



INDIAN INSTITUTE OF TECHNICAL EDUCATION
KL06D0006327
INSTITUTIONAL MEMBERSHIP

A. INSTITUTION PROFILE

1. Name of the Institution :
(Block Letters)

2. Postal Address :

3. Registered Address :

4. Phone (with STD code) :
Fax :
Mobile :
Email : _____

5. Location of the Centre

Remote Area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Easily accessible	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Residential area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Commercial area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Within the city	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Outskirts of the City	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Nearest airport Kms Name of the City

Distance from Railway Stn. Kms Name of the City

Distance from bus stop : Kms Name of the area

6. Year of Establishment :

7. Status of Institution : _____

2. Building Facilities Available

particulars	No .of Rooms	Seating Capacity	Total Area(Sq.ft)
Class Rooms			
Labs			
Computer Lab			
Library			
Reception			
Admin. Block			
Any Other			

Declarations:

- I, hereby certify that the information given above is correct, to the best of our knowledge and belief**
- We certify that the Executive head or any of its office bearers is not involved in any criminal case and or no case is pending against him /her.
 - We certify that we will abide by all decisions taken by IITE from time to time which are related to programmes such as publicity norms , contact programmes, procedure to be followed etc.
 - We undertake to verify and certify this form of the candidates forwarded by as to the IITE that they are eligible in all respects as per eligibility conditions laid down by IITE .
 - We promise to abide by the rules & regulations amended from time to time. We also understand That if we do not abide by the norms set by the IITE , our Membership may be withdrawn and fees for feited.
 - We undertake to keep our Membership alive paying annual subscription and other dues if any regulary as per rules of IITE.

Photo of Head
Of the
Management

Photo of
Academic
Head Of
Institute

Signature with Seal of
Head of Management

Signature with Seal of
Academic Head of Institute

DDs (DD No. _____ Date _____
Amount (in figures) 10000/- Amount (in words) ten thousand only)

NOTE - In case of non approval of institutional Membership after inspection ,the fee submitted by the institute will be returned after deducting.

FOR OFFICE USE

Received with thanks duly filled in Application Form for Institutional Membership (students' Chapter) Along with DD No For Rs . 10,000/- in favour of the IITE. (Annual Membership Fee. Rs 5000/- Inspection Fee: Rs . 5000/-& Subscription Fee (Annual): Rs . 5000/-

**Authorised Signatory
IITE**

Approval to the Membership

Membership No . _____

Next Annual Subscripton is due on.....

**Chairman/Secretary
IITE**

8. Type of Institution : _____

Govt (Central/State/

Trust/Society/Private (Please

Attach MOA & Registration

Certificate)

9. Course being Conducted

Presently are recognized by : _____

10. No. of Students at present : _____

B. INFORMATION ABOUT THE HEAD OF INSTITUTION

1. Name :

2. Designation :

3. Postal Address :

4. Phone (with STD Code) : -

Fax (with STD Code) : -

Mobile :

Email : _____

5. Date of Birth & Age : - - Years

6. Educational Qualifications : _____

7. Professional Experience : Years

C. EXISTING INFRASTRUCTURE

1. BUILDING

Name of Building	Owned/Rented/Lease	Class Room Area	Lab Area

SELF DECLARATION FORM

(To be typed in Rs .100/- Indian Non-Judicial Stamp Paper)

I / We hereby apply for my /our Student Centre for IITE . I/We hereby undertake as under.

- 1 . To pay all the outstanding dues.
- 2 . To pay all the fees as per the IITE Norms.
- 3 . Not to charge any etc fees from the students, It part from the fees prescribed in the prospectus.
- 4 . To have the format of my/our advertisement approved by the IITE before I/We release it to the Media.
- 5 . To submit all the applications to the IITE through partner Institution with in the prescribed time Limit.
- 6 . To deliver of counseling / practical's as per the norms of the IITE.
- 7 . To individually verify all the documents enclosed with the students application form with the originals.
- 8 . To take full responsibility of all the documents correspondence signed by me/ authorized person.
- 9 . To abide by all the rules and regulations of the IITE as promulgated from time to time.
- 10 . Not to include into any sort of criminal / immoral/ illegal activities.

I/We further acknowledge that infact any point of time the IITE find any deficiency in my / our infrastructure or in the support services to the students or if I/We/ am /are found involved in any sort of unlawful activities then the IITE will have the full right to terminate my / our study centre authorization without seeking any clarification.

Signature of the Study Centre Head

With Seal /Stamp with date

Attested by Notary with seal

and date