

GOVERNMENT OF RAJASTHAN  
**BOARD OF TECHNICAL EDUCATION, RAJASTHAN, JODHPUR**  
Application Form for Affiliation /Renewal of Affiliation

**1. Institute Particulars: -**

- 1.1 Name of the Institute \_\_\_\_\_  
 1.2 Postal address \_\_\_\_\_  
 1.3 E mail address: \_\_\_\_\_  
 1.4 Fax & Phone Nos (With STD code) \_\_\_\_\_  
 1.5 Ownership \_\_\_\_\_

**2. Particulars of Head of the Institute :-**

- 2.1 Name \_\_\_\_\_  
 2.2 Home Address \_\_\_\_\_  
 2.3 Phone No (With STD code ) \_\_\_\_\_

**3. Particulars of Registered Committee/Trust in case of private Institute: -**

- 3.1 Postal address \_\_\_\_\_  
 3.2 E mail address \_\_\_\_\_  
 3.3 Phone No. & Fax No. (with STD code) \_\_\_\_\_

**4. Whether the institute and the course(s) to be commenced are approved by the Government of Rajasthan ?**

If yes, the attach attested photo copy of approval letter. Government of approval letter.

no. \_\_\_\_\_ dated \_\_\_\_\_.

**\*5. Whether the institute and the course(s) conducted are approved by AICTE ?**

If yes, the attach attested photo copy of approval letter. AICTE approval letter.

no. \_\_\_\_\_ dated \_\_\_\_\_.

**6. Particulars of affiliation fee/ renewal fee.**

Demand Draft No. \_\_\_\_\_ Dated \_\_\_\_\_ Amount \_\_\_\_\_

Drawn on \_\_\_\_\_  
(Name of bank)

(Seal)

Name & Signature of the Head  
of the institute

\*If the institute has been inspected by the AICTE for the purpose of according approval and the same is expected before the students are admitted the institute may apply in advance before 31<sup>st</sup> March for affiliation with the Board but the affiliation application will be considered only after the attested copy of AICTE approval letter is received in the Board.

**FORMAT-2**  
**AFFILIATION/RENEWAL OF AFFILIATION**

S.N.	DETAILS	INFORMATION								
1	NAME OF COLLEGE									
2	ADDRESS OF COLLEGE AS GIVEN IN AICTE LOA/EOA									
3	ADDRESS AT WHICH COLLEGE IS RUNNING									
4	STATUS OF THE BUILDING (OWN/RENTED)									
5	PHONE NO.OF COLLEGE									
6	E-MAIL ADDRESS									
7	NAME , ADDRESS & PHONE NO. OF SOCIETY/TRUST									
8	NAME & MOBILE NO.OF CHAIRMAN/TRUSTEE	NAME				MOBILE NO.				
9	APPROVED INTAKE IN THE BRANCHES RUNNING	INTAKE CAPACITY AS APPROVED BY AICTE IN THE BRANCHES RUNNING								
	S.N.	BRANCH	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	
	1									
	2									
	3									
	4									
	5									
	6									
	7									
10	BRANCHES CLOSED WITH APPROVAL OF AICTE	S.N.	BRANCH	YEAR OF STARTING	YEAR OF CLOSING	NO. OF EX. STUDENTS				
		1				IHYR	IIHYR			
		2								
		3								
11	DETAILS OF AFFILIATION FEES	DD NO.			DATE		AMOUNT			
12	NAME & MOBILE NO. OF PRINCIPAL	NAME				MOBILE NO.				

SIGNATURE AND SEAL OF PRINCIPAL

CONTD.

## BRANCHWISE STATISTICS OF STUDENTS IN THE COLLEGE

S.NO.	BRANCH	NO.OF STUDENTS IN I YEAR		NO.OF STUDENTS IN II YEAR		NO.OF STUDENTS IN III YEAR	
		REG.	EX.	REG.	EX.	REG.	EX.
1	CE						
2	CS						
3	EE						
4	EL						
5	ME						
6							
7							
8							
9							
10							
	<b>TOTAL</b>						

**SIGNATURE AND SEAL OF PRINCIPAL**