



**OFFICE OF THE REGISTRAR
SATAVAHANA UNIVERSITY**

KARIMNAGAR - 505 001 (T.S.), INDIA

Email: registrarsatavahana@gmail.com, website: www.satavahana.ac.in

Prof. U. UMESH KUMAR
REGISTRAR

Lr.No. SU/KNR/2019-20/923

Date: 25.09.2019.

To
The Principals of University and
Affiliated Colleges offering Under- Graduate &
Post-Graduate (Professional & Non-Professional) Courses
Satavahana University

Sub: Satavahana University, Karimnagar - Submission of College particulars for confirmation in E-Pass of Welfare Department, Government of Telangana for sanction of scholarships for the year 2019-2020 - Reg.

* * *

Sir/ Madam,

I am to inform you that, as per the instructions from the Government, all the Colleges under the jurisdiction of Satavahana University, Karimnagar have to get confirmation from the University in E-Pass of Welfare Department, Government of Telangana for sanction of scholarships from this Academic year 2019-20.

In view of the above, all the Principals of the Colleges are informed to submit the particulars of your college in the prescribed proforma enclosed, for confirmation in E-Pass to get scholarships to be release for the year 2019-20.

This may be treated as **MOST URGENT**.


REGISTRAR

Copy to:

1. The Dean, CDC, SU, KNR
2. The Director, Academic Audit Cell, SU, KNR.
3. The Coordinator, SU website with a request to place it on the SU website.
4. The P.S. to Vice-Chancellor, SU, KNR.
5. The Stack file

SATAVAHANA UNIVERSITY : KARIMNAGAR

PARTICULARS OF AFFILIATED COLLEGE FOR CONFIRMATION IN e-PASS (To be submitted through the Dean, College Development Council) – 2019-2020

1. Name of the College

Address with Pin code

2. Name of the Secretary/ Correspondent

3. Mobile No of the Secretary/ Correspondent

4. Name of the Principal with Qualifications

5. Mobile No of the Principal

6. Courses offered	Sanctioned intake	Student Admitted
i)		
ii)		

(Separate sheet to be enclose)

7. Whether current year affiliation granted YES/NO
(Copy to be enclosed)

8. Year of Establishment (Copy to be enclosed)

9. Own/Rental Building (Documents to be enclosed)

10. Details of Corpus Fund paid

11. Particulars of Registered Lease Deed/ Own building documents
(Copy to be enclose)

12. Particulars of Bank details

i) Name of the Bank with full address
(Enclose latest three months Statement)

ii) Account No.

iii) Name of the person with designation
Authorized to operate the A/c.
Mobile No.

13. List of the Teaching and Non-Teaching staff
with Education Qualification & contact No.
(To be enclose a separate sheet)

**SIGNATURE OF THE PRINCIPAL/
SECRETARY –CUM-CORRESPONDENT**