



APPLICATION NO:7416

NATIONAL COUNCIL FOR TEACHER EDUCATION

Under Section 14 of the NCTE Act, 1993 For Starting New Courses/Increase In Intake

ONLINE APPLICATION FOR GRANT OF RECOGNITION OF TEACHER EDUCATION PROGRAMMES

Applied For:

Master of Physical Education [M.P.Ed] : Basic
Date of Submission : 26/04/2016
Payment Mode :

Submitted By:

Name of Organisation: Department of Physical Education, Savitribai Phule Pune University
Address: Pune, Ganeshkhind Road, Pune, Pune, Pune, Maharashtra
Telephone: 02025601281
Email ID: dpe@pun.unipune.ac.in

Particulars of Parent Organization

Name of Organisation : Department of Physical Education, Savitribai Phule Pune University
Type of Organisation : State University
Registration Number : A-60/2002
Date of Registration : 08/10/2002

Address

Village : Pune
Street/Road : Ganeshkhind Road
Taluka/Mandal : Pune
Town/City : Pune
District : Pune
State : Maharashtra
Pin Code : 411007
Website : www.unipunedpe.in
Permanent Account Number : AAAJT0519R

Particulars of Authorized Contact Person

Name : Dr. Deepak Mane
Designation : Dean & Head

Mobile No : 9422796644
Telephone No : 02025601281
Fax No : 25690343
Email ID : dpe@pun.unipune.ac.in

PARTICULARS OF APPLICANT INSTITUTE

Name of Institute : Department of Physical Education
Type of Institute : University
Type of Management : Government
Whether Minority Institute? : Yes
Whether Women Institute? : Yes

Institute Address:

Village : 17790
Street/Road : Ganeshkhind Road
Taluka/Mandal : Pune
Town/City : 17790
District : Pune
State : Maharashtra
Pin Code : 411007
Telephone No : 02025601281
Mobile No : 9422796644
Institute Email ID : dpe@pun.unipune.ac.in
Institute Website : <http://www.unipunedpe.in>

DETAILS OF TEACHER EDUCATION PROGRAMME (S) APPLIED FOR (Including Additional Units)

Name of Teacher Education Programme	Basic or Additional unit?	Number of Units Required	Intake (Number of Students)
Master of Physical Education [M.P.Ed]	Basic	1	40

DETAILS OF AFFILIATING AGENCY FOR THE PROGRAMME(S) APPLIED FOR

Name of Program	Master of Physical Education [M.P.Ed]
Name of Affiliating Body	Pune University, Pune
Date of Issue of NOC	29/04/2008
Details of Issuing Authority	Vice Chancellor
Communication Address	
Village	Pune
Street/Road	Ganeskhind Road
Taluka/Mandal	Pune
Town/City	Pune
District	Pune
State	Maharashtra
Pin Code	411007
Telephone No	02025601281
Fax No	25690343

Email ID	dpe@pun.unipune.ac.in
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DETAILS OF LAND AVAILABLE

Name of the Title holder : University of Poona
Type of Title : Government Lease
Date of Registration : 1949-06-01T00:00:00+05:30
Lease Period : 1949-06-01T00:00:00+05:30to2050-06-01T00:00:00+05:30
Total Land Area(in Sq. Mts.) : 1663226
Location Type of the Land : Corporation
Village : Pune Muncipal Corporation
Town/City : Pune
District : Pune
State : Maharashtra
Pin Code : 411007
Survey Number (s) : 1/1/1/1/1/1A/1
Is the land encumbrance? : YES

DETAILS ON LAND USE CERTIFICATE (LUC) FOR EDUCATIONAL PURPOSE

Date of Issue of LUC : 04/02/1952
LUC Issuing Authority : Revenue Divisional Officer

GEOGRAPHIC LOCATION DETAILS OF THE INSTITUTE

Latitude : 18.5523
Longitude : 73.8246

DETAILS OF BUILDING PLAN

Building Plan Approved By : Commissioner
Date of approval : 21/05/2005
Plot Area (in sq mtr) : 1663226
Location : Corporation
Survey Number (s) : 1/1/1/1/1/1A/1

Floor Wise Built-Up Area (in Sq Mtr) Planned

Total Builtup Area : 3308
Whether Construction of the Permanent Building completed : Yes

Floor Wise Built-Up Area (in Sq Mtr) Constructed:

Ground Floor : 1300.0
First Floor : 1104.0
Second Floor : 904.56
Total Builtup Area :
Area of the multipurpose hall(In Sq. Feet) : 17790

PROGRAM WISE AVAILABILITY OF FACILITIES

Name of Program : Master of Physical Education [M.P.Ed]

Infrastructure Facilities

Sr No	Type of Facilities Available
1	Class rooms (Four Class Room of 500 Sq.Ft for every 50 intake) Multipurpose hall (2000 Sq. Ft. with dias and seating capacity of 200) Library-cum-resource Centre ICT Resource Centre Principal,s Office Staff Room Administrative/Central Office Store Rooms Toilet for Men-Student Toilet for Men-Teachers Toilet for Women-Student Toilet for Women-Teachers Hall for Gymnastics and Indoor Games & Sports Seminar Room Sports Psychology Laboratory Measurements and Sports Training Laboratory Facilities for Yogic Kriyas and Yoga Mats Functional and appropriate furniture in required number for instructional and other purposes Space and Arrangement for Parking of Vehicles Provision for Safe Drinking Water Facilities Arrangement for Regular Cleaning of Campus, Water and Toilet Facilities Arrnagement of Safeguard against Fire Hazards in all parts of the building Hostel for Boys and Girls Separatey

Instructional Facilites

Sr No	Type of Facilities Available
1	Library-cum-Resource Centre(Atleast 2000 Titles and Books as per Suggested List) ICT Resource Centre (Atleast 10 Computers with Internet Facilities) Sports Psychology Laboratory Measurements and Sports Training Laboratory

DETAILS OF ACCREDITATION BY NAAC OR ANY OTHER AGENCY

Programmes Accredited with Grades:

Sr No	Name of agency	Name of Program	Grade	Validity From	Validity To
1	NAAC	Master of Physical Education [M.P.Ed]	A	08/01/2011	07/01/2016

Programmes Applied for Accreditation:

Sr No	Name of agency	Name of Program	Date of Application
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Disclaimer

1. The applicant is responsible for all the details (correct or incorrect) submitted in the online application form. The onus of producing the relevant documents pertaining to the information submitted lies with the Applicant Society/Institute.

2. No corrections shall be entertained once application is submitted.

3. The submission of online application for recognition of course shall not confer any right on the Society/Institute for Grant of Recognition.

4. This application will be further processed only if the printouts along with the required true copies of the credential/supporting documents uploaded under various sections are submitted within 15 days to the concern Regional Office of NCTE.

5. Not Applicable may be recorded, wherever required.

Declaration

I declare that I am the authorised signatory for this application and authorised by our Society to submit this application. I have gone through the Regulations and am fully aware of all the conditions to be fulfilled for Grant of Recognition. I shall be fully responsible for submission of any wrong information and shall abide by the decision taken by the Regional Committee. If at any stage during the processing of this application it is found that the information furnished in this application is wrong, NCTE shall be free to initiate action against the Society as per Law of the Land.