

For office use

Code No. 222233 Year 2010-2011
WRC Regional Committee

Date of Application 18/9/2010

Course D. Ed.

Category: New Institution/New Course/Additional Intake

Type of Management Shifting

Affiliating Body NCTE

**Form of Application for Grant of Recognition to Institutions including Permission
for Conducting a New Course/Additional Intake in Teacher Education Programme
under Section 14/15 the NCTE Act, 1993**



गुरुगुरुतमो घाम
NCTE

National Council for Teacher Education
*Address of the Regional Committee concerned
with address of the Website/e-mail/Telephone/Fax*

Price Rs. 1000/-

Application for Grant of Recognition/Permission to Institutions for conducting a
New Course/~~Enhancement~~ of Intake under Section 14/15 of the NCTE Act, 1993

NOTE: ^{Shifting} Please refer to the instructions at page-14 before submitting the application.

DATE OF SUBMISSION 18/9/2012 APPLICATION ID _____

1. Particulars of the authorized applicant

- 1.1 Name of the Applicant Urmeah Dubey (Sectorety)
1.2 Father's/Husband's Name Shri Omprakash Dubey
1.3 Occupation Business
1.4 Official Position in the Governing
Body of the Society/Trust Society

2. Particulars of applicant Society/Trust/Body

- 2.1 Name of the applicant Society/Trust/Body Omprakash Dubey Siksha Prasar
2.2 Whether a copy of Certificate of Registration
and MOA/ Bye-laws attached.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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(Applicable in case the institution is managed by Society/Trust)

- 2.3 Complete Postal Address of the applicant Body.
(Strike out/ Leave blank any of the following which is not applicable)

Door/Plot Number 115 / 116
Street Number Bhatkhari
Village/Town Kotay Ki Saray Sitholi Road Gwal
Post office Lashkar
Tehsil/Taluka Gwalior Town/City Gwalior
District Gwalior Pin Code 474002
State M.P STD Code 0751
Telephone No. 9752664388 Mobile No. 9425111351
Fax No. _____ E-Mail ID institutekom203@gmail.com
Website Address www.ominstitute.in

2.4 Permanent Account Number of Society/Trust/Body: - AAATO 1628E

3. Details about the programme/course applied for

(i)	Nature of proposal (Please tick only one choice)	<input type="checkbox"/> First Time Recognition <input type="checkbox"/> Enhancement of Intake <input type="checkbox"/> Additional Course	
(ii)	Name of the Course applied for	<u>P. eded</u>	
(iii)	Level of the Course applied for		
(iv)	Medium of Instruction	<u>Hindi</u>	
(v)	Whether Course Curriculum fulfills the duration stipulated by NCTE norms and standards		
(vi)	Mode	Distance/ Face to Face	
(vii)	Intake proposed		
(viii)	Affiliating Body/University <u>M.P. Board</u>	Name	
		Address	
		Telephone No.	
(ix)	Normal month of commencement of the course		

4. Particulars of the applicant institution

4.1 Name of the Institution
(in capital letters)

OM INSTITUTE OF TECH & TEACH
EDU

4.2 Complete Postal Address [As mentioned in the Affidavit]
(Strike out/ Leave blank any of the following which is not applicable)

Land Identification (Plot/Khasra No.) 115, 116

Address of the Land Bhath Khadi, Kotay Ki Saray, Sitholi, Gwal

Door/Plot Number 115/116

Street Number Bhath Khadi

Village/Town Kotay Ki Saray, Sitholi

Post office Lash Kay

Tehsil/Taluka Gwalior

Town/City Gwalior

District Gwalior

Pin Code 474002

State M.P.

STD Code 0751

Telephone No. 9752664388

Mobile No. 9425111351

Fax No. _____

E-Mail ID institute om 2013@gmail.com

Website Address

www.ominstitutes.in

4.3 Whether the institution is for (tick in the box)

Boys

☐

Girls

☐

Co-Ed

☒

4.4 Whether the Institution is a Minority institution

(Attach documentary proof issued by the Govt. concerned)

Yes

No

4.5 Type of Management (Please tick only one out of the following)

(i) A Govt. institution

(ii) A Govt.-aided institution

(iii) A university department

(iv) A deemed to be university Pvt/ Govt.

