

**APPLICATION FORM FOR
AFFILIATION OF CERTIFICATE COURSES
OFFERED BY PRIVATE INSTITUTIONS /ORGANIZATIONS
FOR THE ACADEMIC YEAR 2019-20**



**STATE BOARD OF TECHNICAL EDUCATION & TRAINING
GOVERNMENT OF TELANGANA STATE**

**7th Floor, B.R.K.R. Govt. Office Complex,
Tankbund Road, Hyderabad – 500 0063
Phones: O: 23221191, 23222692 Fax: 23220546
Website: www.sbtet.telangana.gov.in**

PLEASE NOTE:

- 1. Read instructions carefully before filling the application.**
- 2. Check whether all the required documents are enclosed before submitting the same to the SBTET, Hyderabad.**

3. Required enclosures are

Photostat Copies of

- Building plan(approved by concerned authority)**
- Rental deed or Ownership document**
- Equipment purchase bills**
- Books purchase bills**
- Photostat copy of the filled application**
- Faculty appointment letter copies**
- Registration certificate of the organisation**

- 4. Select the craft courses from the enclosed approved list.**
- 5. Fill in the checklists provided, for the course(s) being applied, with regard to equipment, accommodation, staff, and library.**
- 6. Present your Xerox copy of the application to the inspecting officers appointed by the Board.**
- 7. Application is valid only for the institution, for which it is taken. Application is not transferable.**
- 8. Separate application should be registered individually for each course applied**
- 9. The Institution should be run by a registered organisation.**
- 10. A minimum 10 (Ten) candidates for each course for each batch should be admitted by the institute, otherwise it will not be issued affiliation.**
- 11. Processing fee once paid will not be refunded nor adjusted under any circumstances.**

STATE BOARD OF TECHNICAL EDUCATION AND TRAININGHYDERABAD

APPLICATION FORM FOR AFFILIATION OF CERTIFICATE COURSESOFFERED BY PRIVATE INSTITUTIONS /ORGANIZATIONS FOR THE ACADEMIC YEAR 2019 -20

Note: Read the Guidelines carefully before filling the application form

Registration & processing fee :Rs.

1. Name, address and other details of the Applicant Society / Trust / Government / Central Government. Applicants are requested to furnish the latest Cell Phone Nos. which are in use for communication, if any;

a) _____ Name
:

b) _____ Address
:

Phone No _____ Code: _____

STD Code: _____ Fax No. : _____

Phone No.: _____ Cell.No. _____

E-mail ID : _____

c) Registration Number of Society/ Trust : _____

d) Date of Registration : _____

e) Place of Registration : _____

f) Registered under which Act (please tick) : ☐ Trust Act / ☐ Society Act

*Please attach copy of Registration of Society / Trust along with details of constitution, Memorandum of Association of the Society / Trust in **Annexure – I as referred in check list***

2. Courses proposed to be conducted from the Academic year 2019-20

(Please see the **Appendix – I** of the Guidelines)

Course Category	Course	Duration of Course	Entry level Qualification as specified by SBTET	Proposed Intake

3.Name and address of the proposed institution

Name of the Proposed Institution	Address of the Proposed Institution
	S.No / D.No: Street:
	District : PIN Code:
	Fax No. with STD code:
	Phone No.
	E-mail:
	Nearest land mark to locate the Institution:

4. Details of Registration & processing Fee:

Amount: Rs.

DD no.

Date:

Bank:

5. Category of Institution proposed (Please tick the appropriate box).

A) Self Financing ☐

B) Others

Central Government ☐ State Govt. ☐ Govt. Aided ☐

6. LAND DETAILS

Whether the society/Trust owned the land and Buildings in the proposed location as mentioned

Under Sl. No. 3

Yes ☐ No ☐

IF YES,

i) Location (Tick whichever is applicable)

☐ GHMC ☐ Municipal Corporation ☐ Municipality ☐ Panchayat

ii) Land Area

Sq.yds Acres

Please attach Copy of land documents as **Annexure - II**

Type of Registration : Sale Deed Gift Deed Lease deed
☐ ☐ ☐

Registration Number : _____

Date of Registration : _____

Place of Registration : _____

IF NO,

How the society/Trust wants to run the Institution in the same location as the address mentioned at SI.No. 3 (please fill the appropriate box).

