List of the courses which are processed through Digital College Software

Colleges having the courses which admission procedure is done through Digital College Software can fill this Template

Sr no	Name of the Course
1	B.A
2	B.Com
3	B.Sc.
4	B.Ed.
5	B.P.Ed.
6	Engineering
7	Pharmacy
8	BCA
9	BBA
10	BBM(e-Commerce)
11	BBM
12	MBM(Personal Management)
13	MBM(Computer Management)
14	B.S.L.
15	BSW
16	MSW

After filling the following template send it to newcollege.affilation@gmail.com

Society / Trust Name: _____

_____

Registered Society or Charitable Trust: _____

Chairman Name: _____

Secretary Name: _____

Society Description: _____

_____

Registration No: [   ]

Registration Date: [   ]   Establishment Date: [   ]

Country: [   ]   State: [   ]

District: [   ]   Tahsil: [   ]

Village/Town/City: [   ]

Address: _____

_____

Pin: [   ]

Phone No:1 [   ]   Phone No: 2 [   ]

Fax No: [   ] [   ]

Mobile No: [   ]   Mobile No: 2 [   ]

Email [   ]

Website Address: [   ]

College Information

Type: College / Institute / University Department / Study Centre _____

Name of the College: _____

_____

Recognized as research Centre (Yes / No): _____

Minority Status: Minority / Non – Minority [   ]

Institute Status Type: Affiliated / Conducted/Constituent [   ]

Parent Body: Government /Registered Society/Charitable Trust [_____]

College For: Boys / Girls /Co-Education [_____]

Address Details:

Country: [_____]   * State: [_____]

District: [_____]   Tahsil: [_____]

Village /Town /City: [_____]   Pin: [_____]

Address: [_____]

Contact Details:

Phone No:1 [_____]   Phone No: 2 [_____]

Fax No1: [____] [_____]   Fax No2: [____] [_____]

Mobile No1: [_____]   Mobile No: 2 [_____]

Email ID 1: [_____]

Email ID2: [_____]

College/Institute Establishment Date: [_____] [dd/mm/yyyy]

College /Institute Code: [_____] {given by Examination Section}

Affiliation Code: [_____] (given by affiliation section)

Letters Detail	No	Date (dd/mm/YYY)
Reorganization approval letter from Competent authirity1		
Reorganization approval letter from Competent authirity1		
Reorganization approval letter from Competent authirity1		

Area of Location: Urban/Semi Urban /Rural / Tribal [_____]

Nearest Railway Station: [_____]

Nearest Bus Station: [_____]

Nearest Airport: [_____]

Longitude: [ ]

Latitude: [ ]

Attitude: [ ]

Accreditation Body Name: [ ]

Accreditation: [ ]

Accreditation Date: [ ]

Vision: [ ]

Mission: [ ]

Goals [ ]

Affiliation Details

Course Name: _____

Course Pattern Name: _____

Affiliated Papers Information

Paper Code	Paper Name	Paper Code	Paper Name

Course Name

Course Pattern Name

Affiliated Papers Information

Paper Code	Paper Name	Paper Code	Paper Name