

National Council for Teacher Education(NCTE)

(A Statutory Body of the Government of India)

G-7, Sector-10, Dwarka, Landmark – Near Metro Station, Delhi – 110075

Performance Appraisal Report (PAR)


INSTITUTION'S PROFILE

Institution Code	20226967202182	Application Code	P2021004144
Name of the Institution	OM SAI SHIKSHANSHASTRA MAHAVIDYALAY	Type of Institution	PRIVATE INSTITUTION
Whether running ODL Courses also?	NO		
Year of Establishment of Institution	2008	Website	WWW.OMSAIBED.ORG
Status of the Institution	2 (See Section 2(b), of NCTE Regulation, 2014)		
E-Mail ID (For recovering your password and any future communication with NCTE)	principal@omsaibed.org	Alternate E-Mail ID	www.principal@omsaibed.org
Institution Mobile No. (For future communication with NCTE)	9923382583	Telephone No.	0257-2359232
Fax No.			

Address of the Institution at the time of Recognition

<input type="radio"/> Survey <input type="radio"/> Khata <input checked="" type="radio"/> Gata <input type="radio"/> Khasra <input type="radio"/> Plot No.	7 TO 18(S.N.30)13(SERVE NO)&30 (SERVE NO)&3	Street/ Road	PACHORA ROAD, SHIRSOLI (P.B)
Village	SHIRSOLI (P.B)	Post Office	SHIRSOLI (P.B)
Taluka/ Mandal/ Block	JALGAON	Town/ City	SHIRSOLI (P.B)
State	MAHARASHTRA	District	JALGAON
Pin Code	425002		
Whether any change in address after recognition?	No		

Particulars of Authorized Person/Representative for filling PAR

Name	PROF.ARCHANA PUNDLIKRAO BHOSALE	Father Name	PUNDLIKRAO BHOSALE
E-Mail ID	principal@omsaibed.org	Mobile No.	9923382583
Designation	PRINCIPAL	Permanent Account Number (PAN)	AYOPB3643g
Authorization letter on the stamp paper as per admissible government rate for filling PAR			

Details of Head/ Principal of the Institution

Name	PROF.ARCHANA PUNDLIKRAO BHOSALE	E-Mail ID	PRINCIPAL@OMSAIBED.ORG
Mobile No.	9404179406		

PARENT ORGANIZATION DETAIL


Type of Parent Organization	SOCIETY		
Name of Trust/ Society/ Company	JAI DURGA BHAVANI KRIDA MANDAL SHIRSOLI(P.B) TAL&DIST JALGAON		
Postal Address of the Parent Organization			
<input type="radio"/> Survey <input type="radio"/> Khata <input type="radio"/> Gata <input checked="" type="radio"/> Plot No.	VITTAL MANDIR CHOWK,MEHRUN	Street/ Road	
Village	MEHRUN	Post Office	MEHRUN
Taluka/ Mandal/ Block	JALGAON	Town/ City	JALGAON
State	MAHARASHTRA	District	JALGAON
Pin Code	425002		
Permanent Account Number (PAN)	AAATJ9247Q	TAN (If Applicable)	
Copy of Not-for-Profit Certificate (PDF with size less than 3 MB)			

Society/ Trust/ Company Members Information




S.No.	Name	Designation	Mobile Number	Email Id	Membership valid upto (DD/MM/YYYY)	PAN	Aadhaar No.
1	SHRI RAJENDRA DATTU NEMADE	VICE secretary	9923382583	principal@omsaibed.org	05/09/2022	ACPPN5335C	487979830399
2	SHRI ANIL PRAKASH PATIL	vice chairmen	9923382583	principal@omsaibed.org	05/09/2022	BQXPP8687E	957408539185
3	SHRI SUPDU NATTHU MAHAJAN	member	9923382583	principal@omsaibed.org	05/09/2022	BJLPM8278D	979963258543
4	SHRI VINAYAK KAUTIK MAHAJAN	member	9923382583	principal@omsaibed.org	05/09/2022	AFRPM0998P	869772131804
5	SMT.SANGITA VINAYAK MAHAJAN	member	9923382583	principal@omsaibed.org	05/09/2022		669936132201
6	SMT.GAURI LALIT DHANDE	member	9923382583	principal@omsaibed.org	05/09/2022	ATFPD8607C	474396656336
7	SAU. MALTIBAI SUPDU MAHAJAN	Chairman	9923382583	principal@omsaibed.org	05/09/2022	BJKPM2331L	377587762558
8	SHRI ANANDA TUKARAM CHOPADEV	Member	9923382583	principal@omsaibed.org	05/09/2022	AJXPC6253D	307553107348

