land Use Certificate obtained  
for Educational Institution Educational Institution



9. Facilities for games & sports:

- 9.1 Own Playground
- 9.2 Playground of another institution on sharing basis
- 9.3 Gymnasium/Multipurpose hall
- 9.4 Facilities for gymnasium
- 9.5 Facilities for athletics
- 9.6 Facilities for Indoor Games
- 9.7 Facilities for Outdoor Games

Yes	No
✓	
	✓
✓	
✓	
✓	
✓	
✓	

10. Other facilities available:

- 10.1 Canteen facilities available or not
- 10.2 Medical facilities available or not
- 10.3 Hostel facilities available or not

Yes	No
✓	
✓	
	✓

Note: This is the minimum information to be provided. Institutions however may like to add further inputs for information of stakeholders.