Maharshi Dayanand Computer Saksharta Mission

A National Programme of Information Technology Education & Development
An ISO 9001 : 2008 Certified Organisation
A Unit of Maharshi Dayanand Computer Saksharta Sansthan
An Autonomous Institution Regd. Under Society Act. 21, 1860 & Public Trust Act. 1882 Govt. of India

JAS-ANZ
M4640210IL

APPLICATION FORM FOR AFFILIATION

For Head Office Use Only

Form Receiving Date

ALC Code

Authorised Signatory

Total   Affiliation   Fees ....Amount Received..........................

Remarks

Receipt/Cheque/Draft No... Date ....

1. Information About The Institution

Name & Postal Address of the Institution (Use Block Letters only) :

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/ Director of the Institute.

Name :

Designation/Position held :

Education Qualifications :

Professional Experience :

Date of Birth :

Photograph of the head of the Institute/ Chief Executive/ Principal/ Director

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

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

5-Information about Faculty

(As on date of proposal)

SI. No.	Name	Designation	Qualification	Teaching Experience	Date of Appointment	Status 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) :

....

....

.........................Pin Code.........................

Phone/Mobile...

Residential Address (In Hindi) :

....

....

.........................Pin Code.........................

Phone/Mobile...

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

SEAL OF THE INSTITUTE   **SIGNATURE HEAD OF THE INSTITUTE**

Maharshi Dayanand Computer Saksharta Mission

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 above furnished details are best to my knowledge.

Signature

Centre Director