9	SHRI PRAKASH KADU MAHAJAN	member	9923382583	principal@omsaibed.org	05/09/2022		843667024048
10	SHRI LALIT BHAGWAT DHANDE	Secretary	9923382583	principal@omsaibed.org	05/09/2022	AHLPD0453A	287681655998
11	SHRI YOGESH LAXMAN MAHAJAN	member	9923382583	principal@omsaibed.org	05/09/2022		


MULTI DISCIPLINARY PROGRAMME(S)

Whether any programme(s) other than Teacher Education Programme(s) is being offered by the Institution?											Yes
S No.	Programme	Stream	Course	State	Affiliating University/ Body	Affiliation Order No.	Affiliation Order Date	Order	Approved Intake	Present Intake	Start Year
1	UnderGraduate	OTHER	bachalar of education (B.ED) General	MAHARASHTRA	Kavayitri Bahinabai Chadhari North Maharashtra University	kbcnmu/5/nutni/n.v.2021-22d.o.10/142/2021	2021-06-23		50	50	2014


DETAILS OF EXISTING TEACHER EDUCATION PROGRAMME(S)/ COURSES

S.No.	Programme	Institution Code/Application No.(of NCTE)	Recognition Order Detail	Changes in Course Intake	Revised Order Detail	Withdrawal Order Detail
1	Name: Bachelor of Education (B.Ed) degree. Medium: marathi	123839 Start Year: 2014-15 Approved Unit: 1 Approved Intake: 50 Student Admitted: 50	Order No.: WRC/APW06806/123839/2015/141091 Date: 31/05/2015 Attachment: 	Order No.: Date: Session: 0 Attachment:	Order No.: WRC/APW06806/123839/2015/141091 Date: 31/05/2015 Attachment: 	Order No.: WRC/APW06806/123839/311th/2019/206695 Date: 11/10/2019 Attachment: 

FACULTY DETAILS (FOR ACADEMIC SESSION 2020-21)

S.No.	Photo	Registration No.	Name	DOB	Father Name	Mother Name	Mobile No.	Email	PAN	Joining Date	Relieving Date
1		TE22018264	PROF. ARCHANA PUNDLIKRAO BHOSALE	08/03/1975	PUNDLIKRAO BHIKANRAO BHOSALE		9404179406	ARCHNABHOSALE197@GMAIL.COM	AYOPB3643G	03/24/2014	
2		TE21012923	PROF.ASHA DEVIDAS PATIL	06/13/1979	DEVIDAS KHANDU PATIL		9604932750	principal@omsaibed.org	CBVPP9630B	09/13/2014	
3		TE21012924	PROF.VARSHA VINAYAK BIRHADE	05/25/1982	VINAYAK VANA BIRHADE		9665106036	principal@omsaibed.org	AYWPB9308C	04/01/2014	


LAND DETAILS

Address of the Institute (Mentioned in the affidavit)				
<input type="radio"/> Survey <input type="radio"/> Khata <input type="radio"/> Gata <input type="radio"/> Khasra <input type="radio"/> Plot No.		Village/Town		
Tehsil/ Block/ Taluka	State	District		
Land area mentioned in the Affidavit (in sq m)	3402	Built Up area mentioned in the Affidavit (in sq m)	2505.84	
Whether Notarized or not	0	Affidavit Attachment		
Mode of Possession of Land				
Mode of Possession		Ownership		
Name of Owner of the Land	SHRI.SUNIL SUPDU MAHAJAN	Whether the ownership of land is in favour of Society/ Trust/ Company	Yes	
Registration Details				
Date of Registration of land	27/03/2007	Registration No.	04/23	
Registration Authority of land documents with address				
Name of Registering Authority of land documents	SUB REGISTRAR OFFICE JALGAON	Village/ Town/ City	SHIRSOLI P.B	
Taluka/ Mandal	JAI DURGA BHAVANI KRIDA MANDAL	State	MAHARASHTRA	District JALGAON
Attachment of certified copy of registered land documents alongwith schedule of the property and plan of open space				


