



॥ सा विद्या या विमुक्तये ॥

# स्वामी रामानंद तीर्थ मराठवाडा विद्यापीठ, नांदेड

“ज्ञानतीर्थ” परिसर, विष्णुपूरी, नांदेड - ४३१६०६ (महाराष्ट्र)

**SWAMI RAMANAND TEERTH MARATHWADA UNIVERSITY NANDED**

“Dnyanteerth”, Vishnupuri, Nanded - 431606 Maharashtra State (INDIA)

Established on 17th September 1994 – Recognized by the UGC U/s 2(f) and 12(B), NAAC Re-accredited with ‘A’ Grade



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**IQAC-NAAC-RUSA SECTION**

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Ref: IQAC/ 2018-19/480

Date: 12/03/2109

## Circular

To,  
All Principals,  
Affiliated Colleges,  
This University.

**Subject: One day workshop on autonomous status for affiliated colleges.**

Dear Sir/Madam,

I am pleased to inform you that our University has arranged one day workshop on autonomous status of affiliated colleges on **19<sup>th</sup> March 2019 at 2.00 pm** onwards at Senate Hall, Main Administrative building. RUSA Officials has given consent as resource person to this workshop.

All Principals are requested to kindly attend this workshop and send registration form on email: [iqacsrtmun@gmail.com](mailto:iqacsrtmun@gmail.com) on or before 15<sup>th</sup> March 2019.

Sd/-  
Director  
IQAC- NAAC

(Only one participant can participate from each college, Preferably Principal.)



# RASHTRIYA UCHCHATAR SHIKSHA ABHIYAN (RUSA)

STATE PROJECT DIRECTORATE, MAHARASHTRA STATE

In association with

IQAC, SWAMI RAMANAND TEERTH MARATHWADA UNIVERSITY, NANDED

Organized one day workshop on

## “AUTONOMOUS STATUS FOR AFFILIATED COLLEGES”

( 19<sup>th</sup> March, 2019)

Venue: S. R. T. M. University, Nanded – 431606 (Maharashtra)



### Registration Form

Photo

Name of Participant:				
Designation:				
Date of Birth:	___/___/___	Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F
Name of the College:				
Affi. College Code:				
College Contact No.				
College E-mail id:				
NAAC Accreditation Details:	NAAC Grade	CGPA	Valid From	Valid Till
Cycle 1				
Cycle 2				
Cycle 3				
Participants Mobile				
Participants E-Mail id:				

Date:

Signature of Applicant

### Recommendation of Head/Principal of Institute

Dr. / Mr. / Mrs. \_\_\_\_\_ is employed as \_\_\_\_\_ in \_\_\_\_\_. He/She is sponsored to attend one day workshop on “AUTONOMOUS STATUS FOR AFFILIATED COLLEGES”.

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

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

Signature & Seal  
Principal / HOD