

# Sarva Bharatiya Shiksha Peeth - SBSP



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

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

## PROPOSAL FOR STATE CO-ORDINATOR



### SECTION I : PERSONAL PROFILE OF STATE 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 Head of the IG Center

**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. TEACHINS STAFF DETAILS :**

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

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

**12. NON TEACHING STAFF DETAILS :**

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

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

SIGNATURE OF THE STATE CO-ORDINATOR

ACADEMIC HEAD / PRINCIPAL