





**2. EXPERIENCE:**

➤ YEAR OF ESTABLISHMENT of Trust / Society \_\_\_\_\_ Reg. no. \_\_\_\_\_

➤ EXPERIENCE in EDUCATION PROFESSION

SR.NO.	YEAR	PRIME AFFILIATION/PROJECTS	COURSES BEING OFFERED	STUDENT STRENGTH
1	2009			
2	2008			
3	2007			
4	2006			
5	2005			

3. **INFRASTRUCTURE DETAILS:** Total Area  in sq. ft➤ **DETAILS OF AREA TO BE USED EXCLUSIVELY FOR PTU LEARNING CENTRE:**

DESCRIPTION	UNITS	TOTAL AREA	SITTING CAPACITY	DESCRIPTION	UNITS	TOTAL AREA	SITTING CAPACITY
CLASSROOM				LIBRARY			
LAB				STAFF ROOM			
COUNSELING				AUDIO VISUAL ROOM			
RECEPTION				TOILET & CIRCULATION			
ANY OTHER				ANY OTHER			

★ Attach undertaking on non- judicial stamp paper for exclusive use of above space in prescribed format **Annexure-III**

➤ **TECHNICAL INFRASTRUCTURE DETAILS TO BE USED FOR PTU:**➤ **DETAILS OF COMPUTER / LAB:**

TYPE	PROCESSOR	RAM	HDD	BRAND	NUMBER	NETWORK (Y/N)	INTERNET Y / N
SERVER							
CLIENT/PC							

Type of Internet Facility: Leased Line  Broadband  Dialup  other

➤ **OFFICE AUTOMATION DETAILS:**

SR.NO	EQUIPMENTS	QTY	BRAND
1	PRINTER		
2	GENERATOR		
3	UPS		
4	LAPTOP		
5	LCD		
6	OHP		
7	FAX		
8	SCANNER		

➤ **LAB DETAILS-FOR COURSES HOTEL MGT./ AIRLINES & TICKETING / FASHION / ID / JD / BIO- TECH. / BIO- INFORMATICS / MLT / CMB / DOTT / DRIT / MULTIMEDIA / MCA J :**

DESCRIPTION	AREA COVERED	STREAM APPLICABLE	EQUIPMENTS DETAILS (ATTACH SEPARATE ANNEXURE, if Required)
LAB1			
LAB2			

➤ **FACULTY AND STAFF DETAILS**

SR. NO.	NAME	DEPTT*	DESIGNATION	QUALIFICATION	EXPERIENCE IN YEARS	FULL/PART TIME	Appointed / Identified
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

\*Departments: Academics, Administrative, Accounts, Database, Support

**DETAILS OF CENTER HEAD (Very Important)**

NAME	QUALIFICATION	EXP (Yrs)	APPTD SINCE	SALARY
<b>BRIEF PROFILE OF CENTRE HEAD</b>				

★ Please attach profile of Centre headAnnexure-IV

**4. COURSES APPLIED FOR & FEE DETAILS:**

FEE TYPE	AMOUNT	DD NUMBER	DATE	BANK
PROCESSING FEE NON REFUNDABLE	15000			
AUTHORIZATION FEE	40000			

**Note:** Processing fee shall not be refunded

COURSE NAME APPLIED FOR @Rs.10,000/-	STREAM	AMOUNT	DD NUMBER	DATE	BANK	MINIMUM ADMISSION	
						MAR-10	SEP-10
"EXTRA" COURSE NAME APPLIED FOR @Rs.10,000/-		AMOUNT	DD NUMBER	DATE	BANK	TOTAL ADM=	TOTAL ADM=
<b>TOTAL AMOUNT=</b>			<b>TOTAL NO. OF DD's=</b>			TOTAL ADM=	TOTAL ADM=

**Note:** University may not give authorization for more than 4 courses initially.

➤ **SUMMARY**

S.NO.	NARRATION	AMT/QTY
1	TOTAL COURSES APPLIED FOR	
2	TOTAL AMOUNT OF DEMAND DRAFTS	
3	TOTAL NUMBER OF DEMAND DRAFTS	

**5. PHOTOS TO BE PASTED:**

**Space for Affixing**

**'FRONT PHOTOGRAPH OF THE CENTER'**

**Space for Affixing**

**'WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE CENTER'**

**Space for Affixing**

**'PHOTOGRAPH OF RECEPTION AREA OF THE CENTER'**

**Space for Affixing**

**'PHOTOGRAPH OF LECTURE ROOM OF THE CENTER'**

**Space for Affixing**

**'PHOTOGRAPH OF COMPUTER LAB OF THE CENTER'**

**Space for Affixing**

**'PHOTOGRAPH OF LIBRARY OF THE CENTER'**

6. ANNEXURE'S/ENCLOSURES REQUIRED:

	Yes	No
<u>Annexure- I</u> Copy of Registration of Trust/Society	<input type="checkbox"/>	<input type="checkbox"/>
<u>Annexure- II</u> Copy of Lease/Rent / Ownership Deed	<input type="checkbox"/>	<input type="checkbox"/>
<u>Annexure- III</u> Undertaking on non- judicial stamp paper	<input type="checkbox"/>	<input type="checkbox"/>
<u>Annexure- IV</u> Profile of Centre head	<input type="checkbox"/>	<input type="checkbox"/>
<u>Annexure- V</u> Photographs (6)	<input type="checkbox"/>	<input type="checkbox"/>

Any Other Document Enclosed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

<b>DATE</b>	
<b>PLACE</b>	
<b>NAME</b>	
<b>DESIGNATION</b>	

**STAMP & SIGNATURE**

SEND THIS DULY FILLED FORM WITH ANNEXURE'S, FEES AND DOCUMENTS TO:



**Last Dates**

\_\_\_\_\_

\_\_\_\_\_