

Name of partner: (IN BLOCK LETTERS)

Age: _____ Marital Status: _____

Highest Academic / Professional Qualification attained: _____

Work Phone: _____ Cell Phone: _____

E-Mail: _____

INFRASTRUCTURE DETAILS:

Particular	No. & Seating Capacity	Area (in Sqr. Ft.)
Reception / Counseling Room		
Theory Class Room		
Computer Lab		
Library		
Visiting Zone / Open Space		
Other Amenities		

EQUIPMENT HELD:

Particular	Nos.	Type
Computer		
Desktop		
Laptop		
Printer		
Dot Matrix Printer		
Laser Printer		
Ink Jet Printer		
Scanner		
UPS		
Inverter		
Internet		
Generator		

FACULTY/STAFF DETAILS:

S.No.	Faculty Name	Designation	Age	Gender	Qualification	Experience	Part Time / Full Time

Date.....

Signature with Office Stamp

Place.....

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Paste Photograph of the Building (Front View) in below mention box.



Paste Photograph of the Reception / Counselor's Room in below mention box.



INSTITUTE SNAPS

Paste Photograph of the Computer Lab in below mention box.



Paste Photograph of the Theory Room in below mention box.



Recent
Passport Size
Photo
Owner

Recent
Passport Size
Photo
Partner-1

Recent
Passport Size
Photo
Partner-2

For Office Use Only

Organization Name:	
Center Code:	
Date of Agreement:	

Verified By:

Date.....

Signature

Place.....

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