New Indian Computer Education



A National Programme of Information Technology Education & Development

An ISO 9001 : 2008 Certified Organisation

An Autonomous Institution Regd. Under Society Act. 21, 1860 & Public Trust Act. 1882 Govt. of India

APPLICATION FORM FOR AFFILIATION

— For Head Office Use Only —					
Form Receiving Date ALC Code					
	Authorised Signatory				
Total Affiliation FeesAmount Received	Remarks				
Receipt/Cheque/Draft No					
1. Information About The Institution					
Name & Postal Address of the Institution (Use Block Letters only):					
Discoss / Free (Material No.	PIN				
Phone / Fax / Mobile No. :					
E-mail Address :					
Status of the Institution : Trust Regd. Society Other Year of Establishment					
2. Information about the Chief Executive/ Principal/ Direc	tor of the Institute.				
Name :					
Designation/Position held :	Photograph of the				
Education Qualifications :	head of the Institute/ Chief Executive/				
Principal/ Director					
Date of Birth :					
Postal Address (Home) :					
	PIN				
Seal	Signature Head of the Institute				

3-Infrastructure Facility:

3.1 Facilities Available:

PARTICULARS	NO. OF ROOMS	SEATING CAPACITY	TOTAL AREA (SQ. FT.)
Staff Room			
Class Room			
Laboratory			
Reception			
Toilets			
Any Other			

4-Details of Laboratory Facilities available.

(If necessary additional sheets may be used)

4.1- COMPUTER FACILITIES

SI. No.	Computer with Type	No. of terminals Available	Year of Purchase	Cost	Software Facilities	Other Facilities

(As on date of proposal) Designation | Qualification SI. Name Teaching Date of Status No. Experience Appointment Full Time/ **Part Time** 6- Library Facilities: No. of Text / Subject Books No. of Reference Books No. of Periodicals No. of Journals No. of CD's Total cost invested on library Other (Specify) Centre's Address (In Hindi): Residential Address (In Hindi):Pin Code.....Pin Code..... Phone/Mobile..... Phone/Mobile..... The above information given by me are find correct & sign under by me. **SEAL OF THE INSTITUTE** SIGNATURE HEAD OF THE INSTITUTE

5-Information about Faculty

New Indian Computer Education

Form to be filled by study centre data sheet for website

1.	Study Centre Name			
2.	Centre's Director Name			
3.	Location			
4.	City			
5.	District			
6.	State			
7.	Phone (O)			
	Phone (R)			
	Mobile			
	Fax			
8.	E-mail :			
	I here by declare that the	e above furnished details are best to my knowledge.		
		Signature		
		Centre Director		