i.	Land and Buildings on lease from Government	YES / NO	If Yes, a) Area of land b) the purpose for which it was leased c) period of lease d) lease Registration Number e) date of Registration f) place of Registration g) date of possession of land and Buildings
ii.	Land and Buildings on lease from Private Bodies/ <u>Owners</u>	YES / NO	If Yes, a) the name and address of lesser b) the purpose for which it was leased c) period of lease d) lease Registration Number/ Notary e) date of Registration/ Notary f) date of possession of land and Buildings
iii.	Any others	YES / NO	Please furnish the relevant details

Please attach Copies of all relevant documents for the above claim as **Annexure-II as referred in check List**

iv) Any loans / mortgage raised against the titles of the land. Yes ☐ No ☐

V) Details of other institutions (if any) being run in the same premises as address
Mentioned under SI.No. 3

Name of the Institution	Courses Offered	Whether approved by Government	Land area in acres	Built up Area earmarked

7. **Building** Details for exclusive use of the proposed institution at the **location as address mentioned at SI.No. 3**

i) **Whether the Building is exclusively allotted to the Proposed Institution?** YES ☐ NO ☐

ii) Carpet area available either exclusively or earmarked for said purpose: (A separate annexure prepared by an Architect to be enclosed for this purpose along with Plan showing the Furniture layout for each room) **Refer Appendix –III**

ROOMS(Title of the Room as per its functional usage)	NUMBER	Size of the Room(feet)		Area in Sq.ft
		Width	Length	
Class Rooms(CR) Areas				
CR-1				
CR-2				
Laboratories Areas				
Name of Lab-1				
Name of Lab-2				
Office Areas				
Society Office (If attached to institution)				
Principal room				
Reception and waiting				
Administrative Staff Area				
Toilets for Male				
Toilets for Female				
Other Areas				
Store room				
Corridors				
Staircase (If Accommodation is other than Ground Floor)				
Lift (If Accommodation is other than Ground Floor)				
TOTAL				

iii) Whether building plan is approved by the Competent Authority.

Yes

☐

No

☐

If yes, then give name of authority with date of approval -----

Please attachas **Annexure – III** as **referred in check list**

- a) a copy of approved building plan by the competent authority
- b) a copy of approved building plan earmarking building spaces for the proposed Institution
- c) working plan of the proposed Institution clearly mentioning the locations of the furniture

and equipment- room/lab wise, prepared by an Architect or registered and licensed B.Tech

Civil Engineer

Please attach in an Album Containing External and Internal Photographs of the building duly attested by the applicant with seal on the backside with date as **Annexure -IV as referred in check list and**

(a soft copy to be enclosed)

IV) Faculty Particulars (for existing) or identified faculty particulars (for proposed courses along with acceptance letters from identified staff) show them as **Annexure –Vas referred in check list**

S.No	Name of the faculty	Designation	General/Technical Qualifications University/ agency, year of passing , % age of marks	Experience	Type of appointment (Regular/ Guest)

V) Lab Tools & Equipment to be procured as per Appendix IV for the proposed courses

And Compliance report shall be submitted along with Bills and Vouchers and list shall be submitted as **Annexure – VI as referred in check list**

8. Availability of Funds in the name of Applicant Society / Trust:

Funds	Name of Bank	FDR No.	Amount (Rs. In lakhs)
FD Receipts			
Other Deposits including Current & Saving A/c			

Please attach copies of FDRs, latest Bank Statement of Account maintained by the applicant as **Annexure-VII as referred in check list**

- i) Whether the Accounts of the Applicant Society / Trust are audited.

[Attach Photostat copy of last three years]

Yes

☐

No

☐

iii) Whether income-tax returns are filed.

Yes

☐

No

☐

Please attach copies of last income-tax returns filed of the applicant as

Annexure-VIII as referred in check list

9. Whether the applicant society had applied in the year 2015-16 (previous for the establishment of institution to State Board of Technical Education & Training.

Yes

☐

No

☐

If yes, when and why the proposal was rejected? Please give details.

Name and address of the Institution	courses applied for	Accepted or Rejected	Reasons for Rejection

Signature of the applicant with Seal

Place:

Name: _____

Date:

Designation: _____

DECLARATION

I / We, on behalf of _____
hereby undertake to comply with the Norms and Standards and Regulations of SBTET. I /
We do undertake to furnish the documents as may be stipulated in the letter of intent if
issued in favor of our Society / Trust/ Applicant, within the stipulated period, failing which, my
/ our proposal shall be liable to be rejected by the SBTET. I / We agree to fulfill all the
conditions as may be stipulated by SBTET from time to time.

I / We hereby confirm that all the information furnished in the application is true
to the best of my / our knowledge and belief and if any information is found to be false, my /
our proposal may be rejected.

