

Application for Affiliation

To

The Director,
The Council of Technical Education & Training,
Admin office:-TAPA -148108

Sub. Regarding Affiliation

Sir,

We want affiliation / information center for our institute / school. We understood and read carefully all rule and regulations, terms and conditions and we accept them. The details of our institute as under:-

1. Name of the institute.....

2. Regd. No. if registered:
(Copy attached)

3. FullAddress.....

.....

Dist.....State.....

Phone.....Mobile.....Pin.....

E-mail.....website.....

Nearest Bus Stand.

Nearest Railway Station.

Nearest Airport.

4. Detail of members if society / trust / firms:

I

VIII

II

IX

III

X

IV

XI

V

VI

VII

5. Detail of the Authorized person of institute who work with the Board on the behalf of the institute:

Name:

Father name:

Mother name:

Date of birth.....

Full.address:

.....

.....

(Copy attached any identity as a proof of address)

6. Detail of Building:

I. Total Class Room.....

II. Water arrangement.....

III. Toilet facility.....

IV. Play ground.....

V. Computer facility.....

VI. Internet facility.....

VII. Computer lab.....

VIII. Books library.....

7. Detail of Staff:

I.

II.

III.

IV.

V.

VI.

VII.

8. Bank Detail of the institute:

I. Name of the Bank.....

II. Branch

III. IFSC code:

IV. Account No

V. Name of Signatory Person

**9. Are your institute affiliated with any other educational Board / University give detail?
If yes copy attached.**

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9. Other Details:

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I here by declare that the above information is true.

Dated.

Signature

Place:

Name.....

Designation.....

Stamp.