

Post Graduate Course

No. 400

Price Rs.500/-

SHIVAJI UNIVERSITY, KOLHAPUR**APPLICATION FOR RECOGNITION OF LABORATORY**

Date:

To,
The Register,
Shivaji University,
Kolhapur.

Subject: Recognition of Laboratory for Post-Graduate Degree / Diploma
course *
in the subject

Respected Sir/Madam,

I am submitting herewith the application with a request to grant Recognition / Affiliation to the college Laboratory in the subject -----
for the teaching / research at M.A. / M.Sc. / M.Sc. (T & D) / M.Phil. / Ph.D. degree
from June -----.

The necessary information is given below:

1) Name of the College :

Address :

Telephone No. :

Fax No. :

E-mail Address :

Website :

Year of establishment :

Year of inclusion under :

UGC 2f & 12B

Year of permanent affiliation
from University

*(M.A. / M.Sc. / M.Sc.(T & D) / M.Phil./ Ph.D.)

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- 2) Name of Educational Society / :
 Trust / Laboratory / Company
 Registration No. :
 Address :
 Telephone No. :
 Fax No. :
 E-mail Address :
 Website :
 3) Course and Subject for which :
 laboratory recognition is required for
 4) Nature of work carried out in the : Teaching ☐ Research ☐
 Laboratory Teaching and Research ☐

- 5) Laboratory and Post-graduate courses with subject for which the college is already granted recognition / affiliation and how many years these subjects are taught.

Sr.No.	Course	Subject	Years
1			
2			
3			
4			
5			

6. Number of colleges/ University Dept. in the same village-town / city conducting concerned Under Graduate Courses:-

Sr.No.	Name of the College	Faculty	Subject
1			
2			
3			
4			
5			

7. Number of colleges/ University Dept. in the same village-city / town conducting course which laboratory recognition is required.

Sr.No.	Name of the College	Subject	Student Strength
1			
2			
3			
4			
5			

8. Number of students appearing and passing the degree examination for the subject of which laboratory recognition is required (last 3 years).

Sr.No.	Subject	Year	
		200	200
1			
2			
3			
4			
5			

9. Need for recognition of :
laboratory

10. Whether recognized subject teachers are available for which laboratory recognition is required?

a) Information of Approval in House Faculty :

Sr. No.	Name of the Teacher	Subject	Nature of appointment	University approval no.	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

b) Information of Approval Visiting Faculty :

Sr. No.	Name of the Teacher	Subject	Nature of appointment	University approval letter no.	Whether consent of concerned principal obtained?	Whether teacher is working in other P.G. centre	Remarks
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

11.a) Information of Laboratory for which recognition is required:

Sr. No.	Total area of Lab. (in Sq.feet)	Area of proposed Lab. be utilized for research purpose	Area of Lab. Utilized for other purposes	Remarks
1				
2				
3				
4				
5				

b) Information of Equipments and apparatus (If necessary, attach separate list) :

Sr. No.	Name of the Equipments / Apparatus	No. of items	Accession No.	Total cost	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

12. Library facilities available (This is :
concerned only with subject of which
Laboratory recognition is required)

a) No. of Reference Books : _____

b) No. of Research Journals : _____

13. Financial arrangement for fulfillment :
of laboratory & other expenses

Sr. No.	Item	Provision in Budget (Rs.)	Remarks
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

14. Whether the subject in which : Yes ☐ No ☐
recognition of Laboratory is asked for
is Government aided

Place :

Date :

Yours faithfully

Principal / Director