☒ (v) A self- financing private institution

(vi) Any other, please specify.

(Please attach supporting documents. In case of institutions financed by Central Govt./State Govt./UT Admn. to the extent of not less than 50% of their recurring cost, a certificate to this effect from the Government concerned.)

4.6 Details of the existing Teacher Education Programmes/courses run by the same applicant Society/Trust/ Body.

Sl. No	Name of the institution	Name of the programme	Academic session from which commenced	Existing approved intake	Regional Committee		Name of Affiliating Body	
					Recognition Order Number	Date	Name	Date of Affiliation

4.7 Details of courses other than Teacher Education Programme if any, run by the same applicant Society/ Trust/ Body.

Sl. No.	Name of the institution	Name of the course/programme	Level of the course	Duration of the course	Year of starting of the course	Affiliating Body	
						Name	Date of Affiliation

- 4.8 Details of the application(s) for teacher education programme(s)/course(s) already submitted by the same applicant society/trust/body which is/are pending for final decision

Sl. No	Name of the institution	Date of application	Code No.	Name of the programme	Academic session for which applied	Proposed intake	Regional Committee to whom applied	Status

5. Fees and Funds

- 5.1 Details of cost of application form of Rs. 1000/-
(not applicable in case of application submitted online)

Draft Number	917824
Date	27/09/2010
Name of the Nationalized Bank	Punjab National Bank
Name of the Branch	Gwalior
Address	Chetak Puri Gwalior
Receipt Number, if purchased	

- 5.2. Details of Processing Fee of Rs. 40,000/- only

Draft Number	917619			
Date	27/07/2010			
Name of the Nationalized Bank	Punjab National Bank			
Name of the Branch	Chetak Puri Gwalior			
Address	Chetak Puri Lashkar Gwalior			
Has the DD will enclosed in original	Y	Y	N	

(Please see Rule 9 of NCTE Rules, 1997 in terms of which Government Institutions are exempt from payment of processing fee)

- 5.3 Details of the Endowment fund (self-financed institutions/programmes)?
(Please see Clause 10 (1) of the NCTE (Recognition Norms and Procedure) Regulations, 2007 published on 10.12.2007)
- (i) Particulars of the Endowment fund (to be filled in the case of self-financed institutions/ programmes)?

Amount of Endowment Fund	500000/-
Fixed Deposit Receipt Number	ETZ 00 3198
Duration of the FDR (Minimum five years)	21-8-2008 to 21-8-2013
Date of issue	21-8-2008
Name of the Nationalized Bank	Punjab National Bank
Full address	Chetak Puri Lashkar Gwl
Phone numbers.	0751-2434409
Has the FDR been enclosed in original	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N

- (ii) Particulars of the reserve fund (to be filled in the case of self-financed institutions/ programmes)?

Amount of Reserve Fund	300000/-
Fixed Deposit Receipt Number	ETZ 00 1222
Duration of the FDR (Minimum five years)	26/12/2006 to 26/12/2011
Date of issue	26/12/2006
Name of the Nationalized Bank	Punjab National Bank
Full address	Chetak Puri Lashkar Gwl
Phone numbers.	0751-2434409
Has the FDR been enclosed in original	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N

6. Details of Infrastructural Facilities available for proposed programme/course

- (i) Area of the land in possession (in sq. mts.)

6 4 4 1 sq.mtr

- (ii) Built up area earmarked for the course (in sq. mts.)

1 6 0 0 sq.mtr

- (iii) Whether an affidavit on Rs. 100/- stamp paper duly attested by Notary / Oath Commissioner on the prescribed format as required under Clause 8(8) of the NCTE Regulations, 2007 has been submitted.

☒ Yes ☐ No

- (iv) Whether certified copies of land ownership/lease documents are enclosed as per Regulation 8(8) of the Regulations, 2007

☒ Yes ☐ No

(v) Whether English Version of Land Ownership/Lease Documents, duly Notarized are enclosed

Yes	No
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(vi) Whether copy of approved building plan is enclosed.

