

# M.N.S. MEDICAL & EDUCATIONAL SOCIETY

M.N. Hospital Campus, Near Dr. Karni Singh Stadium, Bikaner-334001

Ref. :

Date : 17 June 08

To

The Director  
NCTE (NRC)  
Jaipur

Sub : Your Application Seeking grant of Recognition for establishment new Institution for conduct of B.Ed course – M.N. Institute of Teacher's Training .

Ref. : Code No. APN05501 / RJ-1564 your office letter dated 09 June 08.

Sir,

In regard to the above subject and reference reply of the letter is as under :-

As per NCTE regulations M.N. Institute of Teacher's Training launched its own website and displayed all required information's on website.

Copy of printouts of the websites are enclosed herewith along with the file.

Original FDR bearing no. 482502 dated 25-03-08 of Syndicate Bank M.N. Hospital branch for Rs. 3 lacs for 60 months has already being deposited in your office. (Photocopy of letter under which the same was deposited enclosed.)

Formats supplied by your office duly completed in all respect is also enclosed herewith along with all required information's as per annexure.

We are enclosing Unconditional consent letter for your further action please.

Thanking you

Encl. :

- File enclosing all required information
- Unconditional consent letter

Yours sincerely

Secretary

M.N.S. Medical & Educational Society

Bikaner

M.N.S. MEDICAL & EDUCATIONAL SOCIETY  
TREASURER/SECRETARY



For office use

Code No. \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Regional Committee

Date of Application \_\_\_\_\_

Course \_\_\_\_\_

Category: New Institution/New Course/Additional Intake

Type of Management \_\_\_\_\_

Affiliating Body \_\_\_\_\_

**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**



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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: DETAILS OF THE APPLICATION IF SUBMITTED ON-LINE

DATE OF SUBMISSION \_\_\_\_\_ APPLICATION ID \_\_\_\_\_

1. Particulars of the authorized applicant

- 1.1 Name of the Applicant : Mohammad Ali Nirban  
1.2 Father's/Husband's Name : Sh. Mangi Lal Nirban  
1.3 Occupation : Business  
1.4 Official Position in the Governing Body of the Society/Trust : Secretary

2. Particulars of applicant Society/Trust

2.1 Name of the Society/Trust M.N.S. Medical and Educational Society

2.2 Whether a copy of Registration certificate attached.  Yes  No

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

Village/Town : Naino Ka Bass  
Post office : Post Ridmalsar Via - Udasar  
Door/Plot Number :  
Street Number : Jodhpur Bv-Pass, N.H. 11  
Tehsil/Taluka : Bikaner Town/City : Bikaner  
District : Bikaner State : Rajasthan  
Pin Code : 334022 STD Code : 0151  
Telephone No. : 2523563, 2202270 Mobile No 9414139299  
Fax No. 0151 - 2522041 E-Mail ID : mnsmes@yahoo.co.in  
Website Address www.mnitt.in

3. Details about the programme/course applied for

a.	Nature of proposal (Please tick only one choice)	- First Time Recognition - Enhancement of Intake - Additional Course
b.	Name of the Course applied for	<b>B.Ed.</b>
c.	Level of the Course applied for	
d.	Medium of Instruction	<b>Hindi &amp; English</b>
e.	Whether Course Curriculum fulfills the duration stipulated by NCTE norms and standards	
f.	Mode	Distance/ Face to Face ✓
g.	Intake proposed	
h.	Affiliating Body/University	Name <b>University of Bikaner</b>
		Address <b>Dungar College Campus Jaipur Road, Bikaner</b>
		Telephone No. <b>0151 - 2544466</b>
i.	Normal month of commencement of the course	<b>July</b>

4. Particulars of the applicant institution

4.1 Name of the Institution  
(in capital letters)

**M.N. INSTITUTE OF TEACHERS  
TRAINING**

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

Village/Town : **Naino Ka Bass**  
 Post office : **Post Ridmalsar Via - Udasar**  
 Door/Plot Number :  
 Street Number : **Jodhpur Bv-Pass, N.H. 11**  
 Tehsil/Taluka : **Bikaner** Town/City : **Bikaner**  
 District : **Bikaner** State : **Rajasthan**  
 Pin Code : **334022** STD Code : **0151**  
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 Fax No. **0151-2522041** E-Mail ID: **mnsmes@yahoo.co.in**  
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 Fax No. 0151-2522041 E-Mail ID: mnsmes@yahoo.co.in  
 Website Address www.mnitt.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 institution. : **N.A.**

Sl. No.	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
<b>N.A.</b>							

*[Handwritten Signature]*  
M.S. MEDICAL & TECHNICAL EDUCATION  
TECHNICAL SECRETARY

4.7 Details of courses other than Teacher Education Programme, if any, run by the same institution.

Sl. No.	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
1	G.N.M.	Diploma	3 Years	2000	Rajasthan Nursing Council, Jaipur	
2	B.H.M.S.	Degree	4½ Years	2004	Rajasthan Ayurved University, Jodhpur	

5.