DETAILS OF MUTATION CERTIFICATE/ PERMISSION OF LAND USE/ NON-ENCUMBRANCE CERTIFICATE

DETAILS OF MUTATION CERTIFICATE OF LAND			
Whether the Institution has got the mutation of the land & land use in the Revenue Records of the State and obtained a Mutation Certificate thereof.	Yes		
Mutation Certificate No.	5621	Date of Issue of Mutation Certificate	28/12/2006
Mutation Certificate Issuing Authority	RIVENUE OFFICER SHIRSOLO PB	Total land area mentioned in Mutation Certificate (in sq m)	3402
Attachment			
DETAILS OF PERMISSION OF LAND USE/ LAND USE CERTIFICATE (CLU) FOR EDUCATIONAL PURPOSE			
Date of Issue of CLU	13/06/2007	CLU Issuing Authority	GRAMVIKAS ADHIKARI SHIRSOLI PB
CLU Letter No.	4 23	Converted/ diverted land area under the CLU (in sq m)	3402
Attachment			
DETAILS OF NON-ENCUMBRANCE CERTIFICATE			
Date of Issue of Non-Encumbrance Certificate	01/01/2008	Non-Encumbrance Certificate Issuing Authority	
Non-Encumbrance Certificate Letter No.		Total land area mentioned in NEC Certificate (in sq m)	
Attachment			

DETAILS OF BUILDING PLAN

Total Land Area mentioned in the building plan (in sq m)	3402	Total Built Up Area mentioned in the building plan (in sq m)	2505.84
Details of Approving Authority of Building Plan with address (Corporation/ Municipality/ Panchayat)			
Name of Approving Authority with address	GRAMVIKAS OFFICER	Village/Town	SHIRSOLI P.B
Taluka/ Mandal	JALGAON	City	JALGAON
State	22	District	417
Pin Code	425002	Date of Approval	26/03/2007
Building Plan Attachment			
BREAK-UP OF BUILT UP AREA MENTIONED IN THE BUILDING PLAN FOR THE TEACHER EDUCATION PROGRAMME/S			
Room No	Room Size(in sq m)		
2	46.45		
1	46.45		
3	94.75		
Multipurpose Hall (in sq m)	145.32	Library-Cum-Reading Room (in sq m)	95.37
Other information required			
Whether the building of the institution has been constructed as per National Building Code and the same is fully safe and structurally sound having load bearing capacity as per the Code/ Standards, to run the teacher training course.	Yes		
Whether Building Safety Certificate as per National/State Disaster Management Authority acquired or not	No		
Whether safeguard against fire hazard has been provided in all parts of the building.	No		
Facilities provided for Ramp and Lift	Ramp	Whether Electricity and safe drinking Water Facility has been provided by the institution.	Yes
Electricity Connection Meter No.	110038042653	Water Connection Meter No.	21616
Whether the institution's campus, building, furniture etc is barrier free.	Yes	Whether the institution's campus, building, facility etc is disabled friendly.	Yes

DETAILS OF BUILDING COMPLETION

Whether completion of building is as per approved building plan or not	Yes		
Total Land Area mentioned in the Building Completion Certificate (in sq m)	2505.84	Total BuiltUp Area mentioned in the Building Completion Certificate (in sq m)	2505.84
Building Completion Certificate Issuing Authority			
Name of Authority	GRAMVIKAS OFFICER	Date of Issue	13/06/2007
Address	GRAMPANCHAYAT SHISOLI P.B	Taluka/ Mandal	JALGAON
State	MAHARASHTRA	District	JALGAON
		Pin Code	425002
Building Completion Certificate Attachment			
Floor Wise Built-Up Area (in sq m)			
	Floor(s)	Constructed	
Ground Floor		835.28	
First Floor		835.28	
Second Floor		835.28	
Third Floor		0	
Fourth Floor		0	
Fifth Floor		0	
Total Built-Up Area (in sq m)		2505.84	


GEOGRAPHIC LOCATION

Latitude	Longitude
20.925091	75.5341748



FINANCIAL MANAGEMENT

FDR Details (Maintained by the Institution)

Endowment Fund Details

S.No.	Course	Amount of Endowment fund	Date of Maturity of Endowment fund	Bank Name	Serial No. of FDR	Joint or Not	Attachment
1	Bachelor of Education (B.Ed) degree.	500000	06/04/2023	VIJAYA BANK (BANK OF BARODA)	062603	Yes	

