

RAM NARAYAN INSTITUTE OF EDUCATION

Ram Narayan Education Society

(Regd. Office) :- 3D/158, Faridabad-121001, Ph. No. 0129-2412486, 0129-4053126

Campus : Village- Kinana, Rohtak Road, Jind (Hr.)

Mob. No. 92155-59834, 92156-59834

To

The Regional Director,
N.C.T.E. Jaipur

**Sub : Grant of Recognition of B.Ed Additional Course order the name & style of
"RAM NARAYAN INSTITUTE OF EDUCATION" for the session 2008-09.**

Sir,

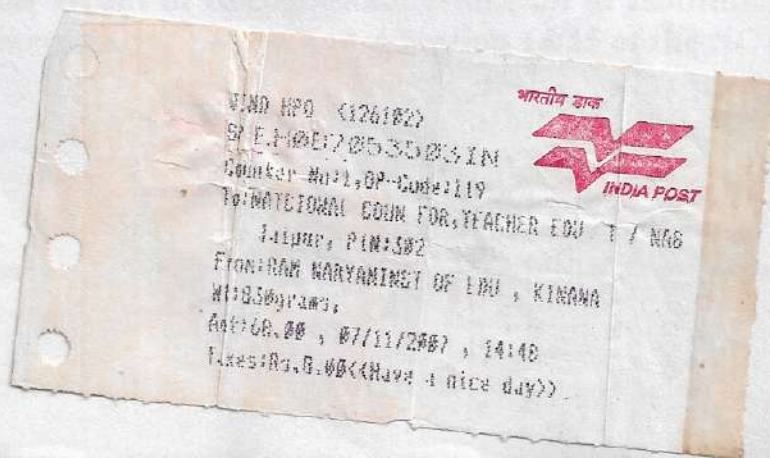
We propose to establish a new Institute of Education namely " Ram Narayan Institute of Education at Village Kinana Rohtak Road - Jind (Haryana) for B.Ed. 100 Additional intake course for the session 2008-09. the following documents are submitted for approval.

- 1- Three sets of application from duly filled with necessary Annexures.
- 2- Bank Draft of Rs. 40,000/- vide DD No. 092438 Dt. 2-11-2007
- 3- Receipt of Rs 1000/- receipt no. 092439 Dt. 2-11-2007

Kindly grant us recognition of new B.Ed. Additional College "RAM NARAYAN INSTITUTE OF EDUCATION."

Thanking you.

For Ramnarayan Education Society
President
President



For office use

Code No. _____ Year _____
_____ Regional Committee
Date of Application _____
Course _____
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**



गुरुर्गुरुतमो घाय
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: 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 **PARAS RAM GOYAL**
1.2 Father's/Husband's Name **LATE RAM NARAYAN GOYAL**
1.3 Occupation
1.4 Official Position in the Governing Body of the Society/Trust **PRESIDENT**

2. Particulars of applicant Society/Trust

Annexure 1

- 2.1 Name of the Society/Trust

RAM NARAYAN EDUCATION SOCIETY

- 2.2 Whether a copy of Registration certificate attached.

Yes

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

Village/Town **N.I.T.**

Post office **NEHRU GROUND**

Door/Plot Number **3D/158**

Street Number **METRO ROAD**

Tehsil/Taluka **N.I.T.**

Town/City **FARIDABAD**

District **FARIDABAD**

State **HARYANA**

Pin Code **121001**

STD Code **0129**

Telephone No. **2412486, 4053126**

Mobile No. **9215559834**

Fax No. **01683-290777**

E-Mail ID

ramnarayaneducationsociety@G-mail.com

Website Address **www.ramnarayaneducationsociety.com**

3. Details about the programme/course applied for

a.	Nature of proposal (Please tick only one choice)	- First Time Recognition - Enhancement of Intake - <input checked="" type="checkbox"/> ADDITIONAL COURSE	
b.	Name of the Course applied for	B.ED ADDITIONAL 100 SEATS	
c.	Level of the Course applied for	SECONDARY	
d.	Medium of Instruction	HINDI/ENGLISH	
e.	Whether Course Curriculum fulfills the duration stipulated by NCTE norms and standards	YES	
f.	Mode	Distance/ Face to Face	FACE TO FACE
g.	Intake proposed		
h.	Affiliating Body/University	Name	KURUKSHETRA UNIVERSITY
		Address	KURUKSHETRA
		Telephone No.	
i.	Normal month of commencement of the course	AUGUST	

4. Particulars of the applicant institution

4.1 Name of the Institution
(in capital letters)

RAM NARAYAN INSTITUTE OF EDUCATION

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

Village/Town **KINANA**

Post office **BRANCH OFFICE – KINANA, G.P.O-JIND**

Door/Plot Number _____

Street Number **ROHTAK ROAD**

Tehsil/Taluka **JIND**

Town/City _____

District **JIND**

State **HARYANA**

Pin Code **290777**

STD Code **01683**

Telephone No. _____

Mobile No. _____

Fax No. _____

E-Mail ID **ramnarayaneducationsociety@G-mail.com**

Website Address **www.ramnarayaneducationsociety.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 institution.

