

Affiliation Form

Application No..... Date.....

1. Information About The Institution

a - Name of The Institution : _____
(Use Block Letters only)

b - Postal Address : _____
(With Pincode, District & State)
(Use Block Letters only) : _____
: _____

2. Information about the Principal/ Director/HOD of the Institute.

2.1- Name: _____

2.2- Designation/Position held: _____

2.3- Postal Address: _____

2.4- Phone/Mobile/Fax/E-Mail: _____

2.5- Date of Birth & Age: _____

2.6- Educational Qualification: _____

2.7- Professional Experience: _____
(Subject Related Experience)

2.8- Aadhar No. : _____

Photograph of the
head of the Institute/
Chief Executive/
Principal/
Director

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Seal

.....
Signature head of the Institute

3- Infra structure :

3.1- Facilities Available

PARTICULARS	NO. OF ROOMS	SEATING CAPACITY	TOTAL AREA (SQ.FT.)
Staff Rooms			
Class Rooms			
Laboratories			
Reception			
Toilets			
Any Other			

4- About Faculty (as on date of proposal)

Sl. No.	Name	Designation	Qualification	Teaching Experience	Date of Appointment	Status Full Time/ Part Time

5- About Laboratory (if necessary additional sheets may be used)

5.1- COMPUTER FACILITIES

Sl. No.	Computer with Type	No. of terminals Available	Year of Purchase	Cost	Software Facilities	Other Attaching

6. Library :

No. of Text / Subject Books	
No. of Reference Books	
No. of Periodicals	
No. of Journals / Kirdh	
No. of Hard Disk / Pen Drive	
Total cost invested on library	

Other Facility (Specify) _____

Centre's Address (In English)

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Centre's Address (In Hindi)

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Residential Address (In English)

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Residential Address (In Hindi)

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The above information given by me are find correct & sigh under by me.

SEAL OF THE INSTITUTE

**SIGNATURE
HEAD OF THE INSTITUTE**