

Center Processing Form

1. Name of the Institute _____

2. Name of the Owner / Proprietor / Partner of the Institute _____

3. Name of Co-Ordinator of the Institute _____

4. Complete Address for Correspondence (do not repeat the name) _____

State:

Pin Code:

E-mail address:

Web site if any then URL:

Location: URBAN

SEMI URBAN

RURAL

BACKWARD

Telephone Numbers:

STD Code:

Office

Mobile

(R)

Fax

5. Status of the Institution

a. Trust

b. Society

c. Partnership

d. Proprietorship

e. Pvt. Ltd.

6. Date of Incorporation / Commencement of the academic activity

7. Nature of Activity

8. Financial Details

Non-recurring Investment made by the institute

a. Infrastructure

b. Lab

c. Faculty

d. Library

e. Other

9. Advertisement Expenses budget for One Year :

10. Business turnover of the last year :
11. Financial resources of the Institute – pls attach previous year Balance Sheet
12. Attach the List of the Courses you are conducting at your Institute (requires last six months detailed course wise data)

Details of the Head of the Institute

(Attach separate sheet)

Name	Designation	Course Name (IT)	Qualification	Experience

Details of the Faculty Member

(Attach separate sheet)

Name	Designation	Course Name (IT)	Qualification	Experience	Nature of Employment Full time / Part time	Date by which the appointment will be made.

Teaching Facilities provided to the students

Class Room Teaching (give details which method is used for class room teaching e.g. through audio-visual, blackboard notes, seminar, workshop, etc.

Practical Teaching (give details)

Internal Evaluation through Assignments / Tests / etc. gives details

Infrastructure Facility available at the Institute

Details of Rooms / Building (attach separate list)

Particulars	Carpet Area	Number
Reception / Enquiry Room		
Class Room		
Computer Lab		
Library		
Faculty Office		
Administrative Office		
Center Head Room		
Others		

Library Facility (attach separate list)

Sr. No	Name of the Books	Author's Name	Syllabus Covered	No. of Copies	Price Rs.

Computers Configuration (attach separate list)

Name and Configuration of the Computer	No. of Computers

Estimated Target Admission (annually)