Annexure-II

Sr. 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
1	B.Ed	2007-2008	100	F.NRC/NCTE/F-7/HR-565/28073-79	19-9-07	K.U.K.	29-9-2007

- 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

Annexure-III

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	PUNJAB NATIONAL BANK
Name of the Branch	JIND CITY
Address	DRDA, GOHANA ROAD
Draft Number	092439
Date	02-11-2007
Receipt Number, if purchased	

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

Annexure-IV

Name of the Nationalized Bank	PUNJAB NATIONAL BANK
Name of the Branch	JIND CITY
Address	DRDA, GOHANA ROAD
Draft Number	092438
Date	02-11-2007

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

Annexure-V

- 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	5 Lacs
Fixed Deposit Receipt Number	023100PR00012737
Duration of the FDR (Minimum five years)	5 YEAR
Date of issue	16-10-2007
Name of the Nationalized Bank	PNB
Full address	DRDA, GOHANA ROAD
Phone numbers.	
Has the FDR been enclosed in original	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Y</div> <div style="font-size: 2em; margin: 0 5px;">✓</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">N</div> </div>

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

Annexure-VI

Amount of Reserve Fund	3 Lacs
Fixed Deposit Receipt Number	023100PR00012092
Duration of the FDR (Minimum five years)	5 YEAR
Date of issue	30-08-2007
Name of the Nationalized Bank	PNB
Full address	DRDA, GOHANA ROAD
Phone numbers.	
Copy of the Fixed Deposit Receipt has been enclosed	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Y</div> <div style="font-size: 2em; margin: 0 5px;">✓</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">N</div> </div>

6. **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

Annexure-VII

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>2</td><td>6</td><td>1</td><td>2</td><td>2</td><td>0</td><td>0</td><td>6</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	2	6	1	2	2	0	0	6
D	D	M	M	Y	Y	Y	Y										
2	6	1	2	2	0	0	6										
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>1</td><td>2</td><td>0</td><td>9</td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	1	2	0	9	2	0	0	7
D	D	M	M	Y	Y	Y	Y										
1	2	0	9	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	GOGRIA ASSOCIATES SUPER MKT. OLD COURT ROAD, JIND (HR.) REG. NO. 543/05-06.																
v) Whether completion certificate obtained from the competent authority	YES Y/N																
vi) Whether Bldg. disabled –friendly as per relevant laws.	YES Y/N																
vii) Whether fire safety norms are being followed.	YES Y/N																
viii) Total Built up Area (in sq. meter) (in sq.ft.)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>4</td><td>4</td><td>0</td><td>0</td><td></td></tr> </table>							2	4	4	0	0					
2	4	4	0	0													

Annexure-VIII

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.
1	1	50	40	2000
2	1	60	30	1800

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 **RAM NARAYAN EDUCATION SOCIETY** (Name of the Institution) to conduct **B.Ed Regular** course with **100** additional intake, and hereby undertake to comply with the following:-

- (i) That infrastructural, instructional and other facilities will be provided as per the NCTE norms, standards and guidelines prescribed from time to time.
- (ii) 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.
- (iii) That there shall be reservation of seats for SC/ST/OBC/handicapped etc. as per the Policy of State Govt.
- (iv) That admission to the Course will be made only after recognition is granted by the concerned Regional Committee of the NCTE.
- (v) That the supporting and other staff will be appointed as per the guidelines of the State Govt./the affiliating University.
- (vi) 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 as required at any time.
- (xii) In the event of non-compliance by the **RAM NARAYAN 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, 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.

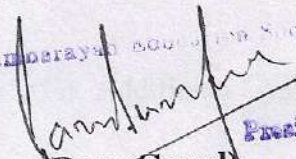
(Signature of the authorized designated authority
alongwith his/her official position office Seal)

Place: **JIND**

NAME IN BLOCK LETTERS

Date:

RAM NARAYAN EDUCATION SOCIETY

For Ram Narayan Education Society

(Paras Ram Goyal)
(President)