



सत्यमेव जयते

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## AFFIDAVIT



I Shri. Surendranath Chaugule Son of Shri Tukaram, the President address Chaugule Hills, S.No.42, Chinchani, Chikodi-Nipani Road, Chikodi-591201, Dist. Belgaum, KARNATAKA STATE. 591201, Chikodi, Belgaum, Karnataka, phone No. 08338272367 mobile No. 9845961036 Email ID sachouga1@gmail.com am authorised to make this affidavit on the Friday Friday, November 25, 2016. Affirm that I am well conversant with all the facts and details, pertaining to CHAUSON COLLEGE OF EDUCATION (M.Ed.) and confirm the following averments:-

- (i) That the CHAUSON COLLEGE OF EDUCATION (M.Ed.) institution is running under the CHAUSON EDUCATION SOCIETY
- (ii) The latest list of members of the society/trust duly endorsed by the concerned Registrar of the Society with their designation and address. A copy of the proof is enclosed at Annexure -1.
- (iii) The CHAUSON COLLEGE OF EDUCATION (M.Ed.) institution is having a Managing Committee as per provisions of the NCTE Regulations, 2014 and the Managing Committee is consisting of the following :-



Members Name	Mobile No	Designation	Fa/Hu Name	Email ID	Photo
Surendranath Chougale	8105586925	President	Tukaram	surencaugule@gmail.com	
Shakuntala Chaugule	9945224643	Secretary	Tukaram	shakuntalachaugule@gmail.com	
Tanuja Kumar	9845961036	Treasurer	Saravanan Kumar	tanujaaskumar@gmail.com	
Savita Hegde	9845693533	Member	Kumarah	savi65@gmail.com	
Vikrant S.	9632960824	Member	Surendranath	viki_might@rediffmail.com	



- (iv) That as per the certificate submitted by the society/trust, it has been established and managed as a 'not for profit' entity registered under the appropriate laws. Yes. A copy of the proof is enclosed at Annexure -2
- (v) Also in case the institution is a minority institution, the same is required to submit a certificate from the concerned State Govt./Central Govt./ authority competent to issue the Minority Status Certificate with the following details (Applicable to Self Financed Pvt. Institutions running under the Society/Trust) :-Not Applicable  
A copy of the proof is enclosed at Annexure -3
- (vi) That the society/trust is having PAN/TAN Card No. AAATC6510B.



- (vii) That CHAUSON COLLEGE OF EDUCATION (M.Ed.) institution has filled in the information related to Geographical Information System (GIS) mapping data and information is as under:-

Latitudinal Position of Institute *(eg: 28.63530800)	16.430001
Longitudinal Position of Institute *(eg. 77.22496000)	74.60001

The GIS generated No. is 3031028 A copy of the proof is enclosed at Annexure -4

- (viii) That CHAUSON COLLEGE OF EDUCATION (M.Ed.) the institution has obtained accreditation from the National Assessment and Accreditation Council (NAAC) under registration No. is EC/PCRAR/63/46 (A copy of the proof is enclosed at Annexure -5 )
- (ix) That CHAUSON COLLEGE OF EDUCATION (M.Ed.) the accreditation from the Quality Council of India (QCI) not applied. (A copy of the proof is enclosed at Annexure -6 )
- (x) That CHAUSON COLLEGE OF EDUCATION (M.Ed.) institution has paid prescribed fee to the QCI in connection with E-monitoring of its website.  
Not Paid (A copy of the proof is enclosed at Annexure -7 )
- (xi) That CHAUSON COLLEGE OF EDUCATION (M.Ed.) institution is having its own website as The institution undertakes that the same has been developed as per clause 7(14) of the NCTE Regulation, 2014.
- (xii) That the institution undertakes that it fulfils the requirement of land & building as per provision of the NCTE Regulation issued from time to time and the details of which are given below:-

Institutions is running the following Teacher Education programs (Name of the Programs)	Master of Education(M.Ed.),
Level of the Programs	Post Graduate
Year during which recognition granted	2010
Intake	50
Institution Type	This is a Composite Institution