Year	No. of Students
First Year	
Second Year	
Third Year	

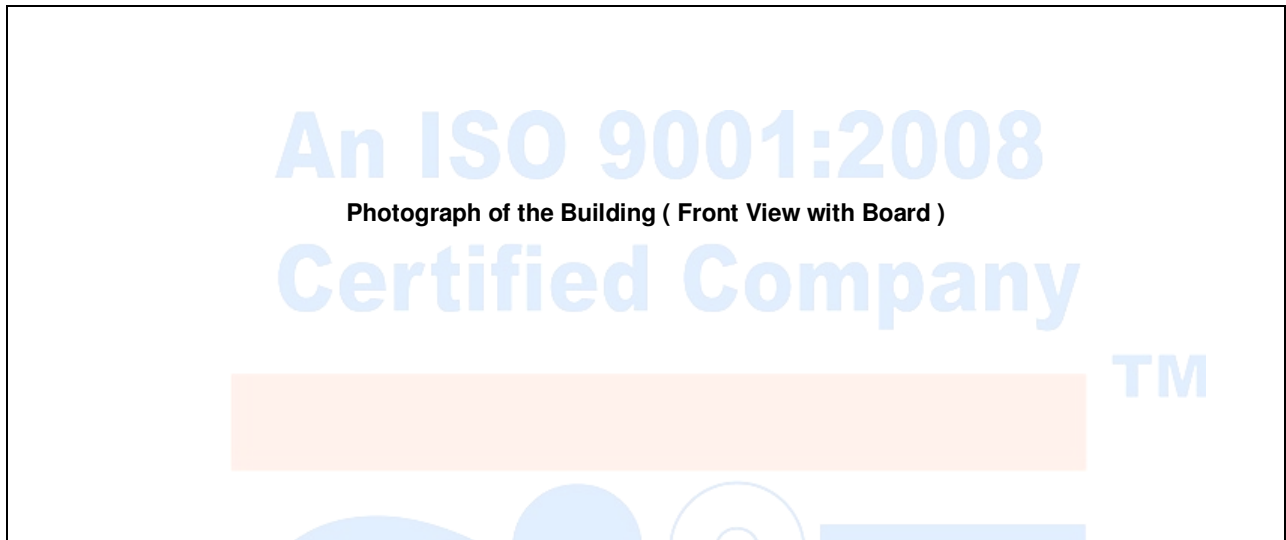
CENTER SETUP DETAILS

Paste Photographs here

ATC At _____

1. Building (Owned/Rented) : _____

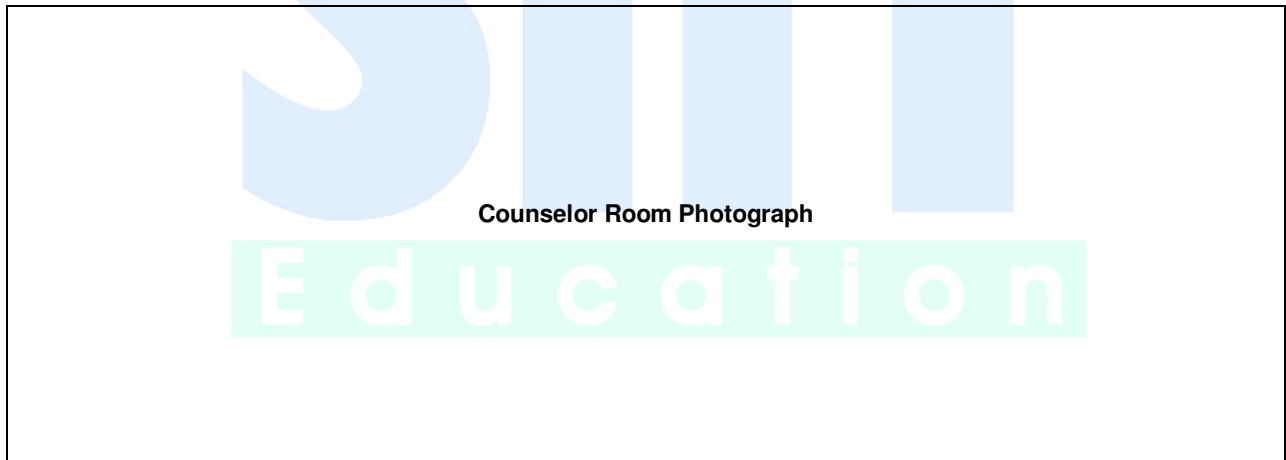
(I)Total Area (Sq. Ft): _____ (ii) Build up area (Sq. Ft): _____



