डॉ. आर मनोज कुमार
उप–सचिव
Dr. R. Manoj Kumar
Deputy Secretary

विश्वविद्यालय अनुदान आयोग
University Grants Commission
(मानव संसाधन विकास मंत्रालय, भारत सरकार)
(Ministry of Human Resource Development , Govt. of India)
पश्चिम विभागीय कार्यालय गणेशखिंड,पुणे- ४११००७
Western Regional Office, Ganeshkhind, Pune – 411007.
Ph: 020 – 25691178, Fax: 020 – 25691477
Email: wrougc@gmail.com

सत्यमेव जयते

No.F.2-45/16(GDA/WRO)   February 23, 2016

To,
The Registrar/ Director (BCUD)/Dean (CDC)
(All the Universities of the States of
Maharashtra, Gujarat, Goa)

Subject : Proposal of left out/newly included colleges u/s2(f) & 12B of the UGC Act 1956
under GDA Scheme (XII Plan).

Sir/Madam,

      As you are aware UGC provides financial assistance to Colleges/Institutions under General Development Scheme (GDA) (XII Plan). There are number of Colleges/Institutions which have not received any grant during XI Plan under GDA. There are also some Colleges recently included u/s 2(f)/12B of the UGC Act 1956.

      You are requested to send a circular to all the Colleges affiliated to your university to this effect and forward a copy of the proposals as per UGC Guidelines for GDA XII Plan of left out Colleges of XI Plan and Colleges newly included u/s 2(f)/12B which have not received any allocation or ad hoc Grant during XII Plan. The modified /revised Guidelines may be downloaded from the UGC website www.ugc.ac.in . The celling of the allocation may strictly be followed by the Planning Board of the College as per revised Guidelines

      All such Colleges /Institutions are also required to attach the following documents along with the proposals:-
1) A copy of UGC notification u/s 2(f)/12B
2) Mandate form in the prescribed format (copy enclosed)
3) Undertaking in the prescribed format (copy enclosed)
4) A copy of the certificate if accredited by NAAC or status thereof.

      The above proposals may be forwarded to this office by 10th March 2016 so as to consider the proposals for release of admissible grant under GDA Scheme during XII Plan. The colleges may like to send on advance copy to this office directly.
      Regards,

Yours faithfully,

(Dr. R. Manoj Kumar)
Deputy Secretary

शिवाजी विद्यापीठ, कोल्हापूर -४१६००४ महाराष्ट्र
महाविद्यालय व विद्यापीठ विकास विभाग
दूरध्वनी (ईपीएबीएक्स): २६०९०००, २६०९१४५

Ref No.: SU/C.&U.D.Section/SPK/1570   Date: 1 MAR 2016

      Copy f.w.c's to the Principal of all Affiliated Colleges eligible to receive UGC section 2(f) and 12 (B). UGC has uploaded the XII plan Guideline of 2(f) and 12 (B) on the UGC website.

      Desirous, may send their proposal on or before 5th March, 2016.

Dy. Registrar

UNDERTAKING

1. Name of the College with Address :
   (As per 2(f) & 12 B recognition of UGC)

2. Whether college is Self-financing : Yes / No

3. Name of the Affiliating University :

4. Date of permanent Affiliation :

5. Date of Establishment of the College :

6. Date and Year of recognition under :

   a) Section 2(f) of the UGC Act :

   b) Section 12 B of the UGC Act, if :
      established on or after 17th June 1972.
      (Please attach copy)

It is certified that the _____(mention name of the college)_____ is included under Section 2 (f) and 12(B) of UGC Act is Govt. / Govt.-aided college and permanently affiliated to University of _____.

The above information provided by me / college is true to the best of my knowledge and belief. I further undertake that if any information is found to be incorrect or not in order as per the Rule of University Grants Commission, then I shall refund the amount due to be recovered from the College by UGC.

This undertaking is executed on me and is irrevocable.

Signature of the Principal with Seal & Date

MANDATE FORM

College Code: _____

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/REAL TIME CROSS SETTLEMENT (RTGS)FACILITY FOR RECEIVING PAYMENT

A. DETAIL OF ACCOUNT HOLDER:-

NAME OF ACCOUNT HOLDER (Name of the College)	
COMPLETE CONTACT ADDRESS (Complete College Address With Pin Code)	
TELEPHONE NUMBER	STD CODE:- TEL:-
FAX NUMBER	STD CODE:- TEL:-
E-MAIL	
Cell No. of Principal	

B. BANK ACCOUNT DETAILS:-

BANK NAME	
BRANCH NAME WITH COMPLETE ADDRESS	
TELEPHONE NUMBER AND E-MAIL	
WHETHER THE BRANCH IS COMPUTERISED?	
WHETHER THE BRANCH IS RTGS ENABLED? IF YES, THEN WHAT IS THE BRANCH'S **IFSC CODE**	
IS THE BRANCH ALSO NEFT ENABLED?	
TYPE OF BANK ACCOUNT (SB/CURRENT/ CASH CREDIT)	
COMPLETE BANK ACCOUNT NUMBER (LATEST)	
MICR CODE OF BANK	

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or Not effected at all for reasons of incomplete or incorrect information. I would not hold the user Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

Date:

(_____)

Signature of Customer

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

(_____

Signature of Customer

Date:-

1. Please attach a photocopy of Cheque along with the verification obtained from the bank.
2. In case your Bank Branch is presently not "RTGS Enabled", then upon its up gradation to "RTG Enabled" branch, please submit the information a gain in the above proforma to the Department at earlies