Reserve Fund Details

S.No.	Course	Amount of Reserve fund	Date of Maturity of Reserve fund	Bank Name	Serial No. of FDR	Joint or Not	Attachment
1	Bachelor of Education (B.Ed) degree.	300000	06/04/2023	VIJAYA BANK (BANK OF BARODA)	062604	Yes	
2	Bachelor of Education (B.Ed) degree.	400000	14/10/2020	VIJAYA BANK (BANK OF BARODA)	470183	Yes	

Balance sheet as on the last date of the financial year (2020-21)

S.No.	Year	Attachment
1	2020-21	

Income & Expenditure account for the financial year (2020-21)

S.No.	Year	Attachment
1	2020-21	

Receipt & Payment account for the financial year (2020-21)

S.No.	Year	Attachment
1	2020-21	

OTHER INFORMATION

Name of Grievance/Complaint Redressal Officer	PROF ARCHANA PUNDLIKRAO BHOSALE	Contact Number of Grievance/Complaint Redressal Officer	9404179406
Name of Contact Person in case of Emergency	PROF ARCHANA PUNDLIKRAO BHOSALE	Contact Number of Contact Person in case of Emergency	9404179406
Email id of Grievance/Complaint Redressal Officer	principal@omsaibed.org	Email id of Contact Person in case of Emergency	principal@omsaibed.org
Name of Nodal Officer for Anti Ragging	PROF VARSHA VINAYAK BIRHADE	Contact no of Nodal Officer for Anti Ragging	9665106036
Name of Head of Internal Complaint Committee	PROF ASHA DEVIDAS PATIL	Contact Number of Head of Internal Complaint Committee	9604932750
Email id of Head of Internal Complaint Committee	principal@omsaibed.org		
Library Details			
No. of books in the library	3058	No. of educational journals/ periodicals being subscribed	0
No. of encyclopedia available in the library	0	Total seating capacity in the library	50

WEBSITE INFORMATION (www.omsaibed.org)







Questions	Yes/No	Attachment (Screenshot)
H. Whether number of books in the library, referred Journals subscribed to, and addition, if any, in the last quarter uploaded on website.	No	
C. Whether details of faculty (with scale of pay, photographs and details of who left or joined in the last quarter) uploaded on website.	Yes	
L. Whether receipt and payment account for the last financial year uploaded on website.	No	
A. Whether hyperlink of council's website made on the Institution's website.	Yes	
B. Whether details of sanctioned programme along with annual intake uploaded on website.	Yes	
D. Whether details of students uploaded on website.	Yes	
E. Whether details of available infrastructure facilities uploaded on website.	Yes	
G. Whether facilities added during the last quarter Uploaded on website.	No	
K. Whether income and expenditure account for the last financial year uploaded on website.	No	
I. Whether details of instructional facilities such as laboratory and library uploaded on website.	Yes	
F. Whether fees charged from students uploaded on website.	No	
J. Whether balance sheet as on the last date of the last financial year uploaded on website.	No	
M. Whether details of biometric data updated on website of the institution on weekly basis.	No	

PHOTO OF INSTITUTE'S BUILDING

Picture Name (jpeg image less than 1mb)	Mandatory	Picture
Front View	Yes	
Rear View	Yes	
Multipurpose Hall	Yes	
Library	Yes	
Lab1	Yes	
Lab2	No	
Lab3	No	
Playground	Yes	

PAYMENT DETAILS

Transaction ID	P18190052073ba07822f05d3d7de6d1	Transaction Ref. No.	RHMP8361767953
Transaction Date	31-12-2019 12:55:26	Transaction Amount	Fee (Rs): 15000.00/-
Transaction Mode	Net Banking-Online		

DISCLAIMER

I, **PROF.ARCHANA PUNDLIKRAO BHOSALE** son/ daughter of **PUNDLIKRAO BHOSALE** solemnly declare that to the best of my knowledge and belief, the information given in the PAR is correct and complete and is in accordance with the provisions of the NCTE Act, Rules and Regulations as amended from time to time. I further declare that I am filling this PAR in my capacity as **PRINCIPAL** and I am also competent to fill this PAR and verify it. I am holding permanent account number **AYOPB3643G**.



महाराष्ट्र MATTARASHTRA 2021 72 874397
I, the above named deponent do hereby verify that the facts stated in the above affidavit are true to my knowledge. No part of the same is false and no material has been concealed there from.

