

COUNTRY																		
PINCODE																		

4. PAN Number of the Trust / Society / Registered Institution / Company / Hospital / Any Other Organization:

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5. Name of the Institution / College where training would be imparted:

6. Website of the Institution / College where training would be imparted:

7. Postal address of the Institution / College where training would be imparted:

CITY																		
STATE																		
COUNTRY																		
PINCODE																		

8. Name of the Head of the Institution / College (Authorized Signatory):

9. Profession & Qualification of the Head of the Institution / College

Profession	
Qualification	

10. Running any other Institution / School at present

YES	
NO	

IF YES, brief description

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11. Experience of the Head of the Institution / College

Academic Experience:

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Non Academic / Industrial Experience:

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12. Email Id of the Head of the Institution / College:

13. Contact Number of the Head of the Institution / College:

Mobile																			
Landline																			

14. Physical Status of the Institution / College (Tick the applicable):

Ready for Operations	
Will be operational within _____ Days	

15. Any other Affiliations:

S. No.	Affiliated To	Course Name	Strength

16. Infrastructural Details

Name of Room / Lab	Available Area	AC or Non AC	Sitting Capacity

Total Area of the Institution / College: _____ Sq. Ft.

17. List of Courses for which collaboration is required:

S. No.	Name of Course	Labs & Equipments Available (YES/NO)
1		
2		
3		
4		
5		
6		

18. Any other details you may like to mention (Awards / Achievements):

DECLARATION:

I declare that all the information given in the applications form is true to the best of my knowledge & belief and that if found guilty i shall be liable to any action by the University including the cancellation of collaboration now or in future.

Signature : _____

Name of Authorized Signatory : _____

Designation of the Applicant : _____

Seal of the Society/Institute : _____