

Consideration No. \_\_\_\_\_

(To be allotted by CU)

To  
The Project Head  
Children's University  
Sector - 20,  
Gandhinagar –  
382020.  
Gujarat.

Sir / Madam,

The application for.....

Of.....

(Name of the institution or Society or Organization seeking accreditation) is submitted for consideration.  
The required particulars that have been provided in the following pages are authentic and valid.

On behalf of the institution, I affirm that I will abide by the Norms and Conditions specified in CU act.  
Specifically, I have noted and agreed that accreditation can be withdrawn by Children University without  
assigning any reason and making us liable for any loss and damages.

Yours sincerely

Date: .....

Place: .....

(Signature of the Principal/Headmaster)

(Name In block letters .....)

Enclosure: Complete Performa

Affix Stamp duly initialed

Children's University



INFORMATION FORM FOR ACCREDITATION

(To be completed by the applicant institution in all respect)

General Instructions

1. All the columns must be filled up in legible handwriting incomplete applications may be rejected.

Application for..... fresh Accreditation/Up gradation a) Level : Secondary/Sr. Secondary b) Gender : boys/girls/both c) Medium: Hindi/English/Gujarati/..... (regional medium)	For Office Use only Consideration No..... Processing Fee.....
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**A. GENERAL INFORMATION ABOUT THE INSTITUTE**

1. Name of Institution \_\_\_\_\_

2. Postal Address \_\_\_\_\_  
\_\_\_\_\_

City/ Place \_\_\_\_\_

District \_\_\_\_\_ Pin Code \_\_\_\_\_ State \_\_\_\_\_

3. Phone No. with STD Code \_\_\_\_\_ Mobile No. \_\_\_\_\_

4. FAX No. \_\_\_\_\_ Email \_\_\_\_\_

5. Name of the Principal \_\_\_\_\_

6. Qualifications of the principal \_\_\_\_\_

Administrative Experience (in Year): \_\_\_\_\_ Teaching Experience (in Year) \_\_\_\_\_

Email: \_\_\_\_\_ Mobile/Phone \_\_\_\_\_

7. Location of School \_\_\_\_\_ (Rural/Urban/Semi-urban/Slums) \_\_\_\_\_

8. Up to what level is the Institution / school imparting education?

Firmly Middle Secondary Sr. Secondary

9. Is the Applying Institution / school only for boys / girls or Co-educational? \_\_\_\_\_

10 Medium of instruction in the applying Institution / school:

English Hindi Gujarati Any other

11. Has the Institution ever applied for accreditation any time before? YES / NO

12. IF yes, please furnish the following:

a) Year and date of applying \_\_\_\_\_ b) \_\_\_\_\_

**B. INFORMATION ABOUT THE SOCIETY / TRUST RUNNING THE SCHOOL**

13. Name and address of Trust / Society

\_\_\_\_\_  
\_\_\_\_\_

14. Is the Trust / Society Registered? YES / NO

15. If yes, under which Act?

\_\_\_\_\_

16. Year of Registration \_\_\_\_\_ Registration No. \_\_\_\_\_

(Certified copy of the Certificate of Registration and Memorandum of the Society to be enclosed,  
Enclosure - I)

17. Period up to which Registration of Trust / Society is valid \_\_\_\_\_

18. Whether the Trust / Society / Management is of non-proprietary character

YES / NO

(List of members with their address stating how the members are related to each other to be enclosed.

Enclosure II)

19. Name & official address of the Manager / President / Chairman of the School.

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. with STD Code: \_\_\_\_\_

Email: \_\_\_\_\_

**C. RECOGNATION AND AFFILIATION STATUS**

20. Is the School Affiliated with any Recognized Board? YES / NO \_\_\_\_\_

21. If YES, please mention the following: (Certified copy of the affiliation letter to be enclosed.

(Enclosure-III)

a) Name of the Board with which affiliated. \_\_\_\_\_

b) Affiliation No. \_\_\_\_\_ c) Year of affiliation: \_\_\_\_\_

22. State if there is any conditions for affiliation?

\_\_\_\_\_

\_\_\_\_\_

**D INFRASTRUCTURAL & ACADEMIC FACILITIES**

23. Is the Institution / school located in a rented building or own building? \_\_\_\_\_

24. Physical Size

a) Area of school Campus \_\_\_\_\_ (in Acres) \_\_\_\_\_ (in sq.Mtrs.)

