

**Dr. Babasaheb Ambedkar Marathwada University, Aurangabad.
Application for Late Vasantrao Kale Swabhiman Shikshan Yojna
(Earn and Learn Scheme) for Affiliated Colleges**

01. Name of College : _____

02. Place : _____ Taluka : _____ Dist : _____
whether Gram Panchayat / Nagar Palika
03. Address of the College : _____

_____ Pin Code : _____
- E-mail _____ Phone _____ Fax _____
04. Status of Affiliation : Temporary / Permanent / 2 F 12 B
05. Whether the college is Aided / Unaided / Partially Aided
06. Name of the Institution by : _____
which the college is run /
managed _____
07. Area of land owned by the _____
college and its status
08. No. of colleges run by the Institution _____
(Please attach the list of colleges on a separate sheet of paper, if necessary)
09. Whether the college follows roster in appointments and enrollment ? Yes / No
10. No. of faculties : _____
11. Approximate strength of students :
Boys : _____ Girls : _____ Total : _____
12. Is any such scheme run by the college ? If yes, give details :

Boys : _____ Girls : _____ Total : _____
Mode of Payment _____ Nature of Work _____
13. If the Scheme started in college :
a) Nature of Work : _____
b) No. of students : Boys : _____ Girls : _____ Total : _____
Mode of Payment : _____

UNDERTAKING

I, the undersigned, hereby give the undertaking that all the information, furnished in this form is correct to the best of my knowledge & belief.

PRINCIPAL

Space For Office Work