

[illegible]

6. Nominate a Coordinator / Representative:

.....

Office Landline:

Mobile:

Email id:

7. Current Infrastructure details that is available with you for educational purpose

(a)	Total area of the Institute / Centre (in sq.ft.)		
(b)	Total covered area (in sq.ft.)		
(c)	Number of floors		
(d)	No. of rooms available		
(e)	Power Backup		
(f)	No. of computer available		
(g)	Internet facility available		

8. Details of Premises (Attach Relevent Documentary Proof) :

- a) Whether the land & building are owned by the centre.
- b) If the building is rented, enclose the lease deed of the Society / Institution.

9. Whether the premises is ready for use if yes what it is currently used for

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10. If your centre is also associated with any other university / Institution. (Give Details)

.....

11. Grade your centre :

Perfect ☐

Good ☐

Satisfactory ☐

Justify :

.....

.....

12. Locate of the Centre:

a) Remote Area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Easily accessible	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Residential Area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d) Commercial Area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e) Within the City	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
f) Outskirts of the City	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

g) Distance from Railway Station.....
City.....

Name of the

h) Distance from the Stop.....
Area.....

Name of the

13. Any other relevant information w.r.t. competitors or market trends / market potential which you wish to disclose / share.

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14. Attach one set of Visiting Card, Letter Head & Profile of your Institute

DECLARATION

We hereby declare that the details provided by me / us here in above are true to best of my / our Knowledge

Date:

.....

Place:

Signature

DD DETAILS

DD. No.
.....

DD. Date:

Drawn on (Bank Name).....
Rs.....

Amount (in figures)

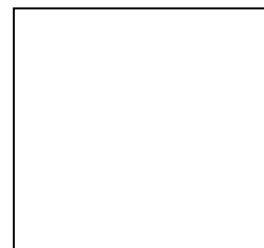
Amount (in words) Rs.

.....



**Latest Stamp Size
Photograph of the**

**Chairman/Secretary
Trustee**



**Latest Stamp Size
Photograph of the**

Director/Proprietor

**Signature & Seal of Signatory of Society/ Trust
Proprietor Institute**

(In original, with date)

Signature & Seal of Director /

(In original, with date)

Indian Institute Of Skill Management & Technology

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