

No.



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AFFILIATION FORM

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INSTITUTE'S NAME

INSTITUTE'S OFFICE ADDRESS

FULL ADDRESS

CITY POST OFFICE

PIN CODE DISTRICT

STATE COUNTRY

PRESENT STATUS STUDENTS TEACHERS CLASS ROOM OFFICE ROOM

PHONE STD ISD

CELL E-MAIL Website

PRINCIPAL'S NAME & ADDRESS

PRINCIPAL'S NAME

QUALIFICATION

OCCUPATION

FULL ADDRESS

CITY POST OFFICE

PIN CODE DISTRICT

STATE COUNTRY

PHONE STD ISD

CELL E-MAIL Website

GOVERNING BODY

PRESIDENT

VICE-PRESIDENT

SECRETARY

ASSISTANT SECRETARY

TREASURER

MEMBER

MEMBER

APPLY FOR

YEARS NUMBER OF COURSES STUDENTS STRENGTH

DATE

Signature of Applicant

OFFICE USE ONLY

APPROVED INSTITUTE CODE APPROVED INSTITUTE STRENGTH

APPROVED YEARS APPROVED NUMBER OF COURSES

DATE

Signature