Verified at JALGAON on this the /01/2022. AFFIDAVIT

13 JAN 2022

I, Dr. Archana Pundlik Bhosale, Principal, Jai Durga Bhawani Krida Mandal Mehrun Sanchlit, Om Sai Shikshan Shastra Mahavidyalaya Shirsolli P.B. son of Pundlik Bhosale aged 48 years and, resident of HARESHWAR NAGAR, RING ROAD JALGAON T/D JALGAON 425001 (MS), in connection with PAR dated 24/01/2022 submitted to NCTE DEPONENT(S) for the academic session 2020-21 ,

Do hereby solemnly affirm, state and declare as under:
Solemnly affirmed and signed before me by the deponent on this- /01/2022 at my office.

1. That the information given by Jai Durga Bhawani Krida Mandal Mehrun Sanchlit, Om Sai Shikshan Shastra Mahavidyalaya Shirsolli P.B. in the PAR for the academic session 2020-21 made to NCTE is true and complete. Nothing is false and no information/material has been concealed.

2. That if any of the information is found to be false, incomplete, misleading and/or that the Jai Durga Bhawani Krida Mandal Mehrun Sanchlit, Om Sai Shikshan Shastra Mahavidyalaya Shirsolli P.B. fail(s) to disclose all the information and/ or suppress any information and/ or misrepresent the information, the NCTE shall take any action, including withdrawal of recognition.



Archana
(SEAL)
Om Sai DEPONENT(S)
Shirsolli (P.B.), Jalgaon

जाडपत्र-२

संज्ञक क्रमांक/अनुच्छेद क्रमांक पत्रिकापत्र

किस नोंदणी करणार आहेत का?

संज्ञक क्रमांक अस्तित्वात दुय्यम निबंधक कार्यालयाने कोण

संज्ञक क्रमांक वर्णन

संज्ञक क्रमांक स्थान

संज्ञक क्रमांक कोणाच्या नावावर आहे जय दुर्गा मिवानी

संज्ञक क्रमांक कोणाच्या नावावर आहे चेतन सुरेश पाटील

संज्ञक क्रमांक कोणाच्या नावावर आहे १००१

संज्ञक क्रमांक कोणाच्या नावावर आहे २५९६८ दि. १९/०९/२०२२

संज्ञक क्रमांक संघटित (ओम साई शिक्षणशास्त्र)
महाविद्यालय शिरसोली जळगाव

[Signature]

दि. १९/०९/२०२२
जय दुर्गा मिवानी
कार्यालय, जळगाव

[Signature]
संज्ञक क्रमांक कोणाच्या नावावर आहे
संज्ञक क्रमांक कोणाच्या नावावर आहे
संज्ञक क्रमांक कोणाच्या नावावर आहे

VERIFICATION

I, the above named deponent do hereby verify that the facts stated in the above affidavit are true to my knowledge. No part of the same is false and no material has been concealed there from.

Verified at JALGAON on this the 21 /01/2022.

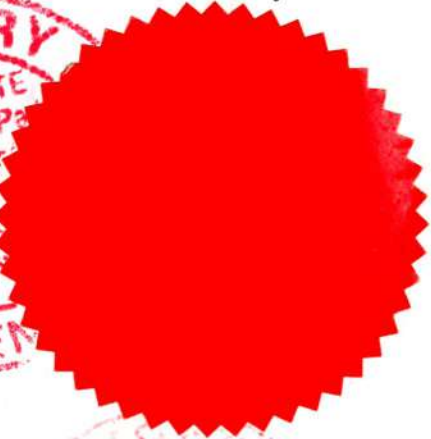


(Name, Designation and Address of the Executants)

[Signature]
PRINCIPAL
Om Sai College of Education
Shirsoli (P.B.), Jalgaon

Solemnly affirmed and signed before me by the deponent on this- 21 /01/2022 at my office.

Solemnly affirmed and signed before
Shri/Smt. DR. Archana Bhaide
of R/o Jalgaon
whom I know Personally, who is identified
by Shri. Atul Patil
of Jalgaon
whom I know Personally.
Date 21.1.22 Notary Public, Jalgaon



ADV. SHYAM S. PATIL
Notary Public Govt. of India, New Delhi
3, Shiv Apartment, Gat No. 77
Plot No. 34/35, Behind
Old Jain Pipe, Nimkhedi Shivar
JALGAON. Mob. 86683 07762
S.No. 268, 21.1.22