Yes	No
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(vii) Whether copy of building completion certificate is enclosed, in case building is constructed

Yes	No
-----	----

(viii) Whether the building constructed is proposed to be constructed in the same land as indicated in col. 4.2

Yes	No
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6.1 Building

(Please refer to Clause 8 of NCTE (Recognition Norms and Procedure) Regulations, 2007

Description	To be filled in by Institution																
i) Date of approval of the Building plan by the competent authority/State Govt.	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>1</td><td>2</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	1	1	1	2	2	0	0	9
D	D	M	M	Y	Y	Y	Y										
1	1	1	2	2	0	0	9										
ii) Date of completion of construction of the building, if already completed	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>8</td><td>0</td><td>4</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	1	8	0	4	2	0	1	0
D	D	M	M	Y	Y	Y	Y										
1	8	0	4	2	0	1	0										
iii) If construction of the building is not complete, the likely date of completion of construction	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y										
iv) Name and address of the competent authority for approval of building plan and issue of completion certificate	<p>Building officer Nagar Nigam Gwalior</p>																
v) Whether completion certificate obtained from the competent authority	<p>Y/N</p>																
vi) Whether Bldg. disabled -friendly as per relevant laws.	<p>Y/N</p>																
vii) Whether fire safety norms are being followed.	<p>Y/N</p>																
viii) Total Built up Area (in sq. meter) (in sq.ft.)	<table border="1"> <tr> <td>1</td><td>6</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>Sq.mtr</p>	1	6	0	0												
1	6	0	0														

6.2 Specification of Rooms and other infrastructural facilities

S.No.	Description	Room No.	Length In meter	Breadth In meter	Carpet area in sq. meter
1	2	3	4	5	6
1	Class Room	1	6.15	11.69	71.85
2	Class Room	1	6.15	11.69	71.85
3	Multipurpose Hall	1	17.5	11.69	204
4	Multipurpose Room	1	8.7	11.69	101.70
5	Seminar room/tutorial room	1	8.7	11.69	101.70
6	Library	1	11.69	11.69	136.65
7	Principal Room	1	5.5	5.5	30.25
8	Administrative office	1	10.97	6.9	75.69
9	Store Room	1	5.5	5.5	30.25
10	Sports Store Room	1	5.5	5.5	30.25
11	Girls Common Room	1	5.5	5.5	30.25
12	Boys Common Room	1	5.5	11.6	63.8
13	Art & Crafts Room	1	4.6	11.6	53.36
14	Music Room	1	5.84	11.69	68.26
15	Socially Useful Productive Work (SUPW) Room	1			
16	Science Lab1	1	10.97	6.09	66.80
17	Science Lab2	1	10.97	6.09	66.80
18	Psychology lab	1	10.97	6.09	66.80
19	Educational Technology (ET) /ICT Lab	1	10.97	6.09	66.80
20	Workshop	1	10.97	6.09	66.80

S.No.	Description	Room No.	Length In meter	Breadth In meter	Carpet area in sq. meter
1	2	3	4	5	6
21	Any other Room/Hall	1	10.97	9.5	104.21
22	Toilets	4	2.5	4.25	10.625
	(i) Male	4	2.5	4.25	10.625
	(ii) Female	4	2.5	4.25	10.625
23	Any other facility may be specified	1	5.5	5.5	30.25

7. Instructional Facilities

7.1 Library

Total number of Books

3275-

7.2 Manpower

7.2.1 Academic and Non-Academic Staff (Applicable for existing institutions).

7.2.1.1 Details of Academic Posts available at present

Name of the Post	Number of Post	Pay Scale	No. of Filled Posts	No. of Vacant Posts

7.2.1.2 Details of Non-Academic Staff available at present

Name of the Post	Number of Post	Pay Scale	No. of Filled Posts	No. of Vacant Posts
L.D.C.	02	6500/-	02	
Peon	02	4500/-	02	
Guard	02	4500/-	02	

8. Arrangement for Games and Sports

8.1 Details of availability of playgrounds

Sl. No	Number of Playgrounds	Length in meter	Breadth in meter	Area in sq mt.
1		80	50	4000

(Signature of the authorized designated authority giving undertaking alongwith his/her official position and office Seal)

Undertaking

That I have read and understood the contents of the application and the same are true and correct on the basis of my personal knowledge and on the basis of records of the institution.