2. Front Office Details :

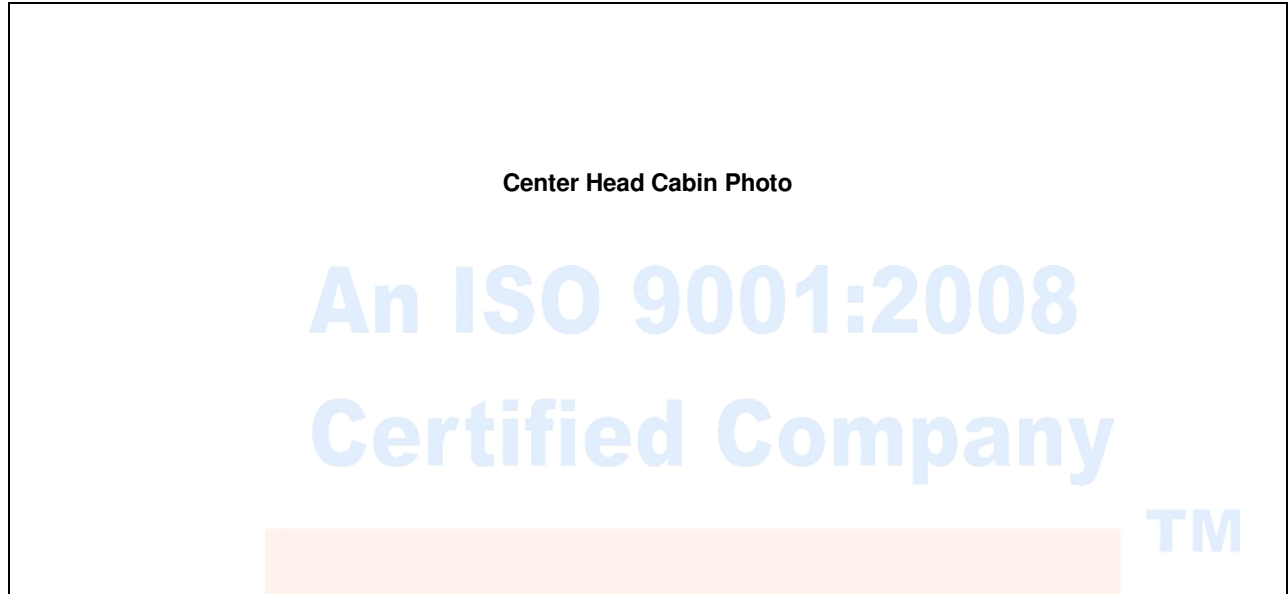
A. Counselor's Room

(I)Dimension: _____ (ii) Area: _____



B. Center Head Cabin:

(i) Dimension: _____ (ii) Area:



C. Library Photo

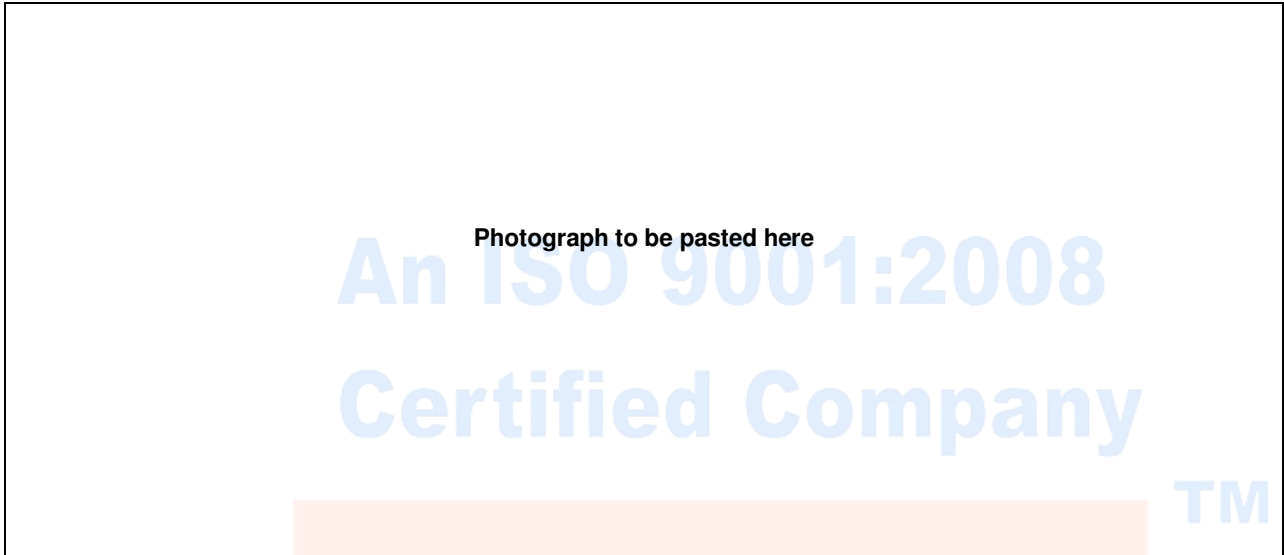
(i). Dimension: _____ (ii) Area:



