

11. Information about the Executive / Director of the Institute

Name:

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Designation:

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Educational Qualification:

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Professional Experience:

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12. Infrastructure Details

Particular	No. of Rooms	Seating Capacity	Total Area (SQ. FT.)
Class Room			
Laboratory			
Library			
Reception			
Staff Room			
Any Other			

13. Information about Equipment

Sr. No.	Particulars	Quantity	Configuration/ Brand
1.	Computers / PC		
2.	Printer		
3.	Scanner		

Declaration: - I affirm that all the information provided in the application form is true to the best of my knowledge and belief.

Signature with stamp
Centre Director

For Head Office Use Only :-

Centre Code

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Date of Agreement

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Total Affiliation Fee. Amount Received.

Receipt/Cheque/Draft No. Date.

Authorized Signatory