

APPLICATION FORM FOR TRAINING PARTNER

The Director, UNIVERSITY NAME

The application for Training Partner

of.....

(Name of the institution or Society or Organization seeking accreditation)

is submitted for consideration by the GURUKASHI UNIVERSITY. The required particulars provided in the following pages are authentic and valid.

On behalf of the institution, I affirm that I will abide by the Norms and Conditions specified and will carry out the responsibilities of training partner. I have noted and agreed that accreditation can be withdrawn by GURUKASHI UNIVERSITY without assigning any reason and making us liable for any loss and damages. I further mention that the Training centre has got the necessary infrastructure to function as the R&D Training Center

Yours Sincerely

Signature of the Coordinator /Director

Date:	 	 		 			 	
Place:	•••	 	•••	 •••	•••	• • •	 	

Enclosure: Complete Proforma

Name In block letters

.....

(Affix stamp)

NAME OF THE ITP Application for Training Partner

A. GENERAL INSTRUCTIONS

- 1. All the columns must be filled up in legible handwriting. Incomplete applications may be rejected.
- 2. Certified copies of all the relevant documents as per the checklist given at the end of this form should be enclosed with the application form.

B. GENERAL INFORMATION ABOUT THE ITP

C. INFORMATION ABOUT THE SOCIETY/TRUST/ SOLE PROPRIETORSHIP / PARTNERSHIP/ COMPANY RUNNING THE ITP

- 1. Name and address of Trust/ Society/Etc
- 2. Is the Trust/ Society/Etc Registered?
- 3. If yes, under which Act? YES/NO
- 4. Year of Registration ______ Registration No. ______ (Certified copy of the Certificate of Registration and Memorandum of the to Society is be enclosed. Enclosure -l)
- 5. Whether the Trust/Society/Etc/Management is non-proprietary YES/NO (List of members with their addresses stating how the members are related to each other

to enclosed. Enclosure-II)

6. Contact Details the Manager/President/Chairman of the centre

Name:
Designation:
Address:
Phone No. with STD Code:

D. INFRASTRUCTURAL & ACADEMIC FACILITIES

1. Is the ITP/ college located in a rented building or own building?

- a) Area of school Campus ______ (in Acres.) ______ (in sq. Mtrs.)
- b) Built up Area in (in sq. Mtrs.)

2. Infrastructure Details

a) Rooms, Library, and Laboratories

S.No	Item	Number of	Size in square feet	Area in
		rooms	Length x width	square feet
1.	Class Rooms			
	(minimum 300sq.ft			
	each)			
2.	Composite Science			
	Lab			
3.	Physic Lab			
4.	Chemistry Lab			
5.	Biology Lab			
6.	Math's Lab			
7.	Computer Lab			
8.	Library			
9	Other Rooms/Hall			
10	Special Needs			
	Workshops			

3. Teaching Staff

(List of staff indicating qualifications, subject(s) taught & experience etc. to be enclosed.

Enclosure - VII)

S. No.	Staff	No. of Permanent Teachers	No. of part-time Teachers	Total
1	TGTs (Trained Graduate			
	Teachers)			
2.	PGTs (Post Graduate			
	Teachers/ Lecturers)			
3.	Librarian			
4	Vice Principal/Head			
	Master/Head Mistress			

4. Administrative Support Staff

S. No.	Staff	Permanent	Not Permanent	Total
1	MTS			
2	Lab Attendants			
3	Accountant			
4	Peons			

5. Other Facilities

a) Facility of Toilets □ Available for Boys

□ Available for Girls

□Not Available

b) Facility of Drinking Water □ Available □ Not Available

6. Library Facilities

- a) Total No. of books
- b) No. of Magazine
- c) No. of Dailies {newspapers}

7. Other Facilities available in the ITP

- a) Sports & Game
- b) Dance Room
- c) Gymnasium
- d) Music Room
- e) Hostel
- f) Health and Medical Check up

E. OTHER RELEVANT INFORMATION

- 1. What are the working hours of the applying ITP?
- 2. Express in a few lines Why does the applying institution want to be associated with ITP NAME

DECLARATION

This to certify that all the above information furnished regarding the ITP is correct and authentic to the best of my knowledge.

Date:

(Signature of the Coordinator)

Place

(Name with Rubber stamp)

CERTIFICATE OF ENDORSEMENT

(by President/Chairman/Manager of the ITP/ Society/ Organization)

In support of the application, I certify that having read the Norms and Procedure for accreditation of ______, I undertake to ensure that the ITP will abide by the Rules and Regulations and terms and conditions, as are made applicable to the Accredited Institutions, from time to time. I further affirm that accreditation, if granted to the Institution, we should keep enriching education to the society. I shall do what is in my power to ensure the smooth and proper functioning of the Institution

(Signature of the President/Chairman/Manager of the applying ITP /society/)

(Name of the President/ Chairman/Manager with Rubber Stamp)

Dated: _____

S.No.	Particulars of the Document	Whether enclosed or not please tick	Remarks
1.	Processing fee of Rs. 20,000/- (Twenty thousand only)		
2.	Copy of the Certificate of Registration of the Society/Trust/Etc		
3.	Copy of the Memorandum of Association and Rules and Regulations /Bialo/Trust Deed/Partnership Deed.		
4.	List of members of the Governing Body of the Society Trust/Etc with their occupations and addresses.		
5.	Resolution of the Management for taking R&D centre and Training Partnership		
6	List of teachers indicating their qualifications, designations, experience, length of service in the institution		
7	Four photographs of the laboratories and the building of the Institution		
8	Documents of Land of the school (lease /ownership)		

9	Layout plan of the building of the ITP	

NOTE: All the above-cited documents must be submitted along with the application otherwise the application may not be considered