

PERFORMA FOR GRANT OF AFFILIATION TO THE GOVT./GOVT. AIDED/ PRIVATELY MANAGED INSTITUTIONS RUNNING DIPLOMA COURSES FOR ACADEMIC SESSION 2026-27

(APPROVED IN 6TH BOARD MEETING HELD ON 20.07.2012 UNDER AGENDA ITEM NO. 5)
ALL THE INSTITUTE/POLYTECHNICS ARE DIRECTED TO FILL UP THE APPROVED PERFORMA AND SUBMIT IT TO CONTROLLER, BOARD OF TECHNICAL EDUCATION AS PER THE TENTATIVE SCHEDULE

Chapter I

Approval Process for Extension of Affiliation to existing / New Technical Institution / variation in intake in existing courses / introduction of new courses / in existing institute / introduction of new institutes / Change in name / Change in place.

Each existing Institution / new institute willing to offer Government approved Diploma courses shall submit an application to the BTE for extension of approval to existing institute / variation in intake in existing courses / introduction of new course / s in existing institute / Change in name / Change in place / closure of institution for the year

1. Application for extension of approval to existing institute / new institute / variation in intake in existing courses / introduction of new course / s in existing institute / Change in name / Change in place shall be considered in accordance with Intake of Courses in the Institution on fulfillment of the following requirements:-

- a. Availability of Principal / Director qualified as per AICTE norms in existing Institution
- b. Fulfillment in Faculty: Norms as per AICTE.
- c. 100% fulfillment of built up area and other infrastructure requirement for existing Technical Institution
- d. Readiness of built up area and other infrastructure requirement for additional course / variation in intake / new institute as applicable
- e. Latest approval letter from AICTE for existing courses – No. & Date

2. Submission of Application

2.1 The application in the prescribed format in **Annexure 1** along with the enclosures be submitted to BTE along with Processing fee (non-refundable) as stated below shall be paid in the form of Demand Draft to the DDO, BTE, failing which, the application shall not be considered.

S. No.	Description	Amount
1	Institutional affiliation fee for first year	Rs. 50,000/- per year
2	Continuation fee:-	
	i) For monitoring per course.	Rs. 5000/-
	ii) Provisional affiliation fee per course	Rs. 5000/-

No affiliation fee will be charged from Govt./ Govt. Aided Institutes.

2.2 The application in the prescribed format in Annexure-1 along with following enclosures to be submitted to the BTE on or before the last date.

1. An *Affidavit 1* on a Non-Judicial Stamp Paper of Rs. 100/-, duly sworn stating that the information given in the application is true and that if it fails to disclose all the information or suppresses and/or misrepresents the information and if it is found that the information given in the application is false the BTE will be free to take action including withdrawal of affiliation and/or any other action as deemed necessary.
2. An *Affidavit 2* on a non judicial stamp paper of Rs. 100/- by the Institution stating that the Society/Trust/Institution is liable for all consequences including the settlement of all dues of the faculties, employees and students and other agencies, arising even out of the Closure of Institution / Change in Name / Change in Place in the *Format*.
3. Proof of verification of financial documents, like audited statement of accounts of the Society/Trust and existing Technical Institution for last two years (if applicable), in a *format 1* duly endorsed by Chartered Accountant who is member of Institution of Chartered Accountants of India. (Applicable for new courses / increase in intake / new institute)
4. Resolution of the Society/Trust, pertaining to allocation of land/ building/ funds for proposed New Courses and/or variation in intake / new institution, in the *Format 2*.
5. Details of built up structure available exclusively for the proposed New Courses and/or variation in intake/new Institution with safety and hygiene precautions ensured during partial occupation.
6. Master Plan of the Campus for the entire land indicating land-use, circulation, landscaping, infrastructure certified by Architect registered with the Council for Architecture. (Applicable for new institute)
7. Floor Plans, Sections and Elevations of all existing Academic building including Area details. (Applicable for new institute)
8. Phase-wise Plan of construction.
9. Proof of sanction of required electrical load for proposed New Courses and/or variation in intake in the Institution / new institute.
10. List of equipment required as per syllabus and equipment available for proposed New Courses and/or variation in intake in the Institution / new institute in a tabular form.
11. Copy of the advertisement for recruitment of teaching faculty for proposed new Courses and/or variation in intake in the Institution / new institute (if applicable).
12. Details of latest fund position of the applicant Society/Trust along with photocopy of FDRs, and Bank accounts available with the applicant in Nationalized Bank or Scheduled Bank / Commercial Banks recognized by Reserve Bank of India
13. Video Clip (Compatible with “Windows Media Player”) with date and time of 15 minutes shooting indicating the complete physical infrastructure/ facilities for new institutes. (Applicable for new institute)

- 2.3 Documents required for land and building related issues (for new institutes).**
- i) Land use certificate from DDA/MCD/NDMC under MPD-2021.
 - ii) Approved building plan for the building section of DDA/MCD/NDMC.
 - iii) Building completion certificate from building plan approving authority.
 - iv) NOC from Fire Department, GNCTD.
 - v) NOC from Archeological Survey of India, if the Institute building is closed to archeological monuments.

