

**DIRECTORATE OF COLLABORATIVE PROGRAMMES  
ALAGAPPA UNIVERSITY-KARAIKUDI**

**COLLABORATIVE INSTITUTION –APPLICATION FORM FOR  
CHANGE OF INSTITUTE PREMISES/ADDRESS**

(Within the jurisdiction of Tamil Nadu State)

Date:

Photograph
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1. Name of the Institution :
- Centre code :
- Address of the Institution :
- District :
- State :
- Phone No./Mobile No. :
- E-mail ID :

2. Nature of Management :

<b>Society</b>
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<b>Trust</b>
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<b>Any other (Specify)</b>
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(Check whether a copy of Trust deed / Society Registration document is attached) Yes / No

ADDRESS OF THE EXISTING PREMISES	ADDRESS OF THE PROPOSED PREMISES

**Infrastructural facilities of the Institution to accommodate the students for full-time study in the proposed campus**

a. Size of the building (in sq.ft)  Owned  Rented

b. No. of rooms available  
**Office Room**  **Class Rooms**

c. Building Stability Certificate : Yes / No

d. Sanitary certificate : Yes / No

e. Fire Safety certificate : Yes / No

f. Laboratory facilities available

**(i) Computer Lab**

No. of Computer Systems   
 available with Version:

1. Internet facility :  Yes  No

2. Back-up facility :  Yes  No

g. Rest Room facility :

**(ii) Proforma for the Infrastructure facilities in the Proposed Premises :  
 (give details as per related Proforma - enclosed)**

S. No.	Programmes		
1	Aeronautical	<input type="checkbox"/>	Proforma 1(a) Yes / No
2	Nautical	<input type="checkbox"/>	Proforma 2(a) Yes / No
3	Catering & Hotel Management	<input type="checkbox"/>	Proforma 3(a) Yes / No
4	Fire & Safety	<input type="checkbox"/>	Proforma 4(a) Yes / No
5	Fashion Design & Interior Design	<input type="checkbox"/>	Proforma 5(a) Yes / No
6	Fine Arts	<input type="checkbox"/>	Proforma 6(a) Yes / No
7	Mass Communication & Journalism	<input type="checkbox"/>	Proforma 7(a) Yes / No
8	Computer Courses	<input type="checkbox"/>	Proforma 8(a) Yes / No
9	Paramedical	<input type="checkbox"/>	Proforma 9(a) Yes / No
10	Yoga Courses	<input type="checkbox"/>	Proforma 10(a) Yes / No
11	Others	<input type="checkbox"/>	Proforma 11(a) Yes / No

3. The following documents must be enclosed:
- (i) Building Own/ Rental/Lease agreement for :  Own building   
the Proposed Premises up to current period
  - (ii) List of equipments available :
  - (iii) List of books and journals available :   
in the Library
  - (iv) List of Teaching & administrative :   
staff along with their particulars
  - (v) Any other items enclosed please specify :
4. Enclosures:
- (i) Trust or Society deed
  - (ii) Blue print of the building
  - (iii) List of equipments available
  - (iv) List of books and journals available :   
in the Library
  - (v) Any other item enclosed please specify :
5. Prescribed fee Rs. 6,250/- : Paid (or) Not  
(If paid- give details)

**Signature of the Applicant With name**  
(Chairman/Founder)



# ALAGAPPA UNIVERSITY

(A State University Established by the Government of Tamil Nadu in 1985,  
Accredited with A+ +Grade by NAAC (CGPA 3.59) in the Fourth Cycle under dual mode Category)

KARAIKUDI - 630 003, Tamil Nadu, India

DIRECTORATE OF COLLABORATIVE PROGRAMMES



Phone: 04565-223150, 229114

E-mail: cp@alagappauniversity.ac.in

## **MANDATORY DOCUMENTS TO BE SUBMITTED WITH NEW PROPOSAL/ADDITIONAL PROGRAMME(S)/ ADDITIONAL INTAKE(S)/CHANGE OF ADDRESS**

1. Request letter
2. Filled in application form
3. Course related Proforma
4. Application fee Rs.6,250/- Demand Draft and copy of DD
5. Copy of applicant's Aadhaar
6. Copy of Trust Deed
7. Trust Resolution for submission of proposal to Alagappa University to offer New Institute /Additional Programmes/ Address change.
8. Copy of rental/own agreement of Building/Campus
9. Blueprint of building
10. Building Stability Certificate
11. Sanitary certificate
12. Fire Safety certificate
13. Library Book details
14. Teaching staff and Administrative Staff details
15. Infrastructure facility details and photos

**Note:** The recognition to the Institute to offer the Programmes through Collaborative mode can be granted within the jurisdiction of Tamil Nadu.