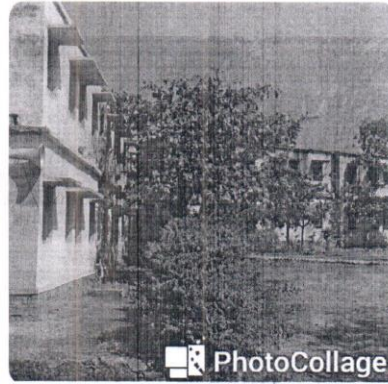
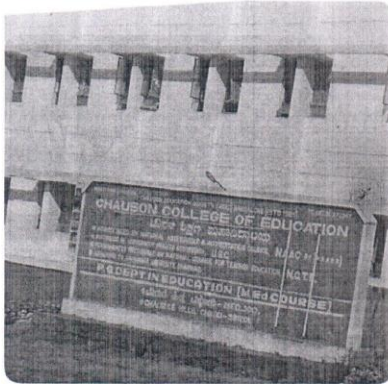
(A copy of the proof is enclosed at Annexure -8 )

- That the Institution is having required land in the name / favour of CHAUSON EDUCATION SOCIETY or CHAUSON COLLEGE OF EDUCATION (M.Ed.) (Society/ Trust/ Institute) vide ..... (Sale deed/ Gift Deed/ Lease Deed from Govt. or Private for a period of not less than 30 years duration) dated ..... executed by ..... and duly registered in the office of Registrar/Sub-Registrar ..... and actual location of the land is ..... (See Instruction no. iv(d) for details). (A copy of the proof is enclosed at Annexure -11 )
- That the Institution has got the mutation of the land done by the competent land and revenue authority vide order No.5915 Date 18/01/1988 (A copy of the proof is enclosed at Annexure -10 )
- That the Management of the institution has displayed a copy of the affidavit submitted at the time of making application for grant of recognition on its official website (A copy of the proof is enclosed at Annexure -9 )
- In case of lease, No. of years of lease Own Land
- Land area in sq. meters 12000 Sq.Mtrs
- Built up area in sq. meters 3687 Sq.Mtrs
- That the institution undertake that the land and permanent building are at the same place as per provisions of the NCTE Act, Rules & Regulations. The building plan has been approved by Gram Panchayat Chinchani (Competent authority) and Countersigned by Chairman for Plot No. S.NO.42/3 /Khata/khasra No. S.NO. 42/3 (Chinchani Village) reflecting total land area 12000Smts Total Built up area is 3687Sqmts (A copy of the proof is enclosed at Annexure -12 )
- The building completion certificate issued by Taluka Panchayat Engineering Department (Competent Authority) Counter signed by Assistant Technical Engineer for Plot No. S.NO.42/3/khata No./ khasra No. S.NO. 42/3 .reflecting total land area 12000Smts Total Built up area 3687 Sqmts The building is complete in all respect. A copy of the approved Building Completion Certificate (BCC).(A copy of the proof is enclosed at Annexure -13 )
- The Institution undertakes that it fulfills the requirement of dimensions of classrooms, laboratories, library, multipurpose hall, floor wise area, total area etc as per provisions of the NCTE Regulation. The following Photographs are given below:





Front view of the Building



Rear view of the building



Multipurpose Hall








Library-cum-Reading room



- (xiii) The Institution also undertakes that it has obtained the required permission from the competent authority for running various other programmes (if running) in addition to the teacher training programme and the institution is having requisite land & built up area earmarked for running the existing teacher education programme as per the provisions of the NCTE Act, Rules & Regulations in force at the time of granting recognition for particular courses.

EPF

- (xiv) The institution undertakes that it fulfills the requirement of faculty (teaching & non teaching) as per provisions of the NCTE Regulations issued from time to time as also the conditions laid down by the State Govt./affiliating body wherever necessary and the details are given below.