3. Scrutiny of application:

- 3.1 The Applications for extension of approval of courses / variation in intake in existing courses / introduction of new course(s) in existing institute /variation in intake/new institute shall be scrutinized by a Scrutiny Committee constituted by the Member Secretary, BTE.
- 3.2 Based on the report of the Scrutiny Committee in *Format 3 & 4*, the BTE will communicate discrepancies if any in *Format 5*, to the applicant Society/Trust.
- 3.3 The applicant Institution may rectify the discrepancies and submit compliance within 15 days Or as per schedule for reconsideration by the Scrutiny Committee.
- 3.4 Only in those cases which are found to be in order in all respects by the Scrutiny Committee, the application will be processed further for issuance of Letter of Affiliation / Extension of affiliation for the institute.

4. Evaluation of Application by State Level Committee

The Scrutiny Committee report will be made available in the meeting of the State Level Committee, which will consider the report and may recommend to Board of Technical Education for extension of affiliation of existing technical institute for existing courses/ variation in intake in existing courses / introduction of new course (s) in existing institute & introduction of new institute for the courses applied for.

The State Level Committee shall be constituted with the following members:-

- | | | |
|--|---|------------------|
| 1. Secretary (TTE) | - | Chairperson |
| 2. Director (TTE) | - | Member |
| 3. Joint Director (TE)/Principal, KPW | - | Member |
| 4. Dy. Director (SD) | - | Member |
| 5. Principal, Ambedkar Institute of Technology | - | Member |
| 6. Controller, BTE | - | Member |
| 7. Registrar, BTE | - | Member Secretary |

5. Evaluation of Application by Board of Technical Education

The recommendation of State Level Recommendation Committee shall be put up before Board of Technical Education for grant of affiliation.

The Member Secretary of BTE shall communicate the decision of the Board of Technical Education to all applicants.

The decision of the Board in this regard shall be final

6. Closure of Course / Institute:

A separate application regarding closure of course/Institute may be submitted by the management of Institute till the end of **March** to Controller, BTE. This request shall also be submitted to Scrutiny Committee, State Level Committee and put up to Board of Technical Education for final approval.

7. Tentative Schedule for affiliation process is as under:-

S. No.	Activity to be Performed	Schedule for Activity
1.	Submission of application Form by the institutes	Up to 16 th March 2026
2.	Scrutiny of application Forms by Scrutiny Committee	Up to 30 th March 2026
3.	Inspection of the Institute by Inspection Committee (for new courses/Institution only)	From 1 st April 2026 to 10 th April 2026
4.	Communication of discrepancy of Scrutiny & Inspection to the Institutes	Up to 20 th April 2026
5.	Removal of discrepancy by the institute	Up to 4 th May 2026
6.	Meeting of Scrutiny Committee for final recommendation	3 rd Week of May 2026
7.	SLC meeting	After getting approval of AICTE/CoA/PCI whichever applicable to Institutes

Submittal Form

Date:

From,
The Secretary of the Trust / Society

To,
The Controller,
Board of Technical Education,
Department of Training & Technical Education,
Muni Maya Ram Marg, Pitampura,
Delhi 110034.

Subject:- Proposal for Extension of Affiliation / introduction of New Course / variation in intake in existing courses / Change in name/Change in place / Closure of institution in academic year for Diploma / Trade Diploma Courses {Full time (Morning / Evening) / Part-time}.

Sir,

We are submitting application form (Original) along with required documents **as per check list** for **Extension of Approval / introduction of New Course / variation in intake in existing courses** / Change in name/Change in place along with the application & processing fee of Rs. (Rupees) in the form of Demand Draft No. _____
Date _____ of Bank _____.

We certify that the institution has submitted the application form along with required documents as per check list for above and that the information provided in the application form are true to the best of my knowledge and belief. We have submitted Photo copies of above mentioned application form along with required documents as per check list to the Controller, Board of Technical Education, Department of Training & Technical Education, Muni Maya Ram Marg, Pitampura, Delhi 110034.

