

## UTKAL UNIVERSITY OF CULTURE

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No. Acad-05/Affiliation-01/2024/466/UUC dated

From,

Mrs. Anamika Adhikari, OAS(S) Registrar

To,

The Director / Principal All Affiliated Colleges / Institutions (Offering the courses of BHM, MHM, BTTM & MTTM) of UTKAL UNIVERSITY OF CULTURE

Sub: Supply of information towards RTI Application of an applicant (Mr. Shaikh Belaluddin Ahammed, s/o Shaikh Isha, Village : Makhikhanada, PO : Niali, Distt : Cuttack, Odisha-754004).

Sir / Madam.

This has a reference to the subject mentioned above, I am directed to inform you that an RTI application has been received from Mr. Shaikh Belaluddin Ahammed, s/o Shaikh Isha, Village: Makhikhanada, PO: Niali, Distt: Cuttack, Odisha-754004 regarding the supply of information in resepect of affiliated colleges / institutions of Utkal University of Culture offering the courses of BHM, MHM, BTTM & MTTM as per the details & its format annexed at Annexure-A.

Hence, you are requested to submit your informations by 10.05.2024 positively without any delay as per the Annexure-A duly signed by the Director / Principal of your college for our further onward submission to the applicant.

The matter may please be treated as **MOST URGENT**.

Yours faithfully,

Encls: As above

REGISTRAR

## Annexure – A

1. Please give details of all affiliated colleges offering MTTM, MHM, BTTM & BHM in given format.

S1 No	Name of the Institute	Address	Courses Offering	Society/ Trust or other	G.B. members/ Management Committee	Head of the Institute
		13-		0_0		

2. Please give details of infrastructure of all colleges (Theory Classroom & Practical Labs)

Does this building used for any other purpose?

SI No	Institute Name	Course Offering	Class	Size / Area	Practical Lab	Size / Area	Carpet Area	Total Building Area
			T		V	, yı		

3. Please give details of all employees (Principal, Faculty Members, Teaching & Non Teaching Staffs) in the given format. Formality of Contents for Salection. Does there staffs

SI No	Institute Name	Employee Name	Design ation		Full-time /Part-time	Remunerat ion /Salary	Subject Teaching	Qualifi cation
Plea	se give deta	ils in the give	n 60	C	73%	1		,

4. Please give details in the given format of total number of student studying in institute.

S1 No	Name of the Institute	Course	Semester / Year	General	OBC	SC	ST	Total	Average attendance
DL									

5. Please give detail of course fee & its structure in given format

SI	Name of the institute	Course	Semester/	Tuition	Hostel	Exam	Course
No		Name	Year	Fee	Charges	Fee	Fee
	10					*	