



INDIAN INSTITUTE OF VOCATIONAL EDUCATION

भारतीय व्यवसायिक शिक्षा संस्थान

APPLICATION FORM FOR SETTING UP STUDY CENTRE

1. Name of the Registered Society/Trust/Company
(With Registration no.) _____

Photograph
of head of
STUDY CENTRE

2. Do you want approval in the name of Trust/Society
Yes: No:

3. Name of the Proposed Study Center

4. Correspondence Address:

5. Contact Details:

A) Landline No with STD code

B) Fax No:

C) Mobile No:

D) Email Id:

E) Website, if any, then URL _____

6. Name of Head of the Study Centre

7. Contact No of the Centre Head :

8. Date of incorporation / commencement of business _____

9. Details of affiliation and recognition by the
Local University/ Board/ Government
(if any) _____

10. Study Centre Location :

Commercial

Semi-Commercial

Residential

11. Population of City / town

12. Premises : Owned Lease

13. No. of Schools and Colleges in the area _____

14. Distance form Bus Stand (in km) _____

15. Distance form Railway Station (in km) _____

16. Details of courses conducted during previous year (if any) _____

17. Area of premises _____ sq. ft.

18. No. of Classroom _____ Area _____ sq. ft.

19. No. of Computer Lab _____ Area _____ sq. ft.

20. No. of Computers with configuration _____

21. Details of library (if any) _____

22. List of staff (Please specify teaching or non teaching if any).

S. No	Name	Educational Qualification	Experience

23. No. of students expected in a Study Centre (Course wise)

(a) MBA : _____

(b) MCA : _____

(c) BCA : _____

(d) BBA : _____

(e) Exc.MBA : _____

24. Any other activities carried on : _____

Place :

Date :

Signature of Center Head with

Centre Seal