Yours faithfully,

(Authorised Signatory)

Name:

Designation :

Place:

Date:

**Performa for Affiliation to Board of Technical Education
Muni Maya Ram Marg, Pitampura,
Delhi-110034**

(To be filled by polytechnic for existing / New Technical Institution / variation in intake
in existing courses / introduction of new courses / in existing institute / introduction of
new institutes / Change in name / Change in place.)

(Note: Please provide the actual information and if any information found false/incorrect may lead to De-affiliation of the Institute)

Part-1 GENERAL INFORMATION

1.1 Institute Details:

Institute Name _____
Institute Address _____
Institute Phone No. _____
Institute Fax No. _____
Institute mobile No. _____
Institute Email ID _____
Institute Web Site _____
Pin Code _____

1.2 Trust/Society Details: (Applicable for Self Financing Institutes)

Name of Trust/Society _____
Address of Trust/Society _____
Trust/Society Phone No. _____
Trust/Society Mobile No. _____
Email _____

1.3 Principal's Details:

Principal's Name _____ Principal's DOB _____
Principal's Qualification & Experience _____
Principal's Official Email _____
Principal's Office Phone Number _____
Principal's Office Mobile Number _____
Fax Number _____

1.4 Type of the Institute :

Type of Technical Institution (Tick whichever is applicable)

- 1 Government ☐
- 2 Government Aided ☐
- 3 Self Financing ☐
- 4 Any other (specify) ☐

1.5 Approval Details :

Year of Establishment: _____

Latest AICTE Approval Letter No./Date : _____ (Attach Copy of letter)

Latest BTE Affiliation Letter No./Date _____ (Attach Copy of letter)

1.6 Details of Affiliation Fee of current year i.e. _____

Sr. No.	Details	Item		Private Institution (Total Amt. In Rs.)
		No. of Courses	Rate/Course	
1.	Institutional affiliation fee for first year	-	-	Rs. 50,000/-
2.	Continuation fee:			
(i)	For monitoring per course		Rs. 5,000/-	
(ii)	Provisional affiliation fee per course		Rs. 5,000/-	
GRAND TOTAL				

No Affiliation Fee will be charged from Government/ Govt. Aided Institutes.**Details of payment**

Sr. No.	DD No./ Date	Bank Name/ City	Amount	Remarks

1.7 AICTE Approved & BTE affiliated Existing courses of Study for last Academic year.

Sr. No.	Name of Course	Intake Approved By AICTE	Intake approved by Board	Actual Number of students Admitted
Total				

Please furnish details for Diploma/Trade Diploma/Part-Time Diploma (if Applicable)

AICTE Approved courses of study for current academic year (Attach Copy of AICTE Approval) for which affiliation is sought.

Sr. No.	Name of Course	Annual Intake Approved By AICTE		Validity of Approval
		Morning	Evening	
Total				

Please furnish details for Diploma/Trade Diploma/Part-Time Diploma (if Applicable)

PART II - ORGANIZATION & GOVERNANCE (Applicable for Private Institute)

2.1 Constitution of Society/Trust with detailed qualification, experience of all the members

Is Society/Trust constituted as per AICTE Norms?	Yes/No
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[illegible]

Note: (At least two meetings shall be held in a year)
Please attach Agenda & Minutes of Previous two meetings.

PART III – FINANCIAL & PHYSICAL RESOURCES

3.1 Budgeted Expenditure for the year

Expenditure Heads	Budget (In lakhs)	Actual Expenditure	Shortfall if any
I. I. Academic Buildings: - Construction - Maintenance Expenses			
II. II. Laboratories/Computing Centre - New Equipment - Furniture - Operation & Maintenance			
III. Salary - Salary of Teaching Staff - Salary of Non-Teaching Staff			
IV. Faculty/Staff Development (Seminars/Workshops/Incentive Schemes/Training/Higher Studies)			
V. Library - Books - Journals ,e-journals - E-library			
VI. Services - Administration/Transport/Hostels/Canteen/ Security/Water/Electricity/P&T: - Hostel Maintenance - Landscaping - Internet facility			
VII. Students Activities - Extracurricular/Co-curricular/ - Sports/Cultural /extra classes			
VIII. Medical Expenses - Full time or otherwise			
IX. Any Other, please specify			

Latest Balance Sheet of the Society certified from CA is to be attached. (Applicable for Private Institutes)

3.2 BUILDING

(i) Total Built Up Area: -

Particulars	Building with RCC roof (sqm.)	Building with Sheet roof (if suitable for educational Institution) (sqm.)	Total area available (sqm.)	Shortfall, if any	
				Area	Percentage
Institutional Area (Carpet Area)					
Administrative Area (Carpet Area)					
Amenities Area (Carpet Area)					
Circulation & others Area(*)					
Total					

* Circulation and other area include, corridors, Toilets, Stair cases, Common area etc.

