

ALL INDIA COUNCIL FOR TECHNICAL EDUCATION

7th Floor Chander Lok Building, Janpath, New Delhi-110 001

(For AICTE Use only)



GENERAL INFORMATION OF THE INSTITUTE

(Note: General Information of the Institute is Mandatory for all the Schemes)

REGION		STATE		SCHEME				
REGION								
01. a)		dress of the Inst ever applicable)	itution / College	e / University				
			11/					
		\sim						
			or Tech					
	4	ST.	14					
STATE		ें बंगाः व	हमंश को शतम	PIN				
b)	Contact Det	ails:		2				
STD COI		РНО	NE NO.					
510 001		FA	X NO.					
WEB SIT	E	\sim	EMA					
02. Туре	e of Institute (PI	ease-tick)	L					
	Deemed Unive		University / Deemed University (Self Financing)					
Govt. Institu	ite		Govt. Aided	Institute				

Others (please specify)

Private / Self Financing Institute

03. Year of Establishment of the Institute

North East Region (NER)

04. Whether the Institution/AICTE is having any pending court cases against AICTE/Inst.?

(If yes, give details)

Writ Petition No. Details

 -

05. Details of latest Approval status of AICTE (attach proof)

AICTE Ref. No. & Date	Period of Validity with date

06. Details of the Head of the Institution

Name	Designation & Date of Joining	Highest Academic Degree	Specialization	Total year of Service (Teaching/ Research / Industry Etc.)	Pay- scale

07. Courses available in the Institute / University Dept. / College

		cisity Dept. 7 Conege	
Level	Course / Programme	Whether the	AICTE Ref. No. &
		Programme(s) is	Validity Date
	L	approved by AICTE	
Diploma (Deptwise)		1	
UG (Deptwise)	🦰 🎽 योगः कमंश्	कोशतम् 🍸 🧮	
PG (Deptwise)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	001	
Doctoral		110	
Post doctoral	N 2 P		

GENERAL INFORMATION OF THE DEPARTMENT

08. Name of the Department

09. Contact Details:

STD CODE			PHONE NO.								
			FAX NO.								
EMAIL ID:											

10. Type of Department (Please-tick)

Govt. Inst.	Govt. Aided Inst.	
University Dept.	Self Financing Inst.	

Self Financing in Govt. Inst.	Self Financing in Govt. Aided Inst.	
Others (please specify)		

11. Details of the Head of the Department

Name of HOD	Designation & Date of Joining	Highest Academic Qualification	Specialization	Total year of Service (Teaching/ Research / Industry Etc.)	Pay- scale
		22	5		

12. Whether the department is accredited by NBA? (Y / N) (If yes, mention NBA Ref. No. & Date-enclose a copy)

Ref. No. & Date	Period of Validity
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

13. Courses available in the Department

13. Course	s avaliable in the Departme		
Level	Course / Programme	Whether the Programme is	Ref. No. & Validity
	5	approved by AICTE	Date
Diploma			
UG	200		
PG	\sim	~	
Doctoral			
Post Doctoral	-		

14. Achievement in Academic / R&D/ Consultancy service etc, and funds generated in last five years.

S. No	Consultancy, Training,Testing, R&D Projects	Name of Funding Agency	Amount (in Rs.)	Duration of the Project From To		Remarks (ongoing or completed)



RESUME OF COORDINATOR / PI / APPLICANT

RECENT PHOTOGRAPH

15.	а	ı)	Na	me o	f the	Coo	rdina	tor /	Princ	ipal∣	nves	tigat	or / A	pplic	cant		
	b) Address of the Coordinator																

S	ΓΑΤ	Е									PIN				
						-			8						

c)	Contact Details:	
STD CODE	PHONE NO.	
STD CODE	FAX NO.	
EMAIL ID		

d) Age as on 07.02.2011 대 표기의 4대의 대

16. Educational Qualification

Degree	Institute / University	Specialization	Name of the Degree	Year
UG			~ 5	
PG	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	An		
Ph.D				
Post Doctoral				
Any other				

17. a) Designation

b)	Nature of Appointment (attach proof)	

0)	Inalule 0	і Арроіншіені (а	liach piùo	1)				
REGULAR		PERMANENT		CONTRACT		ADHOC		
Others (Please specify)								

c) Employment Record (from present to previous)

	<u>ymenere</u>	.) 101000	ioni pieseni i			
Organization	Period		Designation	Type of Experience	Nature of work	Pay Scale, Basic Pay &
	From	То		(Teaching /		Total
				Research /		Emoluments
				Industry / Others		

d) Field of specialization:

	2		
18.	Awards / Prizes received, if any (attac	ch proof)	\sim
	Name of Awards / Prizes	Year	Awards / Prizes Received (Organization Name)
		0	

1	2 1	
	शुकोशतम् 🎇	
19		7

19. Details of Publication

	National	International
Referred Journals	22	
Proceedings		
Books		
Patents		
Any other		

20. Highlights of major contributions (within 300 words) in last 5 years.

10

21. Memberships of Professionals / Learned Bodies / Societies

S. No.	Name of the Professionals / Learned Bodies / Societies	Membership No.

22. Project Details (if any)

	i i ojoot Botano	(
S.	Name of the	Name of	Programme	Year of	Durat	tion	Amount	Status
No.	Funding Agency	the	Title	Funding	From	То	Sanctioned	Completed
	(AICTE / Others)	Scheme		_				or Ongoing
			- 19 P. 1	The states				

23. Any other relevant information (if any)

	5 control tor Te	Charles A	
Date: Place:		ग्रसलम् हि उत्तर	
Signature of the App	icant / Co-ordinator / PI)	Signature of the Head of the	e Institute with seal

INDEMNITY BOND FORMAT

(Mandatory for all the schemes)

Stamp Rs. 100/-(Non-Judicial)

STATE

Notary

1. KNOW ALL MEN BY THESE PRESENTS THAT WE THE , an association registered under the Societies Registration Act, 1860) having been registered by the office of Public Trust Registration Office, in the State of (hereinafter called the Obligor/Obligors) are held and firmly bound to the President of India (hereinafter called the Government) in the sum of Rs. (in words) with interest therein @10% per annum well and truly to be paid to the President on demand and without demur, for which payment we bind ourselves and our successors and assigns by these presents.

