

Sarva Bharatiya Shiksha Peeth-SBSP

(ALL INDIA COUNCIL FOR EDUCATION, TRAINING & RESEARCH- AICET&R

(An Internationally Reputed Independent Literacy Organization)

Run by CESTI (COUNCIL FOR ERADICATION OF SCIENTIFIC & TECHNICAL ILLITERACY),

an Autonomous body, Registered under Government Act.

(Our IG Centres & Associate Training Colleges are being established all over the Country.)

PROPOSAL FOR IG CENTRE & ATC



SECTION I : PERSONAL PROFILE OF IGC CO-ORDINATOR

1. Name : _____

2. Father's Name : _____

3. Date of Birth : 4. Sex : M F 5. Qualification : _____

6. Full Postal Address : _____

District : _____ State : _____ Pin :

7. Official Communication : Telephone No. (with STD Code) _____

Moble No : +91 /+91

Email : _____ Website : _____



SECTION II: INSTITUTION PROFILE

1. Name of the Institution : _____

2. Year of Establishment : _____ 3. Area of the Institution (Sq. Feet) _____

4. Premises Details: Owned Rented Lease Others

5. Type of Institution: Proprietorship Partnership Company Trust Society College Others

6. Full Postal Address : _____

District : _____ State : _____ Pin :

7. Official Communication : Telephone No. (with STD Code) _____

Moble No : +91 /+91

Email : _____ Website : _____

* Kindly enclose a copy of Photo ID and Address Proof.

Date

Signature of Head of the IG Center

8. Do you associate with any other Universities/Institutions? if Yes, Provide Details: :

S. No.	Name of the University/Institute	Centre Code	Approved Courses	No. of Admissions (Yearly)
1.				
2.				
3.				

9. Institutional Laboratory and Tie-up Laboratory Details :

S. No.	Name of the Laboratory	Owned/ Tied-Up	Practical Facilities	
1.				
2.				
3.				
4.				
5.				
6.				

Use Separate Sheet for Practical Facilities, if, necessary.

10. Library Details :

S. No.	Type of Books	Numbers of Units
1.	Reference Books	
2.	Subject Books	
3.	Self-Learning Materials	
4.	Periodicals / Journals	
5.	Newspapers / Magazines	

11. TEACHING STAFF DETAILS :

Enclose the Bio-Data of all the Trainers / Faculty members in the following format :

Name Father's Name Date Birth Sex Academic Qualification Professional Qualification Experience (Teaching & Non-Teaching Both) Level of Association (Full Time/Part Time) Key Skills documents attested by Administration/ Academic Head. Note : Enclose at least one Bio-Data Per Stream applied	Photocopies of
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Total No. of Bio-Data enclosed : _____

12. NON TEACHING STAFF DETAILS :

Enclose the Bio-Data of all the trainers / faculty members in the following format :

Name Father's Name Date Birth Sex Academic Qualification Professional Qualification Experience (Teaching & Non-Teaching Both) Level of Association (Full Time/Part Time) Key Skills documents attested by Administration/ Academic Head.	Photocopies of
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13. DECLARATION :

I certify that the particulars furnished above and in the following pages are true to the best of my Knowledge and express my willingness for an inspection to assess the infrastructural facilities, qualified staff etc. I further certify that the institute will abide by all the rules and regulations prescribed by CESTI/ SBSP in case of any information furnished by me is found wrong or incomplete in any regard, I will be the responsible for any decision taken by the authorities of CESTI/SBSP.

STATION:

DATE:

SIGNATURE OF THE IGC CO-ORDINATOR

ACADEMIC HEAD / PRINCIPAL