Lecture Room

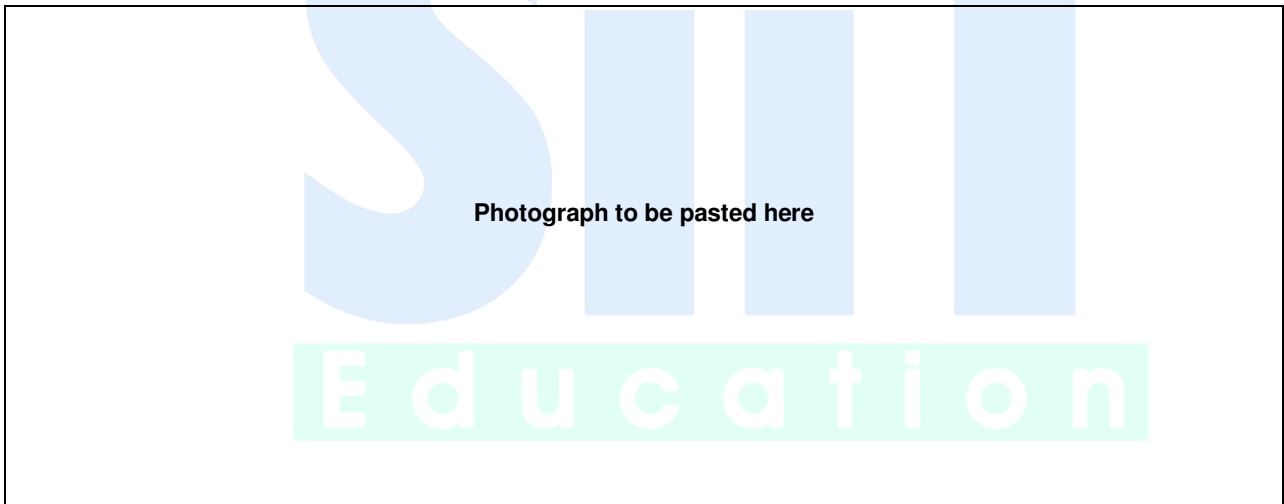
A Lecture Room

(i) Dimension: _____ (ii) Area: _____ (iii) Seating Capacity: _____



(B) Computer Lab Photo

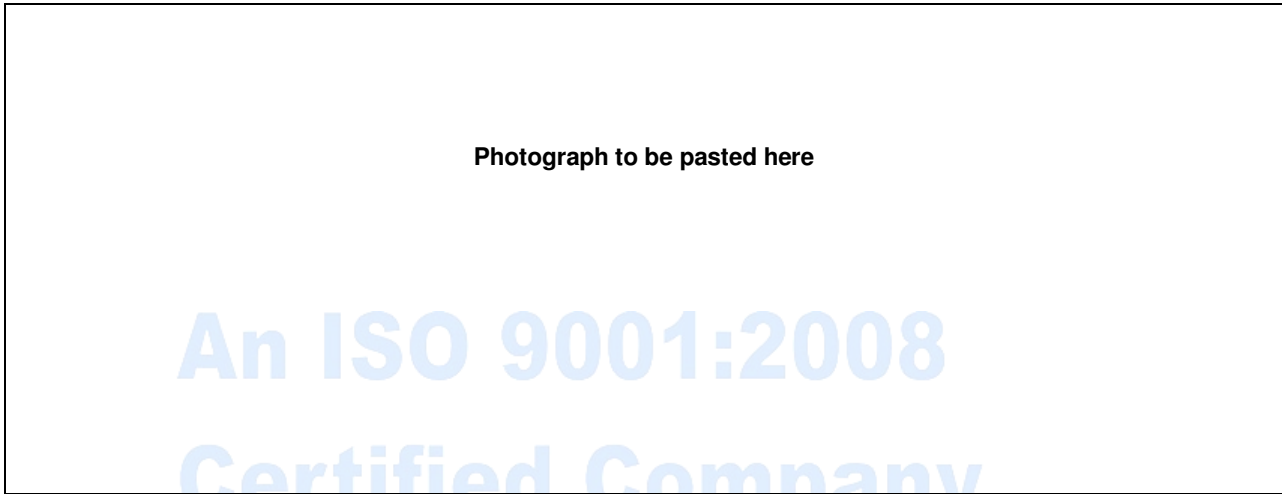
(i) Dimension: _____ (ii) Area: _____ (iii) Seating Capacity: _____



3 Computer Lab Details

1. Dimension : _____ (ii) Area: _____
2. Number of Computers : _____ (Independent/LAN/ Extenda)
3. Number of printers : _____
4. Type: (a) Laser: _____

- 5. (b) Inkjet: _____
- 6. (c) Dot Matrix: _____
- 7. Internet connection (Yes/No) : _____