b) Built up Area in (in sq.Mtrs.) \_\_\_\_\_

25. Infrastructure Details

a) Rooms, Library and Laboratories (Lay out plan of the school to be enclosed. Enclosure-VI)

Sr. No	. Item	Number or rooms	Size in square feet Length x breadth	Area in square feet
1	Class Rooms (Minimum 300sq. ft. each)			
2	Composite Science Laboratory			
3	Physics Laboratory			
4	Chemistry Laboratory			
5	Biology Laboratory			
6	Maths Laboratory			

7	Computer Science Laboratory			
8	Home Science Laboratory			
9	Library			
10	Other Rooms / Hall			
11	Special Needs Workshops (for SAIED)			

#### 26. Teaching Staff

Sr. No.	Staff	No. of Permanent Teachers	No. of part time Teachers	Total
1	Primary Teachers			
2	Trained Graduate Teachers			
3	Post Graduate Teachers			
4	Librarian			
5	Vice Principal/Head Master/Head Mistress			

#### 27. Administrative support staff

Sr. No.	Staff	Permanent	Not Permanent	Total
1	Clerks			
2	Lab Attendants			
3	Accounts			
4	Peons			

#### 28. Other Facilities

a) Facility of Toilets: Available for Boys  Available for Girls  Not available

b) Facility of Drinking Water Available  Not available

Ro Plant YES / NO?

c) Is there a Certificate about health and sanitary conditions, drinking water and fire safely of the school, obtained from the competent authorities of the area?

YES / NO

d) If yes please attach copy of same

### 29. Library Facilities

a) Total No. of Books \_\_\_\_\_ b) No. of Magazine \_\_\_\_\_

c) No. of Dailies (newspapers) \_\_\_\_\_ d) e- Library \_\_\_\_\_

### 30. Other Facilities available in the school

Sports & Game  Dance Room  Gymnasium  Music Room

Hostel  Health and Medical check up  Audio-Video

### E SUITABILITY FOR CONDUCTING PUBLIC EXAMINATION

31. Is the Institution / school fill for conducting public examinations? YES / NO

32. If so, specify the following details

a) Availability of sufficient furniture \_\_\_\_\_ b) Availability of security arrangements \_\_\_\_\_

c) Availability of invigilators \_\_\_\_\_ d) Existence of boundary wall with gate \_\_\_\_\_

### F FINANCIAL STATUS OF THE INSTITUTION

33. Details of Income and Expenditure (Audited reports of last 3 years to be enclosed)

Sr No	Year	Income (in Rs)	Expenditure (in Rs)	Sources of Income

34. Does the applying Institution / school receive any grant from the Govt. of India / State Govt. / Union Territory or any other source? YES / NO

35. Whether accounts are audited by CA / Govt. Auditors?

36. If so, please provide detailed information of the nature of grant and the granting agency

**G OTHER RELEVANT INFORMATION**

37. What are the working hours of the Applying Institution / school?

38. Enrollment of the Students

Sr no	Class	No of Boys		No of Girls		Total
		Normal	Disabled	Normal	Disabled	
1						
2						
3						
4						

39. Express in a few lines - Why does the applying Institution / school want to be Accreditation with Children University?

40. Student teacher ratio. \_\_\_\_\_

DECLARATION

The to certify that all the above information furnished regarding the Institution / School is correct and authentic to the best of my knowledge.

Date: \_\_\_\_\_

(Signature of the Principal / Headmaster)

Place: \_\_\_\_\_

(Name with Rubber stamp) \_\_\_\_\_

CERTIFICATE OF ENDORSEMENT

(By President / Chairman / Manager of the Institution / Society / Organization)

In support of the application, I certify that, having read the Norms and Procedure for CU accreditation of institution, I undertake to ensure that the Institution will abide by the Rules and Regulations and terms and conditions, as are made applicable to the Accredited Institutions, from time to time. I further affirm that accreditation, if granted to the Institution, will not be used for commercial purpose, rather will be used to serve the needs of the students. I shall do what is in my power to ensure the smooth and proper functioning of the Institution.

(Signature of the Principal / Chairman / Manager of the applying institution / society)

(Name of the Principal / Chairman / Manager with Rubber Stamp) \_\_\_\_\_

Date: \_\_\_\_\_