SWAMI VIVEKANANDA GROUP OF EDUCATION

A National Programme of Information Technology Education & Development
An Autonomous Institution Registered Under the Public Trust Act Govt. of India, N.C.T New Delhi.
An ISO 9001:2015 Certified Organization

Application Form for Affiliation

For Head Office Use

Form Receiving Date

Authorised Signatory

Total Franchisee fees.................... Amount Received...........................

Receipt/Cheque/Draft No. ....

Remarks

1. Information about the institution.

   Name & Postal address of the institution (Use Block Letters Only):

   Phone /Fax / Mobile No. :

   E-mail Address:

   Status of the Institutions: Trust ☐ Regd. Society ☐ Other ☐ Year of establishment ☐

2. Information about the Chief Executive /Principal/Director of the Institution.

   Name:

   Designation/Position held:

   Educational Qualifications:

   Professional Experience:

   Date of Birth:

   Postal Address:

   PIN

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3. Infrastructure Facility

    Facilities Available:

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

5. Information about the Faculty:

   (As on date of Proposal)

S.No	Name	Designation	Qualification	Teaching Experience	Date of Appointment	Status Full/Time/ Part Time

Centre's Address (in Hindi):

………………………………………………….
………………………………………………..
……………..Pin Code …………………………..
Phone/Mobile………………………………………

Centre's Address (in English):

…………………………………………………………
…………………………………………………………
…………………Pin Code……………………………..
Phone/Mobile………………………………………..

The above Information given by me are find correct & sign under by me.

Signature & Seal Head of the Institute