(ii) Instructional Area

Particulars	Number of rooms			Carpet areas of each room	Shortfalls if any	
	Available	Shortfalls if any (As per AICTE Norms)		Available in the institution sqm		
		Number	Percentage		Area in(sqm)	Percentage
Class Room						
Tutorial Hall						
Computer Centre						
Library						
Total number & area for all laboratories & workshops						

(iii) Details of each Laboratory.

Sr. No.	Name of the Laboratory	Requirement as per norms (Carpet area in sqm.)	Carpet Area available (sqm.)	Shortfall, if any	
				Number	Percentage

Note: List of Equipment in all the Laboratories should be attached.

3.3 Availability of Other Requirements

S. No.	Description	Availability	Shortfall, if any	
			Number	Percentage
(i)	Permanent Electrical Connection			
(ii)	All Weather Approach Road			
(iii)	Potable Water Supply System			
(iv)	Electrical Generator			
(v)	Students' Canteen			
(vi)	Students' Common Room			
(vii)	Hostel: (optional) Boys Girls			
(viii)	Principal's Quarters/ Staff Quarters			
(ix)	Bank facility			
(x)	Facilities provided for physically Handicapped			
(xi)	Transport facilities			
(xii)	Medical facilities			

PART IV - HUMAN RESOURCES (FACULTY & STAFF)

4.1 Information on Faculty

(i) Full-time Faculty

Whether full time Principal (qualified as per AICTE/State Government Requirement) has been appointed (Tick ☐ appropriate box)

YES

☐

NO

☐

(ii) Number of Fulltime Faculty Members

S. No.	Particulars	Requirement as per norms	Number of Faculty Members Available	Shortfall, if any	
				Number	Percentage
1.	Principal				
2.	HOD				
3.	Lecturer				
4.	Workshop Supdt.				
5.	Foreman				

(iii) Technical Supporting Staff

S. No.	Particulars	Requirement as per AICTE norms	Availability	Shortfall, if any	
				Number	Percentage

(iv) Details of Teaching Staff Position

Sr. No.	Name of Faculty	Designation	Qualification	Experience	Date of Joining	Past Teaching/ Professional Experience	Signature of the Faculty

1. Students/ Teachers Ratio (Total No. of Students / Total no. of Regular Teaching Faculty):_____
2. Students / Supporting Staff (Technical) Ratio (Total No. of Students / Total No. of Regular Supporting Staff (Technical)):_____

PART- V STUDENTS

Academic Performance of Last three Years (Attach Annexure if required)

S. No.	Discipline	Number of students		Pass Percentage
		Appeared (A)	Passed (B)	(B/A)*100
1.				
2.				
3.				

Details of

- (i) Merit position/toppers branch wise in the SBTE Exams if any.
- (ii) Awards awarded by the Polytechnic to the academic toppers of your Polytechnic.
- (iii) Steps taken for improving the academic results.
- (iv) Total no. of working days observed in Semester (Please attach copy of time table also).
- (v) Number of placements & efforts made for improving Industrial Institution Interaction

PART – VI (TEACHING LEARNING PROCESSES)

6.1 Library

Sr.. No	Particulars	Requirement as per norms	Availability	Shortfall, if any	
				Number	Percentage
1.	No. of Titles of the books (*)				
2.	No. of Volumes of the books (*)				
3.	No. of Journals (National/International) (*)				
4.	Whether library is fully furnished.				
5.	No. of Titles of the books (*)				
6.	No. of Volumes of the books (*)				

(*) Include only those book/Journals, which are relevant.

6.2 Computer Lab

Sr. No	Particulars	Requirement as per norms	Availability	Shortfall, if any	
				Number	Percentage
1.	No. of Computer Terminals				
2.	No. of terminals on LAN/WAN				
3.	Relevant Legal Software				
4.	Printer (s)				

Teaching Learning

(i) Implementation of Academic Calendar	YES	☐	NO	☐
(ii) Language Laboratory	YES	☐	NO	☐
(iii) Use of Teaching Aids	YES	☐	NO	☐
(iv) Reprographic Facilities	YES	☐	NO	☐
(v) Educational Multimedia Packages	YES	☐	NO	☐

PART – VII SUPPLEMENTARY LEARNING PROCESSES

Details of

- (i) Efforts made for quality teaching/ improving pedagogy/ personality development & improvement in Communication Skill of students.
- (ii) Any new innovations /practices/modern techniques in teaching started in the institutions.