#### Fees and Funds

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

Name of the Nationalized Bank	
Name of the Branch	
Address	
Draft Number	
Date	10-07-2007
Receipt Number, if purchased	3707 dt. 10-07-2007

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

Name of the Nationalized Bank	Syndicate Bank
Name of the Branch	M.N. Hospital Branch
Address	M.N. Hospital Campus, Near Dr. Karni Singh Stadium, Bikaner
Draft Number	898127
Date	11-12-2007

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

- 5.3 Details of the Endowment fund (self-financed institutions/programmes)?  
(Please see Clause 9 (1) of the NCTE (Recognition Norms and Procedure) Regulations, 2005 published on 13.1.2006)

Amount of Endowment Fund	Rs. 5,00,000/- (Five Lac)
Fixed Deposit Receipt Number	158065
Duration of the FDR (Minimum five years)	5 years (Five Years)
Date of issue	11-12-2007
Name of the Nationalized Bank	Syndicate Bank
Full address	M.N. Hospital Campus, Near Dr. Karni Singh Stadium, Bikaner
Phone numbers.	0151 - 2523990
Has the FDR been enclosed in original	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

- 5.4 Particulars of the reserve fund (to be filled in the case of self-financed institutions/programmes)? : Will be submitted after the L.O.I. / Before Inspection of N.C.T.E.

Amount of Reserve Fund	
Fixed Deposit Receipt Number	
Duration of the FDR (Minimum five years)	
Date of issue	
Name of the Nationalized Bank	
Full address	
Phone numbers.	
Copy of the Fixed Deposit Receipt has been enclosed	<input type="checkbox"/> Y <input type="checkbox"/> N

*M. N. S. Medical & Educational Society*  
M.N.S. MEDICAL & EDUCATIONAL SOCIETY  
TREASURER/SECRETARY



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

6.1 Land

An affidavit on Rs. 100/- stamp paper duly attested by Notary on the prescribed format as required under Clause 8(6) of the NCTE Regulations, 2005

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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6.2 Building

(Please refer to Clause 8 of NCTE (Recognition Norms and Procedure) Regulations, 2005

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>0</td><td>1</td><td>0</td><td>7</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	0	1	0	7	2	0	0	4
D	D	M	M	Y	Y	Y	Y										
0	1	0	7	2	0	0	4										
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>0</td><td>1</td><td>0</td><td>7</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	0	1	0	7	2	0	0	6
D	D	M	M	Y	Y	Y	Y										
0	1	0	7	2	0	0	6										
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> N.A.	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y										
iv) Name and address of the competent authority	U.I.T., Bikaner																
v) Whether completion certificate obtained from the competent authority	<input checked="" type="checkbox"/> Y/N																
vi) Whether Bldg. disabled –friendly as per relevant laws.	<input checked="" type="checkbox"/> Y/N																
vii) Whether fire safety norms are being followed.	<input checked="" type="checkbox"/> Y/N																
viii) Total Built up Area (in sq. meter) (in sq.ft.)	<table border="1"> <tr> <td>0</td><td>1</td><td>6</td><td>0</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table>	0	1	6	0	0											
0	1	6	0	0													

### 6.3. 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	4			
2	Class Room	1			
3	Multipurpose Hall	1			
4	Multipurpose Room	-			
5	Seminar room/tutorial room	1			
6	Principal Room	1			
7	Administrative office	1			
8	Store Room	1			
9	Sports Store Room	1			
10	Girls Common Room	1			
11	Boys Common Room	1			
12	Art & Crafts Room	1			
13	Music Room	-			
14	Socially Useful Productive Work (SUPW) Room	1			
15	Science Lab1	1			
16	Science Lab2	1			
17	Psychology lab	1			
18	Educational Technology (ET) /ICT Lab	1			
19	Workshop	-			
20	Any other Room/Hall	1			
21	Toilets	1			
	(i) Male				
	(ii) Female	1			

7. Instructional Facilities

7.1 Library  
Total Area (In Sq. ft.)

9	0	0
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7.2 Manpower

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

7.2.1.1 Details of Academic Posts available at present : N.A.

Name of the Post	Number of Post	Pay Scale	Filled	Vacant

7.2.1.2 Details of Non-Academic Staff available at present : N.A.

Name of the Post	Number of Post	Pay Scale	Filled	Vacant