



**ACADEMICS DEPARTMENT**  
**ACADEMIC AUDIT & REGISTRATION SECTION**

**APPLICATION FOR NOC**  
**(TEVTA INSTITUTIONS)**

Doc No. AA/F-01

Rev No. 07

Issue Date: 12/11/2018

**A. Task detail:**

Task: Issuance of NOC for

New Course	
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Enhancement of Capacity	
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Initiator: \_\_\_\_\_

**B. College/Institute/Centre Information:**

Name of College/Institute/Centre: \_\_\_\_\_

**INSTITUTE MIS CODE**

Address of College/Institute/Centre: \_\_\_\_\_

District: \_\_\_\_\_

Zone: \_\_\_\_\_

Phone Nos.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Principal/HOI/PD: \_\_\_\_\_

**C. Programme Information:**

Name of the Course : \_\_\_\_\_ **MIS COURSE CODE** \_\_\_\_\_

Type of the Course:

Regular	
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TEVTA Short Course	
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Duration of the Course:

Duration		Start Date		End Date	
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**In case of introduction of new course:**

	Morning	Evening
<b>Proposed Capacity</b>		
<b>Total</b>		

**In case of enhancement of capacity:**

	Morning	Evening
<b>Existing Capacity</b>		
<b>Proposed enhancement of capacity</b>		
<b>New Total</b>		

**D. Rationale for the Proposed Course (MANDATORY)**

(Please state the justification for launching / start of proposed course. Further, testify that the aforementioned course will not interfere with the operation / working of other course and add outcomes of the course as well):-

**E. Financial Impact** (Rough estimate of consumables, faculty requirement, utilities, administrative overheads):-

Estimated income for complete duration of the proposed course		Estimated Expenditures for complete duration of the proposed course	
Students Fee		Consumables	
		Faculty requirement / remuneration	
		Utilities	
		Administrative Overheads	
		Others (if any)	
<b>Grand Total:</b>		<b>Grand Total:</b>	

**F. Checklist of Available Facilities:** Tick (✓) in appropriate box.

Facilities	Available	Not Available	Deficiency if any
Teachers			
Tools Equipment			
Furniture			
Class Room			
Laboratory/ Workshop			
Curriculum			
Does the institute fulfill the requirements of affiliating body?	<b>Yes</b>	<b>No</b>	<b>Remarks:</b>

**G. Certificate by (Principal / HOI / PD) Initiating the Request:**

I hereby certify that all the necessary prerequisites for the said course viz. Classrooms, Training Equipment, Teachers etc. are available for conduct of the said course.

Date:	Signature:
Stations:	Name & Designation:

**H. Verification:**

Sign:  Name & Date:	<b>Verified by: District or Zonal Manager concerned</b> (Not applicable for institutes under the control of General Manager (Human Resource) and General Manager (Service Centers))

**J. Certification and Recommendation:**

It is certified that all the information provided herein is as per SOP for issuance of NOC. It is further certified that where affiliation of course is required with a University, all the requirements of concerned University are also fulfilled. It is also undertaken that Academics Department TEVTA will be informed in case the College / Institute / Centre fails to get the affiliation for the said course or any change occurs in affiliation status.

Sign:	<b>Certification by: Zonal Manager or District Manager Concern / Manager (AT) / Manager (Trg) / Manager (SC)</b>	<b>Recommendation by: General Manager (Operations / Service Centres / HRM)</b> Not applicable for institutes under the control of General Manager (Academics)
Name:		
Date:		

**K. Process by Academic Audit & Registration Section:**

**On certification of concern authority, process is initiated to issue NOC for the said Technology / course.**

Sign:	<b>Signatory 01 : Manager (AA&amp;R)</b>	<b>Signatory 02 : DGM (Academics)</b>
Date:		
Sign:	<b>Signatory 03: DGM (HR)</b>	
Date:		
NOC Issued Reference No.		
Date of Issuance.		

**Enclosure:**

- Approved / revised copy of PC-1 in case of new course
- Previous copy of NOC for renewal
- In case of enhancement of capacity, previous NOC and approval from the concern authority.