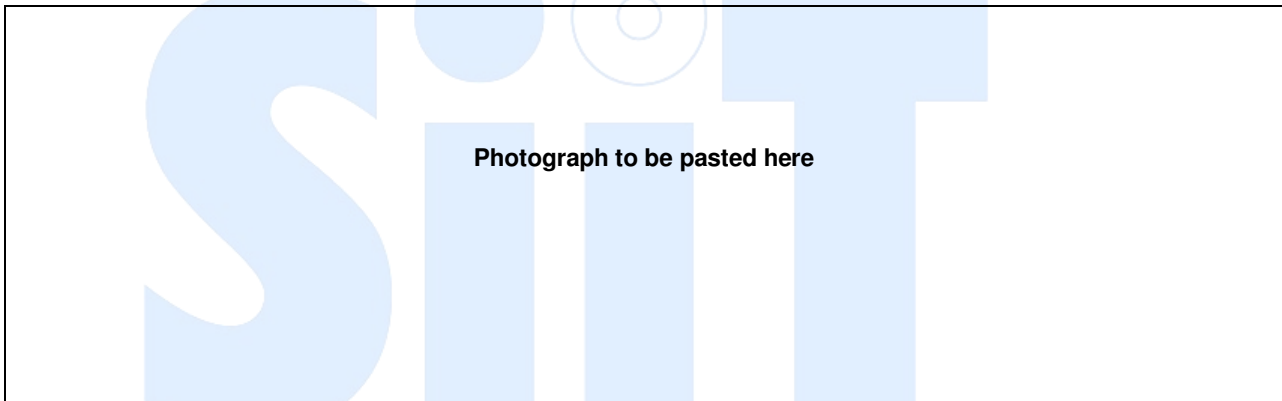


Photograph to be pasted here

An ISO 9001:2008
Certified Company
Computer Lab Photograph

4 Library Details (Attach a separate list with details of library books with name)

Total Number of Books: _____



Photograph to be pasted here

Library photograph

The Market Survey at your location / area / city

- a. Population of City / Town
- b. No. of Schools, Colleges, Classes in the Area
- c. How soon can you start

Track Record of your Institute

- 1. Details of courses conducting during previous year _____
- 2. Is there placement assistance in your Institute? _____
- 3. Any other Activity carried out? _____

REQUIRED DOCUMENTS

1. Address proof of the Institution
2. Institute registration papers, Shop Act License / Grampanchayat Letter
3. Center Head's BIODATA with Photo
4. Faculty's BIODATA with Photo
5. If on rent/lease then rent/lease agreement
6. Photographs of Front view of premises with the name of the institute, classroom, computer lab, and library may be provided.
7. List of faculty with experience.
8. Details of guest faculty.
9. Computer Configuration details



AFFILIATION FEES DETAILS

Name of the Institution _____

Affiliation fees included in bank draft No. _____ dated _____
for Rs. _____ drawn on bank _____ in favour of _____
_____, payable at Sangli,

Date :
Place:

Seal & Signature
of Institute

DECLARATION BY THE APPLICANT

I hereby certify that all the particulars stated in this application are to the best of my knowledge and belief and in case of suppression or distortion of any fact made in my application form, I understand that my affiliation is liable to be cancelled.

I understand that SiiT Education has the right to add / delete / change the syllabus, course structure, rules & regulations.

Place

Signature

Date

Head of the Institute / Co-Ordinator

Photograph
Of the Head
Of the Institute

SiiT Education

UNDERTAKING

(Format to be printed on the letterhead of the Institute)

I _____
(Name & Designation)

Partner / Proprietor / Owner of _____

(Name & address of the Institute)

Understood the RULES & REGULATIONS as on now & amended in future applicable to the Institute conducting SiiT Education's Courses, courses explained in the Prospectus for Affiliation and agreed to abide by the same.

2. I certify that I am the competent authority, by virtue of the administrative and financial powers vested in me some on being owner / authorized administrative of the above mentioned Institute / organization to furnish the above information and to undertake the above stated commitment on behalf of my / our Institution.
3. I am aware that in case any information given by me is false or misleading, SiiT Education may in its sole discretion to take whatever actions or measures it deems necessary and appropriate and the Institute would be debarred from the Affiliation for any or all from Two years from the date of debarring.
4. I agree to abide rules & regulations by the decisions of the SiiT Education or its designated agencies in respect of my application for Affiliation IT courses under the above scheme.
5. I further understand that, In case at least 150 numbers of candidates in the duration of one year period of Affiliation, is not sent, SiiT Education is liable to be withdrawn or canceled.

Seal & Signature of Center Head

Signature of Witness

- Name :
- Designation :