S.No.	Faculty Name	Type	Designation	Fa/Hu Name	Experience	Photo
1	Dr.Patil Rajaram Sarjappa	Full Time	ASSOCIATE PROFESSOR	Sarjappa	12	
2	Dr.Krishnat Raghunath Patil	Full Time	ASSOCIATE PROFESSOR	Raghunath	12	
3	Miss.Dipali Madhukar Patil	Full Time	ASSISTANT PROFESSOR	Madhukar	1	

**NOTE:** All the names could not be entered due to non availability of Aadhar Cards (incl Principal). However, University Approval in Ann III NCTE Enclosed.  
Faculty Education details are given below (A copy of the proof is enclosed at Annexure -14)  
Our Institution has staff as per NCTE 2014 Regulations for 50 Intake

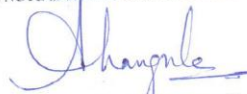
Faculty Name	Dr.Patil Rajaram Sarjappa	Professional Courses	Ph.D.
Subjects	Educationn	Aadhar Card No.	1412/11152/00129
Obtains Marks	00%	Passing Year	2013
Faculty Name	Dr.Patil Rajaram Sarjappa	Professional Courses	M.Ed
Subjects	Educationn	Aadhar Card No.	1412/11152/00129
Obtains Marks	72%	Passing Year	2008
Faculty Name	Dr.Patil Rajaram Sarjappa	Professional Courses	M.A
Subjects	English	Aadhar Card No.	1412/11152/00129
Obtains Marks	55%	Passing Year	2015
Faculty Name	Dr.Krishnat Raghunath Patil	Professional Courses	M.A.
Subjects	Hindi,History,Philosophy	Aadhar Card No.	569540975409
Obtains Marks	61%	Passing Year	2010
Faculty Name	Dr.Krishnat Raghunath Patil	Professional Courses	M.Ed
Subjects	Educationn	Aadhar Card No.	569540975409
Obtains Marks	71%	Passing Year	2003
Faculty Name	Dr.Krishnat Raghunath Patil	Professional Courses	NET
Subjects	Educationn	Aadhar Card No.	569540975409
Obtains Marks	59%	Passing Year	2014
Faculty Name	Dr.Krishnat Raghunath Patil	Professional Courses	State Eligibility Test For Lectureship
Subjects	Educationn	Aadhar Card No.	569540975409
Obtains Marks	00%	Passing Year	2013
Faculty Name	Dr.Krishnat Raghunath Patil	Professional Courses	Ph.D.
Subjects	Educationn	Aadhar Card No.	569540975409

Faculty Name	Miss.Dipali Madhukar Patil	Professional Courses	M.A.
Subjects	History	Aadhar Card No.	719562272864
Obtains Marks	56%	Passing Year	2011
Faculty Name	Miss.Dipali Madhukar Patil	Professional Courses	M.Ed
Subjects	Educationn	Aadhar Card No.	719562272864
Obtains Marks	68%	Passing Year	2010
Faculty Name	Miss.Dipali Madhukar Patil	Professional Courses	NET
Subjects	Educationn	Aadhar Card No.	719562272864
Obtains Marks	59%	Passing Year	2015

Note: Names without Aadhar Card was not accepted by NCTE website during online filling.

#### CERTIFICATE FROM THE MANAGEMENT/GOVT. INSTITUTION

- (i) All appointments are on full-time and regular basis except those specified as part-time as per the NCTE norms. The academic staff of the institution (including part-time staff) is/shall be paid salary in such scale of pay as prescribed by the UGC/Central Govt./State Govt. from time to time through account payee cheque or as per advice into the bank account of employee specially opened for the propose. The supporting staff shall be paid as per the UGC/State Government/Central Government pay scale structure.
- (ii) The management of the institution/Govt. Institution shall discharge the statutory duties relating to pension, gratuity, provident fund, etc an applicable under law, for its employees. The institution shall follow all the norms of the NCTE as amended from time to time.



Name & Signature of the  
Authorized Representative of the Management/Govt. Institution



