


मुंबई विद्यापीठ



क.संलग्नता/आय.सी.सी./२०१४-१५/१३

परिपत्रक

विद्यापीठाशी संलग्नित कला, वाणिज्य आणि विज्ञान महाविद्यालयाचे प्राचार्य यांना कळविण्यात येते की, शासन पत्र क्र. संकीर्ण-२०१४/११९/२०१४/ मशि-४ दिनांक २५ जून, २०१४ व दिनांक ०३ जुलै, २०१४ ला अनुसरून सन २०१३-२०१४ मध्ये झालेल्या इ. १२ वी च्या परीक्षेचा निकाल मोठ्या प्रमाणात लागला असल्याने विद्यार्थी प्रवेशापासून वंचित राहू नयेत म्हणून ज्या महाविद्यालयांना त्यांच्याकडे असलेल्या प्रवेश क्षमतेपेक्षा अतिरिक्त विद्यार्थी प्रवेशित करावयाचे आहेत त्यांनी आपली विनंती पत्र कुलसचिव, मुंबई विद्यापीठ, फोर्ट, मुंबई - ४०० ०३२ यांना दिनांक ११ जुलै, २०१४ पर्यंत सादर करावीत. ज्या महाविद्यालयांनी आपली विनंती पत्र यापूर्वी सादर केली आहेत त्यांनी पुन्हा विनंती पत्र देण्याची आवश्यकता नाही.


(डॉ. एम. ए. खान)
कुलसचिव

मुंबई - ४०० ०३२.
दिनांक - ०८ जुलै, २०१४.

Undertaking

I, Mr/Mrs./Dr. _____,

Principal of the _____

for and or behalf of management _____

do hereby state and undertake that:

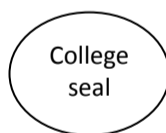
- a) The college have the approved principal, adequate faculty and staff
- b) The college have deputed their concerned teachers for participation in CAP programme of University.
- c) The college have paid all dues of the University such as contribution to sports, Cultural, tuition fees, share Annual affiliation fees, examination share etc.
- d) The college has adequate infrastructure facilities to accommodate additional students
- e) The college has not been punished for any default in past three years.
- f) The College has sufficient infrastructure and approved faculty as per enclosed proforma.
- g) 75% attendance rule shall be followed by the principal of the college.

The above information is true and correct to the best of my knowledge. If the information found incorrect principal and institution will be held responsible for the same.

Principal Stamp & Signature

Date:

Place:



Proforma

(To be submitted alongwith Undertaking for Additional Seats.)

1) Name of the

College _____

2) NACC Status (Please fill the appropriate column)

Year of NAAC Accreditation	Year of NAAC Re-Accreditation	Date of LOI submitted to NAAC	NAAC Accredited Not Done

3) Name of the Principal of the college (Please attach copy of approval letter of University)

Shri/Smt./Dr. _____

4) Faculty Position in figures.

Professor	Associate Professor	Assistant Professor	Any other

5) List of Faculty Members (Please attached a separate sheet in the following format)

A) Information about non self supporting courses :

Sr. No.	Name of the Faculty	Designation	Subject	Experience	Status whether full time/part time	Letter No. of University approval

B) Information about self supporting courses run by college :

Sr. No.	Name of the Course	Nos. of Division	University Sanctioned letter No.	Nos. of Full time Faculty required	Nos. of Full time Faculty filled	Nos. of Part time Faculty required	Nos. of Part time Faculty filled

C) Information about self supporting Courses faculty member :

Sr. No.	Name of the Faculty	Designation	Subject	Experience	Status whether full time/part time	Any other

6) College infrastructure

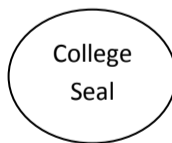
No. of classroom available	Intake capacity	Laboratory available (Required only for Science Colleges)			
		Physics	Chemistry	Biology	Computer
1	2	3	4	5	6

No. of Books in Library	Whether started Marathi Vandmay Mandal (Yes/No)	Whether Fire Fighting instrument installed (Yes/No)	Whether available NAAC Room (Yes/No)	Whether available Play Ground (Yes/No)	Any other Additional information
7	8	9	10	11	12

7) Details about University Share of fees

Sr. No.	Particulars	Receipt No. obtained from University or Letter No. of College if Receipt not received for last three years		
		2011-12	2012-13	2013-14
1	Annual Affiliation Fees			
2	Continuation Extension Fees			
3	Enrolment Fees			
4	Disaster Relief Contribution as per DSW Circular			
5	Cultural & Sport Activities fees as per DSW Circular			
6	Pro -Rata contribution as per DSW Circular			
7	E-Charges			
8	University Share of Tuition Fees			
9	Any other University contribution if any			

Date:-



Principal Stamp & Signature