**Application Form for Approval of Courses – BU-CUIC (New Course)**

(Filled in application addressed to Registrar, Bharathiar University with enclosures and prescribed fees may be sent by post (or) in person to Director, BUCUIC)

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| 1. | Name of the proposed Organization / Institute |  |
| 2. | Name and full address with telephone no. e-mail of the Trust/ Institution/Society/Companies/Industry/ Organization |  |
| 3. | Whether it is registered under any Act of Government (Furnish the Registration No. and enclose the copy of document) |  |
| 4. | Name of the Secretary/ Chairman of the Trust/ Institution/ Society/Companies/Industry/Organization |  |
| 5. | Name of the Director/ Principal of the Organization/ Institute |  |
| 6. | Presently conducting any course of any University / Institution. If so, given details |  |
| 7. | Details of the land area / building of the organization/ Institute  (Copy of the title deed / lease deed should be enclosed) | **:** Land and Building:  : Owned / Leased |
| 8. | * Total building area |  |
| * Classroom area |  |
| * Lab area |  |
| * Office area and others |  |
| * Total area |  |
| 9. | Whether the institution\ organization has the following Facilities |  |
|  | * Lab Instruments (Enclose the list) |  |
| * Computer facility (Enclose Details) | **:** |
| * Library | **:** |
| * Other Infrastructural facilities (Enclose Details) | **:** |
| 10. | Whether the institution has adequate and qualified Faculty members to teach the course? (Furnish details and enclose the CV of the faculty members) | **:** |
| If No, whether the institution will appoint adequate qualified faculty members before the inspection | **:** |
| 11. | Name of the course(s) for which Approval is sought | **:** |
|  | (i) **Short Term/Certificate/Diploma/PG Diploma** |  |
| (ii). Do you have the curriculum to be approved by the University ( Applicable for new courses only) | **:** |
| (iii). If yes, furnish all the details for Board of Studies approval | **:** |
|  | (iv) Do you have tie up with respective Sector Skill Council? If yes furnish the details with documents. |  |
|  | (v) Do you have tie up with any other organization for placement and internships of the proposed course? If yes furnish the details with documents. |  |
| 12. | Have you submitted Expression of Interest to the University/. If yes, please enclose the document details. | **:** |
| 13. | Fee Payment Details for Application and Inspection  Date:  Transaction ID/ DD No.  Amount:  Name of the bank: | |

**Declaration form**

**Declaration**

I certify that the particulars given above are true to the best of my knowledge. I agree to abide by the rules, regulations, norms and guidelines stipulated by Bharathiar University for BU- CUIC.

**Station: Signature of Authorized Person with seal**

**Date: (Chairman / Secretary / etc. of the Trust / Society etc.)**