Sarva Charatiya ShikshaPeeth-SBSP

ALL INDIA COUNCIL FOR EDUCATION, TRAINING & RESEARCH-AICET & R An Internationally Reputed Independent Literacy Organization since 1947. Run by an Autonomous National Development Agency, Registered under Government Act.

Our Associate Training Colleges are being established all over the Country.

IN TECHNICAL COLLABORATION WITH

CESTI (COUNCIL FOR ERADICATION OF SCIENTIFIC & TECHNICAL ILLITERCY)

PROPOSAL FOR I.G. CENTRE CO-	ORDINATOR at			(place)
SECTION I : PERSONAL PROFILE OF I.G.C	CO-ORDINATOR			
1. Name:				Latest Colour Photograph of Co-
2. Father's Name :				coordinator.
3. Date of Birth:	4. Sex : M	F 5. Qualification :		
6. Full Postal Address :				
District:	State:		Pin:	
7. Official Communication: Telepho	one No. (with STD Code)			
Mobile No: +91		/+91		
Email:		Website	e:	
SECTION II: INSTITUTION PROFILE				
1. Name of the Institution :				
2. Year of Establishment :	3. Area of	the Institution (Sq.Feet)		
4. Premises Details : Owner	d Rented	Lease	Others	
5. Type of Institution : Proprie	etorship Partnership	Company Trus	t Society	College Others
6. Full Postal Address :				
District:	State:		Pin:	
7. Official Communication : Teleph	one No. (with STD Code) _			
Mobile No : +91		/+91		
Fmail ·		Wehsit	p .	

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

8. Are You associated with any Universities/Institutions? if Yes Provide Details: :

S. No.	Name of University	Centre Code	Approved Courses	No. Admissions / Year
1.				
2.				
3.				

9. Institutional Laboratory and Tie-up Laboratory Details:

S. No.	Name of Laboratory	Owned/ Tie-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 trainers / faculty members in the following format :

Name I	Father's Name I	Date Birth I	Sex I Academic Qualification I	Professional	Qualification I	Experience (Teaching &
Non-Tea	ching Both) (Teach	ning & Non-Tea	aching Both) Level of Association	n (Full Time/Part	Time) Key Skills	I Photocopies of
Docume	ents attested by Ad	ministration/	Academic Head.			
Note: Fr	nclose at least one	Rio-Data Per	Stream annlied			

12. NON TEACHING STAFF DETAILS:

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

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

Note: Enclose at least one Bio-Data Per Stream applied.

DECLARATION:

I certify that the particulars furnished above of in the following pages are true to my 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 SBSP & CESTI in case of any information furnished by me is found wrong or incomplete in any regard, I will be the responsible authority for any decision taken by SBSP & CESTI.