2. In connection with my/our application for grant of recognition/permission of (Name of the Institution) to conduct _____ course with _____ intake/additional intake, and hereby undertake to comply with the following:-

- (i) That infrastructural, instructional and other facilities has been/shall be provided as per the NCTE norms, standards and guidelines prescribed from time to time.

ਚੰਡੀਗੜ੍ਹ ਟੈਲੀਗ੍ਰਾਫ (H.O. No. 7, Brikhaji Gama Place, New Delhi) ਟੈਲੀਗ੍ਰਾਫ ਦਾ ਪਤਾ: www.pnbindia.com

purjog national bank

ॐ नमो भगवते वासुदेवाय
 श्रीमान् श्रीकृष्णार्जुनसंवा
 दप्रथमोऽध्यायः समाप्तः
 श्रीभगवानुवाच
 अर्जुन उवाच
 शूरा मरुतश्चैव पाण्डवो
 भीमार्जुनसमा युधि
 धर्मरत्नक्षेत्रज्ञा इव
 विश्वकर्मात्मजा
 द्रुपदसौमित्रे वीर्यवान्
 धनुर्विदो गतास्त्रयान्
 बलिनो योनिमतस्तथा
 सौमद्राक्षसाश्च वीरवृन्तः
 कौरवाश्चैव पाण्डवश्च
 समामृतमहामनाः
 तेषां हृदि निभिर्यत्
 प्रदीपितमश्रुतम्
 तद्भीतिमुपासीत
 तदा मुनेरब्रवीत्
 अर्जुन उवाच
 अहो भूयः पापमेतत्
 किञ्चित् क्षणमात्रम्
 अपश्यं विमर्षितः
 त्वं हि मे सुविधाया
 चकार पश्यतां वीर
 तेषां हृदि निभिर्यत्
 प्रदीपितमश्रुतम्
 तद्भीतिमुपासीत
 तदा मुनेरब्रवीत्
 अर्जुन उवाच
 अहो भूयः पापमेतत्
 किञ्चित् क्षणमात्रम्
 अपश्यं विमर्षितः
 त्वं हि मे सुविधाया
 चकार पश्यतां वीर

purjapb national bank purjapb national bank purjapb national bank purjapb national bank purjapb national bank

CONFIRMATION OF DEPOSIT

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

संस्कृत की 'तीर्थ' धर्म में महिम्ना

THE UNIVERSITY OF CHICAGO

Public National Bank

CUBA KI POLIYA KAMPUD LASHKAR, GWALIOR, GWALIOR, MADHYA PRADESH

[illegible]

at the rate of

per annum	per annum
per month	per month
per quarter	per quarter
per half year	per half year
per year	per year

[illegible][illegible]

	X	Item Payroll or interest payable	\$
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परिपक्वता मूल्य/Maturity Value	परिपक्वता की तिथि/Date of Maturity	प्रभावी वार्षिक/Weir Effective	ऑनसाइड/Onside
₹ 1000	15/09/2025	12%	₹ 1000

१	२	३	४	५	६	७	८	९	१०	११	१२	१३	१४	१५	१६	१७	१८	१९	२०	२१	२२	२३	२४	२५	२६	२७	२८	२९	३०	३१	३२	३३	३४	३५	३६	३७	३८	३९	४०	४१	४२	४३	४४	४५	४६	४७	४८	४९	५०	५१	५२	५३	५४	५५	५६	५७	५८	५९	६०	६१	६२	६३	६४	६५	६६	६७	६८	६९	७०	७१	७२	७३	७४	७५	७६	७७	७८	७९	८०	८१	८२	८३	८४	८५	८६	८७	८८	८९	९०	९१	९२	९३	९४	९५	९६	९७	९८	९९	१००
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DATE: _____ TIME: _____

