

Application Form

APPLICATION FORM

Application for the Establishment of Learning Center through Collaborator

Kindly fill up this form and attach supporting documents.

INSTITUTION NAME & ADDRESS	
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PROPOSED LEARNING CENTRE INSTITUTION PROFILE

1. Name of the Institution:	
2. Type of Institution (Tick on appropriate option) <i>College includes aided and unaided both. Select the appropriate option. Kindly Enclose all the necessary documents.</i>	<input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> Co-operative Society <input type="checkbox"/> Limited Company <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Under Graduate College <input type="checkbox"/> Post Graduate College <input type="checkbox"/> Autonomous College <input type="checkbox"/> Others
3. Name of The Trust / Society / Company / College running the Institution	
4. Date and Number of Registration of Trust / Society / Company / College: (Please attach proof)	
5. Postal Address of the Institution	
6. Communications Details: (a) STD Code: (b) Contact Number: (c) Fax Number: (d) Mobile Number: (e) Email Address: (f) Website Address:	
7. PAN Number of the Institution (Kindly enclose the copy)	

8. Document relating to address proof of the Institution (Lease Deed / Rent Agreement / Sale Deed / Ownership Document)	Enclosed / Not Enclosed
9. Floor Plan / Layout Map of the Institution	Enclosed / Not Enclosed
10. Photograph of Institution, Classrooms, Computer Lab, Library, Reception etc.,	Enclosed / Not Enclosed

DETAILS OF MANAGEMENT / HEAD OF INSTITUTION

1. Name of the Head of Management:	
2. Designation:	
3. Postal address :	
4. Communications connectivity of (a) STD Code: (b) Phone Number: (c) Fax Number: (d) Mobile Number: (e) Residence Number: (f) Email Address:	
5. Personal details of Head of Management:	
6. Educational qualifications	
7. Profession and Experience	
8. Photo ID Proof (Kindly enclose the copy)	
9. PAN Number (Kindly enclose the copy)	
10. One Colored Photograph	Enclosed / Not Enclosed

INFRASTRUCTURAL FACILITIES

1. Location of Institution Area (Kindly tick whichever is applicable)	Metro / State / Capital / District / HQ / Rural / Town / Hilly / Region
2. The Building of College/Institution is (Kindly tick whichever is applicable & Furnish the documents)	Own / Rent / Lease / Other
3. Total Carpet area of Institution (in Sq. ft):	
4. Total Site area of Institution (in Sq. ft):	
5. Type of Flooring of Institution:	

INSTITUTION FACILITIES AVAILABLE

Sl. No.	Type of Facility	No. of Rooms	Area (in Sq. ft)	Seating Capacity
1.	Class room			
2.	Computer Laboratory			
3.	Library			
4.	Administration			

EQUIPMENTS AVAILABLE

Sl. No.	Equipment	Count
1.	Generator	
2.	LCD Projector	
3.	OHP	
4.	Fax	
5.	Photocopier	

LEARNING CENTER CO-ORDINATOR DETAILS

1. Name of the Learning Centre Co-Ordinator :	
2. Designation:	
3. Communications connectivity of Learning Centre Co-Ordinator: (a) STD Code: (b) Phone Number: (c) Fax Number: (d) Mobile Number: (e) Residence Number: (f) Email Address:	
4. Educational Qualifications:	
5. Profession and Experience : (Kindly enclose the detailed Bio data of the Learning Centre Co-Ordinator)	

FACULTY DETAILS

Sl. No.	Name	Designation	Qualification	Teaching Exp. (in Years)	Subject Taught By Him/Her

(Kindly enclose the detailed Bio Data and Self Attested copies of educational certificates of the Faculties)

IS THE INSTITUTION RECOGNISED AS LEARNING CENTRE OF ANY OTHER UNIVERSITY OR EQUIVALENT ? - YES / NO

If Answer to YES, Kindly give the following details:

SI. NO.	NAME & ADDRESS OF RECOGNIZING UNIVERSITY	RECOGNIZED AS	PROGRAMMES UNDERTAKEN

DECLARATION

1. I / We certify that all the information given above and in the preceding pages signed by me/us is/are Complete and correct.
2. I / We declare that I / We am / are authorized to sign on behalf of my organization and that my directors and shareholders / members (where relevant) are in total agreement of my / our application.
3. In case of any information furnished by me / us to the concerned collaborator is found wrong or incomplete, I / We declare that the institute may be derecognised and is also open to any action as per law.
4. I / We undertake not to do any advertisement of our own in print / electronic media without the prior written permission of the Collaborator of the University.
5. I / We understand that the approval of my / our institution as Learning Centre shall be done as per the norms of the University Collaborator.

Place:

Date :

**Head of the Institution Signature
 Name and Seal**

Check list for Submission of Application Form

SI. No.	Particulars	Yes	No
1.	Memorandum / Details of Society, Trust or Company		
2.	Resolution of Society, Trust or Company for becoming Learning Centre		
3.	Address proof of Institution (Lease Deed / Rent Agreement / Sale Deed / Ownership Documents)		
5.	PAN Number of the Institution or PAN Number of Head of Management		
6.	Floor Plan / Layout Map of the Institution		
7.	Photograph of the Institution, Classrooms, Lab, Library, Reception		
8.	Photo ID Proof of Head of Management		
10.	One Coloured Photograph of Head of Management		
11.	List of Computers with Configuration Details		
12.	List of Software Available		
13.	List of Books Available in Library		
14.	Bio data of Learning Centre Co-Ordinator		
15.	Bio data of Academic Faculties along with the copy of their self attested educational certificates		
16.	Document pertaining to association with other Universities (if applicable)		

PAN INDIA EDUCATION

(Academic Co-ordinator of SIMS, Pondicherry - Collaborator of Annamalai University)

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