PART-VIII INDUSTRY INSTITUTION INTERACTION & PLACEMENTS

8.1 Mention the following details if any.

- (i) Details of industrial tours/visits/ seminar etc. organized in the previous academic session
- (ii) Consultancy
- (iii) Industrial Project Work
- (iv) Seminars/Conferences/Lectures with industry partnership

8.2 Student's Placement :

- a) Whether training and placement cell has been established? Yes/No
- b) Name of the Training and Placement Officer _____
- c) Qualification and Experience of Training and Placement Officer _____
- d) Number of companies which visited the Institute during the last three years for campus interviews: _____ (Please supply the list of companies)
- e) Number of extension lectures delivered by outside experts during the last three years _____

PART IX – FACULTY DEVELOPMENT INITIATIVES

- (i) Number of faculty sponsored till date for improvement of academic qualification teaching skills etc.
- (ii) Number of faculty sponsored to attend training conference and other professional meeting within and outside the country and the total amount spent for this purpose by the Institute/ Trust/ Society.
- (iii) Number of faculty sponsored for industrial training.
- (iv) Do you have any faculty development plan, if so give the details.

PART X-EXTRA CURRICULAR ACTIVITIES :

Please give a brief account of the activities/ achievements of your Institute during the previous year under the following subheadings.

- a) Games and sports
- b) Debates/ Paper presentation / Quiz Competitions / etc.
- c) Cultural activities
- d) NCC/NSS
- e) Students help desk
- f) Any other

PART XI- OTHERS

- 1. Please state whether the applicant is running and/ or managing any other technical/professional institution, which is approved in the premises on sharing basis. If so, please give the name of the program/course being conducted.
- 2. Whether the applicant has any court case in respect of violation of provisions of state Govt./UGC or that of any other statutory body including AICTE/NCHMCT/PCI.
- 3. Does your institute has ever been served show cause notice by the BTE for indulging in malpractices in conduct of Board examination? If Yes, Please mention the details and its present status.
- 4. Does your institute has ever been served show cause notice by the DTE/AICTE/PCI/BTE for indulging in malpractices/violation of rules, etc ?.If Yes, Please mention the details and its present status.
- 5. Please submit status of compliance in respect of various conditions/guidelines as per latest DTTE/State Govt. NOC.
- 6. Whether any deficiencies were reported by the AICTE during last two years ? If Yes, Please submit the compliance of these deficiencies.
- 7. Whether any deficiencies were reported by the DTTE/BTE during last two years ? If Yes, Please submit the compliance of these deficiencies.

Name and Signature
(Head of the Institution)

Counter signed by:

(Head of the Society/Trust/Board)

(Two Members on Society/Trust/Board)

AICTE Norms for the Polytechnic

(Please refer to AICTE Process Handbook 2024-27 for any changes in the norms)

1. LAND AREA IN ACRES: As per AICTE norms

Mega Cities, other than rural places	Others including rural areas
1.5	5

2. Faculty: Eligibility as per AICTE norms

3. Faculty Requirements and Cadre Ratio (Diploma / Post Diploma) as per AICTE norms.

	Faculty: Student ratio	Principal / Director	Head of the Department	Lecturer	Total
		A	B	C	D
Engineering / Tech / Pharmacy / Architecture & Town Planning Applied Arts & Crafts, HMCT	1:2	1	1 per department	S/2 (S = Sum of number of students as per Approved Student Strength at all years)	A + B + C

4. Library

- (i) Minimum reference books required @ 2 books per student
- (ii) Minimum text books required @ 6 books per student
- (iii) Minimum journal required @ 2 per branch
- (iv) Internet facility in library.

} **For new institution
please refer format 6**

5. Laboratory/Workshop Equipments Required

The experimental setups should be arranged as per the requirements of the BTE curriculum, and normally not more than three students should work in a team for an experiment.

6. DETAILS OF INSTRUCTIONAL AREA REQUIRED

Classrooms		Tutorial Room		Drawing Hall		Computer Centre		Library		Laboratories/ Workshops *	
No. of Rooms	Area of Each Room (sqm)	No. of Rooms	Area of Each Room (sqm)	No. of Halls	Area of each Hall (sqm)	No. of Rooms	Area of Each Room (sqm)	No. of Rooms	Area (sqm)	Total Area of Labs (Sqm)	Total Area of Work shops (sqm)
(Y)	60	(YY)	30	1	120	1	120	1	120	360 for 3 labs	450 (4 shops)

(Y) Number of Classrooms = $\frac{\text{Total Students' Strength in the Institution}}{0.75}$

40 (for Arch.) or 60 (for other discipline)

(YY) Number of Tutorial Rooms = $\frac{\text{Total Students' Strength in the Institution}}{0.33}$

20 (for Arch.) or 30 (for other discipline)

* Total lab / Workshop area /Conference room/studio/exhibition room should not be less than 800 sqm in 1st year & as per need of the curriculum there after.

