

APPLICATION FORM FOR AFFILIATION

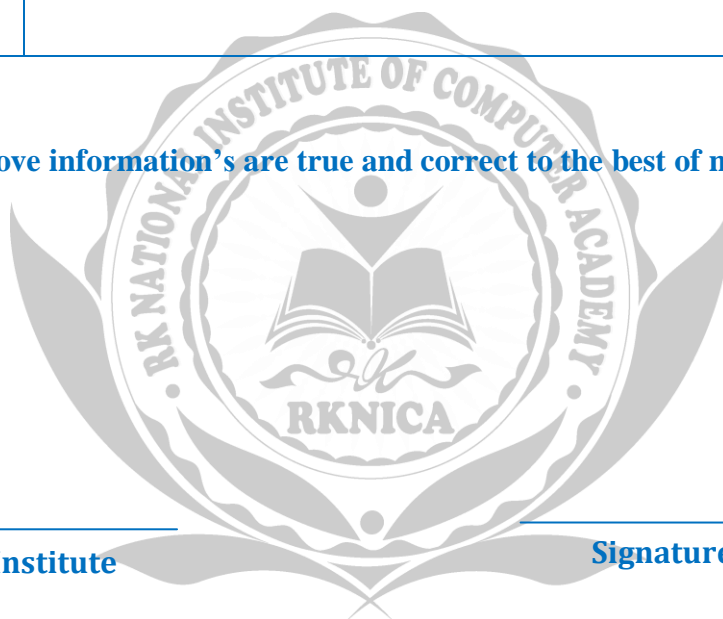
Signature Head of the institute

3. Infrastructure Facility :

Facilities Available

No. Staff Room		No. of Class Room	
No. of Laboratory		No. of Reception	
No. of Toilets		Total Area of Premises (Sq. ft)	
No. of Computer/ Laptop		No. of Printer	
Internet Connectivity	Broadband <input type="checkbox"/> Wi-Fi Data Card <input type="checkbox"/>	No. of Projector	
Type of Furniture		Premises type	Own <input type="checkbox"/> Rent <input type="checkbox"/>
Any other			

I declare that the above information's are true and correct to the best of my knowledge and belief.



Rubber Stamp of Institute

Signature Head of the institute