Name of the University
Format for adding New College to Affiliation Module

Sl. No.	Particulars	Details
01	**Name of The University**	
02	**College Name (Block Letter)**	
03	**College Code (to be created by CDC of respective University)**	
04	**College Type (Govt./Private/GIA)**	
05	**College Address**	
06	**Village/Town**	
07	**Taluk Name & District Name**	
08	**Pin Code**	
09	**Email ID of College**	
10	**Mobile Number of Principal/Secretary of the College**	

Date:

Place:

Principal/Secretary of the College
Sign and Seal

It is requested to add the above-mentioned college to the Affiliation module and provide login credentials for applying for affiliation for the year 2025-26**.**

Director
College Development Council

Date:

(Duly filled ands signed send through Ticketing tool)