NOTE: 0.5 or more to be rounded off to 1

Workshop include various shops: Machine shop , Carpentry shop, Fitting & Plumbing shop, Welding shop, Paint shop, Forging & sheet metal shop, Foundry shop, Electrical & Electronics shop.(Half of the shops are to be established in odd semester & other half to be in even semester.)

7. COMPUTER CENTRE (Central Computing Facilities)

As per the requirements of the curriculum and not more than 2 students to work on one computer and not more than three students to work in an experiment.

S. No.	Particulars	Requirements as per Norms
1.	No of Computer terminals	Terminal- Student Ratio = 1:4
2.	Hardware Specification	P4 Processor
3.	No. of terminals on LAN/WAN	50% of no. of terminals
4.	Relevant legal software	At least 2 (two) System Software Packages At least 8 (Eight) Application Software Packages
5.	Peripheral(s)	Printer: Computer Terminal ration = 1:10

8. Communication Lab: 30(sqm) with language & communication skill tools.

9. OTHER FACILITIES (DESIRABLE):

S.No.	Description	Minimum Requirements as per Norms
1.	All Weather Approach Road	Minimum 4 M Wide
2.	Potable Water Supply System	400 Lt/day
3.	Electrical Generator	25 KVA
4.	Students' Canteen	60 Sqm
5.	Students' Common Room	60 Sqm
6.	Hostel: Boys (if required) Preference Girls	25% of students (boys) 50% of students (girls)
7.	Others: Appropriate sports facilities, Medical facilities, store facilities, Faculty cabins, Principal residence.	

Format-1

Financial status of the Trust/Society

I/We <name>, Chairman, <name of the Trust/Society>, son of, aged....., resident of, son of, aged.....resident of....., In connection with our application dated made to BTE for establishment of new technical institution, Introduction of new course/s / variation in intake in existing courses hereby solemnly affirm and declare as under:-

1. That I am <designation>,<applicant institution>.
2. That <name> submitted the following proof of working capital for the proposed technical institution <name of the technical Institution> at <full address>.

Details of Fixed Deposits held:

FD Number	Amount	Name of Bank & address	Date of maturity

Details of Current Account :

Account Number	Amount	Name of Bank & address	IFSC code

Details of Savings Account :

Account Number	Amount	Name of Bank & address	IFSC code

3. That the <name> submitted the audited statements of accounts of the Society for the years, and(for the current year and two year prior to the current year)
4. That the information given by <name> in the application made to BTE is true and complete. Nothing is false and nothing material has been concealed.
5. That if any of the information is found to be false, incomplete, misleading and / or that the <name> fails to disclose all the information and / or suppress any information and / or misrepresent the information, I shall be liable to be prosecuted by the BTE.
6. That the BTE shall also be free to take any action including withdrawal of approval and / or any other action as deemed necessary against the <name>, and others as the case may be and / or the individuals associated with the Society / trust.
7. That the facts stated in the above affidavit are true to my knowledge. No part of the same is false and nothing material has been concealed there from.

(Name, Designation and Address of the Executants)

(seal)
DEPONENT

VERIFICATION:

I, the above named deponent do hereby verify that the facts stated in the above affidavit are true to my knowledge. No part of the same is false and nothing material has been concealed there from.

Verified at <name of the place> on this the <date>.

(Name, Designation and Address of the Executants)

(seal)

DEPONENT

Format-1 continued....

CERTIFICATE OF THE BANK MANAGER OF THE BRANCH WHERE THE APPLICANT HAS BANK ACCOUNT

The copies documents pertaining to the funds position i.e. the bank statement and/or Fixed Deposit Receipts in respect of application submitted by <Name & address of the applicant> who is an applicant for establishment of new technical institution / Introduction of new course/s / variation in intake in existing courses <Name of the Institution> at <address>) were provided to me by <name & address of the applicant>for verification regarding their authenticity and appropriateness.

