

**ADIKAVI NANNAYA UNIVERSITY:: RAJAMAHENDRAVARAM
ANDHRA PRADESH**

The Office of the Dean
College Development Council



Ph: 0883-2566009
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No.ANUR/CDC/Edu. Colleges/ Intake reduction/ 2016-17

Dt. 01.04.2017

To

The Secretaries / Correspondents/Principals of all Teacher Education Colleges.

CIRCULAR

Sir,

Sub: Affiliated Teacher Education Colleges - Procedure for affiliation of reduced Intake Strength - Reg.

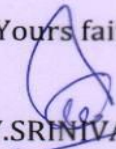
Ref: 1) The minutes of the meeting held on 17.03.2017 approved by the Vice-Chancellor.
2) Note orders of the Vice - Chancellor, Dt. 23.03.2017.

In accordance with approval of minutes of meeting referred under reference cited, I am by direction of the Vice-Chancellor inform you that as and when your college desires to decrease the intake strength against the intake strength sanctioned by NCTE, to your college, you are directed to submit the following documents to the University explaining the academic feasibility regarding infrastructural, instructional facilities and others.

- 1) A copy of the resolution taken by the governing body of the society.
- 2) Notarized affidavit on Rs.100/- stamp paper in a format supplied by the University.

According to the nature of the information furnished, the university will consider the question of according the permission to decrease the intake strength temporarily. It is further inform you, your college desires to increase the intake strength of the students within the perview of sanctioned by the NCTE. In such cases, the university will re-examine the viability of infrastructural and instructional facilities available in the college through inspection committee. Based on the nature of recommendation of the committee, the university will accord the permission for increase of intake strength of the students in the college. As per decision taken by the university in respect of intake strength of students, accordingly staff be appointed and to be ratified by the university.

Yours faithfully,


(Y.SRINIVASA RAO)
DEAN

Copy to:

Principals of all Teacher Education Colleges in E.G & W.G Districts.

The Dean Academic Affairs, ANUR.

PS to Vice-Chancellor.

PA to Registrar.

Web master to upload in University web site.

AFFIDAVIT

1. I----- Son of -----, Resident of ----- and Secretary & Correspondent of ----- certify that I have been authorized by the Management of the above mentioned institution to give this Affidavit on behalf of the institution, which at present offers **B.Ed** course of **TWO YEARS** duration NCTE order No.----- with an annual intake of ----- . It is further certified that the Management has studied the National Council for Teacher Education (Recognition Norms and Procedure) Regulations, 2014 carefully and has understood their implications for the existing Teacher Education Institutions offering NCTE recognized teacher education programmes (s).
2. Further, I have been authorized by the Management to state that the institution shall fulfil the revised Norms relating to infrastructure, instructional facilities, enhanced amount of Endowment and Reserve Funds, Number and qualifications of Teaching staff, Curriculum and implementation strategies, in view of the change in duration/intake of the programmes (S) offered in the institution within the time limit allowed by NCTE.
3. As it has been resolved in the Governing Body of the Management and on behalf of the management, I request the university to reduce the intake strength of B.Ed Course from 100 to 50 for affiliation from the academic year 2016-17 onwards and give affiliation only for 50 in take strength. I also assure to produce the NCTE order of intake strength reduced from 100 to 50 from NCTE. If management wishes to increase the intake strength from 50 to 100, management would apply to NCTE and get recognition permission order. Then the management will send fresh affiliation application for the new additional basic unit of the course to the university.
4. Finally I, ----- request on behalf of the management -----) for reduction of intake strength of B.Ed from 100 to 50 and give necessary affiliation order.

Signature
Name and Designation.

Place :

Date :