

Council Of Technical Education

for Office use only



Form No. :

Application form for Study Centre

a) Name and address of the Applicant Trust / Society / Institute / University

Name : _____

Address : _____

STD code _____ Pin code

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Phone No. _____ Fax _____

Mobile No _____

Email ID _____

b) Details of Chairman

Name : _____

Email ID : _____

Office Phone No.: _____

Residence Phone No : _____

Mobile No.: _____

c) Details of Principal or Coordinator

Name : _____

Email ID : _____

Office Phone No.: _____

Mobile No.: _____



4) Whether the institution is having approval from the relevant statutory body for conducting engineering Programmes. Yes[]No[] [Approval letter may be enclosed]

If approved, names of the existing approved courses may be given below

Sl No.	Name of Course	Approved Intake

5) Details of the Applicant Trust/Society/Other

Name : _____

Society

Trust

Registration Number

Date of Registration

Place of Registration

Registered under which Act

(please tick)(Trust Act / Society Act):

(Please attach copy of Registration of society/Trust along with details of constitution, memorandum of association of the society/trust)

6) Name and address of the proposed Programme Institutional Member:

(State clearly whether the proposed site falls within Corporation limits of Mega Cities / State Capital / Others)

Name of the Proposed Institution	Address of the Proposed Site with PIN Code & Nearest City		Classification of the proposed Site
	State:-	Pin:-	
	Phone:-		
	Email:-		
	Nearest City:-		



7) Type of Status [Government (Central / State / Aided) / University / Private etc.]

Central Govt.

☐

State Govt.

☐

Govt. Aided

☐

Deemed University

☐

University

☐

Self-

☐

8) LAND (If any)

Location

:-

[Mega Cities / State Capital / Dist. Head Quarters / Municipal Corporation limits / Rural areas/ Hilly areas]

Land Area

:-

Whether owned by the applicant Society / Trust

☐

YES

☐

NO

If yes, then area Acres/

Hectares :-

9) Building

(Attach copy of approved building plan and resolution of Applicant earmarking building for the proposed programme)

i) Whether the approved Building Plan is in the name of the proposed Institution.

☐

YES

☐

NO

ii) Details of availability of Built up space for this proposal as per the approved building plan [in sqm]

	Particulars of Built-up Space at proposed permanent site	RCC Building (in sqm)	ACC Shed (in sqm)	Exclusive for proposed new Courses / Institution	Shared with existing courses / institution (in sqm)
1	Total Instructional Area				
2	Administrative Area				
3	Amenities Area				
	Circulation and other area				
	Total Area				
(Attach copy of External and Internal Photographs of the building, if any duly attested with seal by the applicant on the backside with date)					

iii) Whether Construction has been carried out as per approved Building Plan

☐

YES

☐

NO

10: Faculty Available: (Attach separate sheets for different discipline)

Existing Faculty (Name of Discipline)

Sl. No.	Name of faculty	Designation	Nature of appointments	Experience a)Industry b)Research c)Teaching	Date of appointments



Names of the existing laboratories: (List of Equipment's Lab wise need to be submitted)

DISCLAIMER

A mere submission of an Application for becoming a Centre does not mean and guarantee in any form that a Centre will be allotted to the applicant. The applicant should not indulge in any activity that highlights or publicizes him as an authorized centre till an Allotment Approval is provided to him, which will entitle his application for rejection.

DECLARATION

I/We, on behalf _____ hereby undertake to comply with the Norms and Standards and Regulations of CTE for establishment of Study Centre. I/We agree to fulfil all the conditions as may be stipulated by CTE from time to time.

I/We hereby confirm that all the information furnished in the application is true to the best of my/our knowledge and belief and if any information is found to be false, my /our proposal may be rejected.

(Chairman of the Organisation)

Place:-

Name:- _____

Date:-

Sign:- _____

(Seal)

Note: Canvassing in any form will cause the rejection / non-consideration of application

CHECKLIST

Attach the following documents:

- | | | |
|---|---|--------------------------|
| 1 | Copy of the trust deed. | <input type="checkbox"/> |
| 2 | Copy of the resolution passed from the trust to take the Institutional Membership. | <input type="checkbox"/> |
| 3 | Copy of the rent agreement (if the premises is in the rented building) / ownership documents (if the premises is owned by the Institution). | <input type="checkbox"/> |
| 4 | Photographs of the Institution. | <input type="checkbox"/> |
| 5 | Library Details. | <input type="checkbox"/> |
| 6 | Faculty Details. | <input type="checkbox"/> |