A. Bank Statement

Name of the Account Holder		
Account Number		
Name & Address of the Bank		

It is certified that,

8. I verified the above-mentioned bank account from <name & address of bank>.
9. The above-mentioned bank account is in the name of
10. The above-mentioned bank account is /is not authentic.
11. The balance in the above-mentioned bank account on <date of submission of application> was and now the balance is

B. Fixed Deposits

Sr. No.	FDR Number	Date of Deposit	Date of Maturity	Amount	Name & Address
			Total		

It is certified that,

1. I have verified the above-mentioned FDRs from our Branch / Bank.
2. The above-mentioned FDRs are/are not in the name of the applicant under reference mentioned above.
3. The above-mentioned FDRs are/are not authentic.

Seal

Signature of the Bank Manager

Name of the Bank Manager:

Date :

Place :

AFFIDAVIT 1

(To be notarized on Rs.100/- Stamp paper and should be submitted in original)

I/We <name>, Chairman, <name of the Trust/Society>, son of, aged....., resident of, <name>, Secretary, <name of the Trust/Society>, son of, aged....., resident of....., <name>, Principal, <Technical Institution>, son of, aged....., resident of....., in connection with our application dated made to BTE for, *(retain items in the list below as applicable)*

- Establishing a new technical institution
- Change of the name of the promoter society / trust / technical institution
- Closure of Government approved technical institution.
- Extension of existing approval
- Introduction of new course/s,
- Variation in intake capacity
- Closure of Government approved Diploma course/s
- Change in Place

hereby solemnly affirm and declare as under:-

1. That I am <designation>,<applicant institution>.
2. That the information given by <name/s> in the application made to BTE is true and complete. Nothing is false and nothing material has been concealed.
3. That if any of the information is found to be false, incomplete, misleading and / or that the <name/s> fail/s to disclose all the information and / or suppress any information and / or misrepresent the information, I/we shall be liable to be prosecuted by the Board.
4. That the Board shall also be free to take any action including withdrawal of affiliation and / or any other action as deemed necessary against the <name/s> and others as the case may be and / or the individuals associated with the Society / trust and/or the Institution.
5. That the facts stated in the above affidavit are true to my/our knowledge. No part of the same is false and nothing material has been concealed there from.

(Name, Designation and Address of the Executant/s)

(seal)
DEPONENT

VERIFICATION:

I, the above named deponent do hereby verify that the facts stated in the above affidavit are true to my knowledge. No part of the same is false and nothing material has been concealed there from.

Verified at <name of the place> on this the <date>.

(Name, Designation and Address of the Executant/s)

(seal)
DEPONENT

AFFIDAVIT 2

(To be notarized on Rs.100/- stamp paper and should be submitted in original)

That the Trust / Society vide its executive meeting held on at vide item no. have resolved that,

<Name of the Institution> shall apply to BTE for closure of / Change in name of / change of place of <retain as applicable>

<Name of the Institution>

<Name of the Course > in <name of the Institution> offering <name of the course1, course2....>

<Name of the course> offered by <name of the Institution>

It is also resolved that the Trust / Society shall be liable for all consequences including the settlement of all dues to the faculty, employees and students and other agencies, arising even out of the closure of the Institution / Courses / change in name / change of place.

(Signature and name of Chairman/Secretary, Trust/Society),

(Designation), (Name of the organization)

Format 2

That the Trust / Society vide its executive meeting held on at vide item no. have resolved that, <name of the trust / society> shall allocate required funds for creation of additional carpet and built up area in <name of the Institution> at <address>, for additional intake in <name of the Institution>, and shall allocate required funds for procurement of equipments, furniture and other required entities for smooth functioning of the same.

(Signature and name of Chairman/Secretary, Trust/Society),
(Designation),
(Name of the Organization)

Format 3

Statement showing the details of the proposal for extension of approval to existing technical institute / variation in intake in existing courses / introduction of new course / s in existing institute / change in Name / Change in place / closure of institution

Sr. No.	Name & Address of the Society / Trust	Full Name & Address of the Inst. at permanent Site (With year of establishment)	Proposed		Facilities available with the Institute											Remark of Scrutiny committee
					Land (Acres)	Building (Sq. M.)			Provision of funds made for proposed courses / variation in	Investments on equipment (Rs. In Lacs)	Number of books	No. of Computers available	Faculty			
			Course	Intake		Existing	Additional ()	Total					Principal	H.O.D.	Lecturer	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

Format 4

SYNOPSIS (to be filled by institute and verified by Scrutiny Committee) Proposal for extension of approval to existing technical institute / variation in intake in existing courses / introduction of new courses in existing institute / Change in Name / Change in Place / Closure of Institution for the academic year 202.... – 202.... Region -