[illegible]

Year	Number of people	Percentage of total population
2017	3,080,000	11.06%
2022	3,080,000	11.06%

9811 Y
 9811 Z
 9811 AC - 2864000105048/97
 9811 B
 9811 C
 9811 D
 9811 E
 9811 F
 9811 G
 9811 H
 9811 I
 9811 J
 9811 K
 9811 L
 9811 M
 9811 N
 9811 O
 9811 P
 9811 Q
 9811 R
 9811 S
 9811 T
 9811 U
 9811 V
 9811 W
 9811 X
 9811 Y
 9811 Z

~~100% national bond~~ ~~purged~~ ~~national bond~~

~~John Edward Lee, County of Santa Clara, State of California, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of said County.~~

Pan Number: AAABUJ6285

राष्ट्रपति को पद के लिए आवश्यक मतों की संख्या २५० है।

✓ ☐ National Bank Research's National Bank

कपया पृष्ठ के पीछे देखे।
माध्यकृत हस्ताक्षरकर्ता (सं.)
प्राधिकृत-हस्ताक्षरकर्ता (जानिपार सं.)

Important Information: **Autonised signatory (CBFANo.)** **Autonised signatory (CBFANo.)**

[illegible]

are being / are being / are being / are being / are being /

परिचालन का तरीका / Mode of Operation

श्री/श्रीमती/कुमारी/Received from Sh./Smt./Ms

DR. PRAKASH DUBEY, SHIKSHA PRASAR & SAMAJ KALYAN SAMITHI

निवासी / Resident of

GUWA K I PULIYA KAMPUD LASHKAR, GNALIOR, GNALIOR, MADHYA PRADESH

3,000.00RS

for a period of

5 YRS

की अवधि के लिए
at the rate of

908

प्रतिवर्ष की दर से

विकल्प/Option

रुपये
Rupees three Lakh only.

जारी करने की तारीख/Date of Issue

प्रभावी तारीख / W.E.F.

पारपक्वता की तारीख / Date of Maturity

परिपक्वता मूल्य/Maturity Value

28-09-2013

योजना / Scheme 28-09-2011

28-03-2024 जमा/करना/Interest id no 68713 00 Ave No

राशिकत / Nomination

MULTI BENEFIT DEPARTMENT

हम आपसे उपरोक्त जमा राशि स्वीकार करने की पुष्टि करते हैं ।
We confirm having accepted from you the above deposit.

महत्त्वपूर्ण सूचना के लिए कृपया पृष्ठ के पीछे देखें।
Please see on reverse for important information.

COLORED
XEROX

प्राधिकृत हस्ताक्षरकर्ता - (जीबीपीए सं०)
Authorised Signatory / GBPA No.

अधिकृत हस्ताक्षरकर्ता (जीबीएस-एफ)

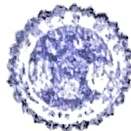
INCOME
द्वय ब्याज अंतराल
Periodicity of Interest payable

Alm/5870/05
16-2-06

XXX-Part-21

रूप क्रमांक 2
(हेतुविधि नियम 7)

मध्यप्रदेश शासन




समिति का पंजीयन प्रमाण पत्र

क्रमांक 02/42/01/10086/06

यह प्रमाणित किया जाता है कि ओम प्रकाश दुवे शिक्षा प्रसार एवं समाज कल्याण समिति जो संमेश दुवे ए-1 वार्ड 54 गुडा की पुलिस लश्कर ग्वालियर म0प्र0 तहसील गिर्द ग्वालियर जिला ग्वालियर में स्थित है, मध्यप्रदेश सोसाइटी रजिस्ट्रीकरण अधिनियम, 1973 (सन् 1973 का क्रमांक 44) के अधीन 15-02-2006 को पंजीयित की गई है।

दिनांक पन्द्रह माह फरवरी सन् 2006




बी. डी. कुबेर
समिति का पंजीयक
समिति का रजिस्ट्रार