(Authorized Signatory of the Applicant)

Place:

Name:

Date:

Designation:

(Seal)

Note: Canvassing in any form will cause the rejection / non-consideration of
application.

UNDERTAKING TO BE SIGNED BY THE HEAD OF ORIGINATIONS& INSTITUTION

1. I declare that I will follow and adhere strictly to all the rules and regulations for affiliation laid down by the State Board of Technical Education& Training from time to time.
2. I undertake that the Institute will not use the name or the monogram of the SBTET in our advertisements ,pamphlets, rubber stamps, letter heads or for any sort of canvassing
3. I undertake to sponsor a minimum of 10 (Ten) candidates for each course per each batch affiliated for the examination conducted by SBTET otherwise that course can be disaffiliated.
4. I declare that the Institution is using commercial LPG connection only for the Institutional purpose.
5. I undertake that the Institution will apply for renewal of affiliation with in time, as specified by SBTET every year.
6. I will not change the Institution premises from approved plan to other without prior permission of SBTET, Hyderabad.
7. I certify that the Institution will not misuse the affiliation accorded by SBTET in any manner.
8. I undertake that the Institution will take adequate safety measures for students and faculty regarding buildings and laboratories
9. I declare that the Institution has appointed sufficient number of full time faculty members, per each course as per SBTET norms.
- 10.I will not change the name of the institution/Society/Trust without prior permission of SBTET, Hyderabad.
- 11.I enclosed here with the copy of Rental deed / Lease deed / Owner ship document for the current academic year.
- 12.In the event of non compliance of the above conditions, or any government norms in this regard I will accept for the action to be taken by SBTET, Hyderabad in any manner including penalty or disaffiliation of the course in the institution.

Signature of the

**Head of the organization
Name:**

Address:

Seal of the Institution

CHECK - LIST OF ENCLOSURES

List of documents to be submitted

Annexure	<u>Details</u>
I	Society/Trust Registration a) Registration document of the applicant Society/Trust b) Minutes of the meeting /Bye laws of the Society/Trust
II	Land documents a) If land is owned by the applicant society/Trust, Land Registration documents including preceding link documents b)If land is not owned by the applicant society/Trust, copy of Land documents attested by the land owner and lease / rental deedduly attested by competent authority and signed by concerned parties
III	Building documents : a) a copy of approved building plan by the competent authority b) a copy of building plan earmarking building spaces for the proposed Institution c) working plan of the proposed Institution clearly mentioning the locations of the furniture and equipment- room/lab wise, prepared by an Architect. d) Resolution of the Society for earmarking the Building spaces. e) Structural safety certificate by Registered Architect/ Registered Structural Engineer of concerned Area Note: Lease documents shall be Registered / notarized on Rs.100/- non - judicial stamp paper.
IV	External and Internal Photographs(hard & soft (CD) copy) of the building if any and duly attested by the applicant with seal on the backside with date.(to be kept in an album intact and super scribing the Title of the Institution, address and date)
V	Faculty Particulars a) qualifications b) appointment letters.
VI	Lab Tools & Equipment for the proposed courses as per Appendix-IV. a) Purchased bills/ delivery challans of equipment / machines / tools. b)Audit reports for last 3 years if any.
VII	Xerox copies of the FDR's latest bank statements certified by the bank manager
VIII	Last financial year income –tax returns filed by the applicant
IX	Other relevant documents, if any in support of the application viz., previous year's affiliation certificates.

(Signature of Authorized

Representative of the Proposed
Institution with Name and Designation)

ACKNOWLEDGMENT

Date: _____

From:
Secretary,
State Board of Technical Education and Training,
7thFloors, B.R.K.R. Govt. Office Complex,
Tankbund Road, Hyderabad – 500 0063.TS
To ,

The Secretary / Registrar / Director / Principal (To be filled by the applicant)

Sir,

This is to acknowledge receipt of your application for affiliation of certificate courses

PROGRAM ME	Certificate courses in Hotel Management	Certificate courses in Fashion Technology	Certificate courses in Architec ture	Certificate courses in safety	Certificate courses in Yoga	Certificate courses in Solar Power Technologies	Certificate courses in Computers	Certificate Courses (Mechanical)

offered by private institutions for academic year 2019-20.

***(To be ticked by the applicant)**

Registration & Processing fee details:

Online Receipt No.

Bank:

Amount:

Date:

SBTET Office file no is _____ (to be filled by the
O/o SBTET).

Kindly quote the File No in all your future correspondence with SBTET Office.