Proposal No.	Name and Address of the Applicant (Trust / Society)	Name & Address of the Proposed Institute with Pin Code	Name of the Course applied	Intake
Demad Draft of Rs.			DD No.	
Date:-		Name of Bank:-		

Sr. No.	Parameters		Required as per Norms	Available
1	Land (if available)			
2	Built up Area			
	Building documents			
	i) Property Card/City Survey map		Required	
	ii) Completion/Occupation Certificate		Required	
	iii) Building Use Certificate		Required	
	iv) Property Tax Paid receipt (latest)		Required	
	v) Registered Lease deed/Sale deed			
	vi) Progress of construction (If building is under construction)			
	Not yet started			
	Less than 75%			
	Equal to 75%			
	100% completed			
3	Faculty (1 Teacher : 20 Students)	Yes/No	Nos.	
	Principal Appointed		1	
	Teaching faculty Appointed			
4	Equipment		As per BTE curriculum	
5	Library :			
6	Computers			
7	Additional Facilities			
	- Electrical Connection		Permanent	
			Available load	
	- Furniture			
	- Potable Water			
	- Road			

Chairman

Member

Member

Member

Member-Secretary

Note : The synopsis should be signed by Scrutiny Committee members and hard & soft copy should be submitted to the MS BTE
Equipment should be as per duly approved curriculum.

Format 5

BOARD OF TECHNICAL EDUCATION, DELHI

No. BTE/
To,
Chairman /Secretary
Name of the Trust/Society
Address of the Trust/Society

Date :

Sub : Discrepancies found by Scrutiny Committee in your proposal for Extension of Approval to existing Technical Institution / variation in intake in existing courses / introduction of new course / s in existing institute / Change in Name / Change in place / Closure of institution

Sir/Madam,

This is with reference to your application on the above cited subject for establishment of new Technical Institution for Government approved Diploma Courses. The Scrutiny Committee has noted the discrepancies in the proposal submitted by your Trust for Extension of Approval to existing Technical Institution / variation in intake in existing courses / introduction of new course / s in existing institute / Change in Name / Change in place / Closure of institution to cater who examined your proposal as per the laid down procedure, guidelines, policy & norms & standards of AICT/BTE.

I am directed to communicate these discrepancies to you. Details of the discrepancies are as shown below:

Sr. No.	Particulars of Discrepancies	Discrepancy
I. Land Related Documents		
	Land registered in the name of the applicant Society/Trust	
II. Building documents-		
III.	Financial Resource	
	Physical Resource	
IV.	Human Resource	
	Others	

Sr. No.	Particulars of Discrepancies	Discrepancy
V.	Technical Resources (M & E)	
	Books in Library	
Any other discrepancies		

You are requested to submit necessary documents for fulfillment of above discrepancies during <period> in person along with the original supporting documents to BTE office. BTE will not entertain any request for relaxation in the cutoff date due to any reason, what so ever.

Yours,

Member Secretary
Board of Technical Education

Copy to:

Format 6

That the Trust / Society vide its executive meeting held on at vide item no. have resolved that, <name of the trust / society> shall allocate required funds for creation of additional carpet and built up area in <name of the Institution> at <address>, for additional intake in <name of the Institution>, and shall allocate required funds for procurement of equipments, furniture and other required entities for smooth functioning of the same.

(Signature and name of Chairman/Secretary, Trust/Society),

(Designation),

(Name of the Organization)

Format 7

Details of Books in the library for Diploma/Trade Diploma Courses (Applicable for New Institute)

Program	Total No. of Divisions	Titles		Volumes		National Journal		Reading Room Seating		Multimedia PCs for Digital Library / Internet Surfing in reading room	
		As per AICTE	Actual	As per AICTE	Actual	As per AICTE	Actual	As per AICTE	Actual	As per AICTE	Actual
Engg/ Tech.	B					3xB					
Pharmacy	B					3xB					
Architecture	B					3xB					
Art for Drawing Teacher	B					3xB					

AICTE Norms

Program	Total No. of Divisions	Titles	Volumes	National Journal	Reading Room Seating	Multimedia PCs for Digital Library / Internet Surfing in reading room
Engg/ Tech.	B	* 50	250xB	3xB	15% (Max 150)	1% (Max 10)
		** 25 per course	125 per course division			
Pharmacy	B	* 50	250xB	3xB		
		** 25 per course	250xB			
Architecture	B	* 50	200xB	3xB		
		** 25 per course	200xB			
Applied Arts	B	* 50	250xB	3xB		
		** 25 per course	250xB			

*	Book titles and volumes required at the time of starting new Institution.
**	Yearly increment / Component for additional division / course.