2. SIGNED this day of in the year

WHEREAS the obligors has sent a request proposal to Government 3. through AICTE, Union Ministry of HRD for Grants of Rs. /- vide his letter No. the obligors have agreed to execute this bond dated in advance, in favor of Union Ministry of HRD forwarded amount of Rs. /-, as requested in the proposal sent to the Government. The obligor is willing to accept the proposed amount or any other approved/sanctioned by the Government. The obligor is willingly executing this bond of proposed amount with the stipulation that obligor will be bond upto this amount or by the actual amount approved/sanctioned by the Government, whichever is less. The obligor is also willing to accept all terms and conditions mentioned in the "Letter of Sanction" to be issued by the Government.

4. Now the condition of the above written obligation is such that if the obligors duly fulfill and comply with all the conditions mentioned in the left in the letter of sanction, then above written bond or obligation shall not be enforceable. But otherwise, it shall remain in full force and virtue. If a part of the grant is left unspent after the expiry of the period within which it is required to be spent, the obligors agree to refund the unspent balance along with interest at the rate of 10% (ten percent) per annum unless it is agreed by the

sanctioning authority to be carried over to the next financial year. The amount of grant shall be refunded along with interest earned thereon.

5. The Society/Trust agrees and undertakes to surrender/pay to Government the monetary value of all such pecuniary or other benefits which it may receive or derive/have received or derived through/upon unauthorized use (such as letting out premises for adequate or less than adequate consideration or use of the premises for any purpose other than that for which the grant was intended) of the Government grant. The decision of the Secretary to the Government of India in the Ministry of HRD, Department of Higher Education or the administrative Head of the Department concerned shall be final and binding on the Society/Trust, in respect of all matters relating to the monetary value mentioned above to be surrendered/paid to the Government.

- 6. The member of the Executive Committee of the grantee will:
 - (a) abide by the conditions of the grants in aid by the target dates specified in the letter of sanction and
 - (b) not divert the grants or entrust execution of the scheme or work concerned to other institution (s) or organization(s); and
 - (c) abide by any other conditions specified in the agreement governing the grants in aid.

In the event of grantee failing to comply with the conditions or committing breach of the conditions of the bonds, the signatories to the bonds shall be jointly and severally liable to refund to the President of India, the whole or a part amount of the grant with interest @ 10% per annum thereon.

7. AND THESE PRESENTS ALSO WITNESS THAT

- (i) The decision of the Secretary to the Government of India in the Ministry of HRD, Department of Higher Education on the question whether there has been breach or violation of any of the terms and conditions mentioned in the sanction letter shall be final and binding on the obligors; and
- (ii) The Government shall bear the stamp duty payable on these bonds. The cost can be adjusted from the grants.

In witness whereof these presents have been executed as under on behalf of the obligors and day herein above written in pursuance of the Resolution No. 8 dated passed by the Governing Body/ Executive Committee of the obligors, a copy whereof is annexed hereto as Annexure B. Name of the Obligor Association/Institute/ Organization registered: Full Mailing Address: Telephone No./Mobile No.

Registration Number of Association: E-mail address (if available):

Date of Registration Fax No.

- 1. Registration No of authority:
- 2. Date of Registration:
- 3. Registration Authority (RA):
- 4. Mailing Address of (R.A.):
- 5. Telephone No./E-mail etc of R.A.

(in the presence of) Witness name, address and signature

1.

2.

(Sign) Accepted for an on behalf of the President of India

Designation: _____

Date: _____

Name & Address

E-PAYMENT DETAILS OF THE INSTITUTE.

Institution Details Institution ID provided by AICTE Name of Institution	:	
Address of Institution	:	
-	:	
_	:	
_	:	Pin Code :
Category of Institution (Govt./Govt. Aided/Private/Self Financed)	5	
Institution PAN Card No.	S	
Institution PAN Card issuing Authority with State	na h	State :
Institution Contact Nos. with STD code	нач — С	
Institution E-mail ID's	5	
Beneficiary Bank Details Bank Name	5	
Bank Branch Name	:	
_ Bank Branch Address	:	
_	:	
_	:	
_	:	Pin Code :
Beneficiary Bank Account Holder Details Bank Account Holder's Name	:	

_

Bank Account No. (for NEFT / RTGS / E-Payment)	:
Type of Account (Saving Account / Current Account)	:
	:
Bank MICR Code	:
_ Bank Code	:

—

I/We declare that all the information provided above is true in all respect and I/We/Am/Are authorized signatory for the Account / Organization.

Signature of Account Holder Seal Or Authorized Signatory with Seal	Banker's Signature with
For Office Use Only	A.
Allotted Code	
Signature of Administrative Officer को सतम को सतम की सतम की सतम	Signature of Account's
Sta Out	7