**APPLICATION FOR AFFILIATION**

To  
The Registrar  
Central Sanskrit University,  
56-57, Institutional Area,  
Janakpuri, New Delhi – 110 058.

Subject:- Affiliation for (*the courses of studies*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sir,

I, ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the President/Secretary/ Principal of the Institution named \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_, request you to affiliate our institution for teaching of the following courses of studies prescribed by the Central Sanskrit University, Delhi:-

1. *Prathama*
2. *Purvamadhyamaa*
3. *Prak Shastri*
4. *Shastri*
5. *Acharya*
6. *Certificate/Diploma*

A Demand Draft amounting to Rs. 20,000/- (Rupees Twenty Thousand only) in respect of  
processing fee is attached to this application. Requisite information about our institution is given  
hereunder:-

1. Name of Institution/Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Postal Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Telephone (Office): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Date of Establishment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Registration No. (Under Societies Registration Act) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Managing Committee (Attach details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(i) Name of President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ii) Name of Secretary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(iii) Date of constitution of present Managing Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Board/University to which affiliated earlier (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Description of the course for which affiliation is sought: -

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.No. | The Course for which the affiliation is required | Optional Traditional Subjects | Optional Modern subjects |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

11. Details of Study-Teaching and other facilities:-

|  |  |  |  |
| --- | --- | --- | --- |
| Space available | Owned/Rented | Number | Area |
| Principal Room |  |  |  |
| Office |  |  |  |
| Rooms for Teaching |  |  |  |
| Rest rooms for teachers |  |  |  |
| Rest rooms for students |  |  |  |
| Library |  |  |  |
| Number of books in Library |  |  |  |
| Reading room |  |  |  |
| Auditorium |  |  |  |
| Any other facility |  |  |  |

12. Details of Teachers:-

|  |  |  |  |
| --- | --- | --- | --- |
| Subject | Number | Qualification | Scale of pay/Total pay |
| Sanskrit |  |  |  |
| Modern Subject |  |  |  |
| English |  |  |  |
| Indian Language (i) (ii) (iii) |  |  |  |
| Other subjects |  |  |  |

13. Details of Officers and Staff:-

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.No. | Designation | Number | Scale of Pay/Total Pay |
| 1 | Principal |  |  |
| 2 | Clerk |  |  |
| 3 | Stenographer |  |  |
| 4 | Group (C)/(D) |  |  |
| 5 | Other |  |  |

14. Whether Hostel facility is available ? Yes/No

(If Yes)

|  |  |  |
| --- | --- | --- |
| (i) Number of rooms  (ii) Number of Kitchen/s (iii) Rest Rooms |  | Area\_\_\_\_\_\_\_\_\_\_\_ Area\_\_\_\_\_\_\_\_\_\_\_ Area \_\_\_\_\_\_\_\_\_\_\_ |

15. Details of Bank Account, with Deposits- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Financial Resources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Annual Income of Previous Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Expenditure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Balance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Details of processing fee - Rs. 20,000/- (Rupees Twenty Thousand only).

Name of Bank - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Demand Draft No. - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the information provided in the application for affiliation is true. I also hereby agree that if any information is found false, application may be rejected and the amount deposited may not be refunded.

Date:

Signature of Authorized Person

(Seal)