

PUNJAB TECHNICAL UNIVERSITY

PERFORMA FOR ADDITIONAL COURSES

LC Code

DATE

1. Name of the Learning Centre

2. City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. State

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Stream: IT NON IT

5. Name of RLFC through which these Courses are being Offered

6. Courses already Running in Learning Centre with Student Strength:

S. No	Course	Total No. Student		
		S06	S07	S08
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
TOTAL				

7. Additional Course / Courses required:

S. No	COURSES	ENROLLMENT PROJECTION		Applied Earlier (Y/ N)
		M09	S09	
1				
2				
3				
4				
5				

8. Fee as per Norms: Rs. _____ DD No. _____ DD Date _____
(Rs. 10,000/- Per Course)

9. Machine Room / Computer Lab Facility:

a) Internet Facility: Dial-up Lease line Broadband Others
(Tick Any one)

b) Computer attached in LAN : YES NO

c) Printer Facility: YES NO

10. Infrastructure Detail :

Infrastructure	Number	Area (Sq. Ft.)	Sitting Capacity
Reception			
Counsellor's Room/ Cabin			
Centre Head/ Director(s) Room			
Class room			
Machine Room/Computer Room			
Labs (In case of Non-IT LCs)			
Library			
Faculty Room			
Canteen			
Public Utility			
Other Facilities			
TOTAL			

11. Lab Details (Tick one or more):

Computer
 Fashion Tech.
 Multimedia
 Hotel Management
 Paramedical & Applied Sc.

Equipment Name	No. of Units	Details of Equipments (if any)

* For more details attach separate sheet.

Attach at least Four photographs of the centre:-
(As per Annexure-I)

- | | | |
|---------------|------------------------------|-----------------------------|
| 1. Outside | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Lab | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Class Room | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Reception | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Dated: _____

(Signature of Centre Head / Director / Secretary / Chairman)

RC Remarks : Nearest LC of this Course

Name	Course Allotted In	Students

RC Recommendation: _____

Name _____ Designation _____

(RC Signature & Stamp)

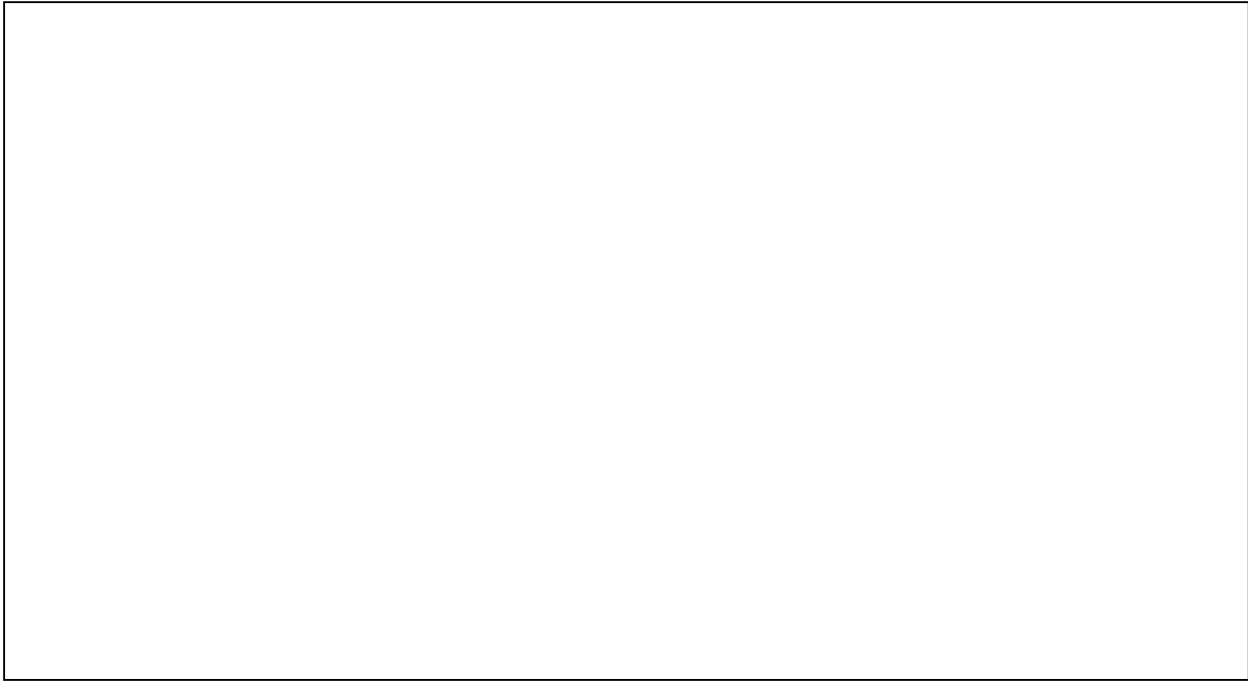
PTU Authority Decision: _____

Date: _____

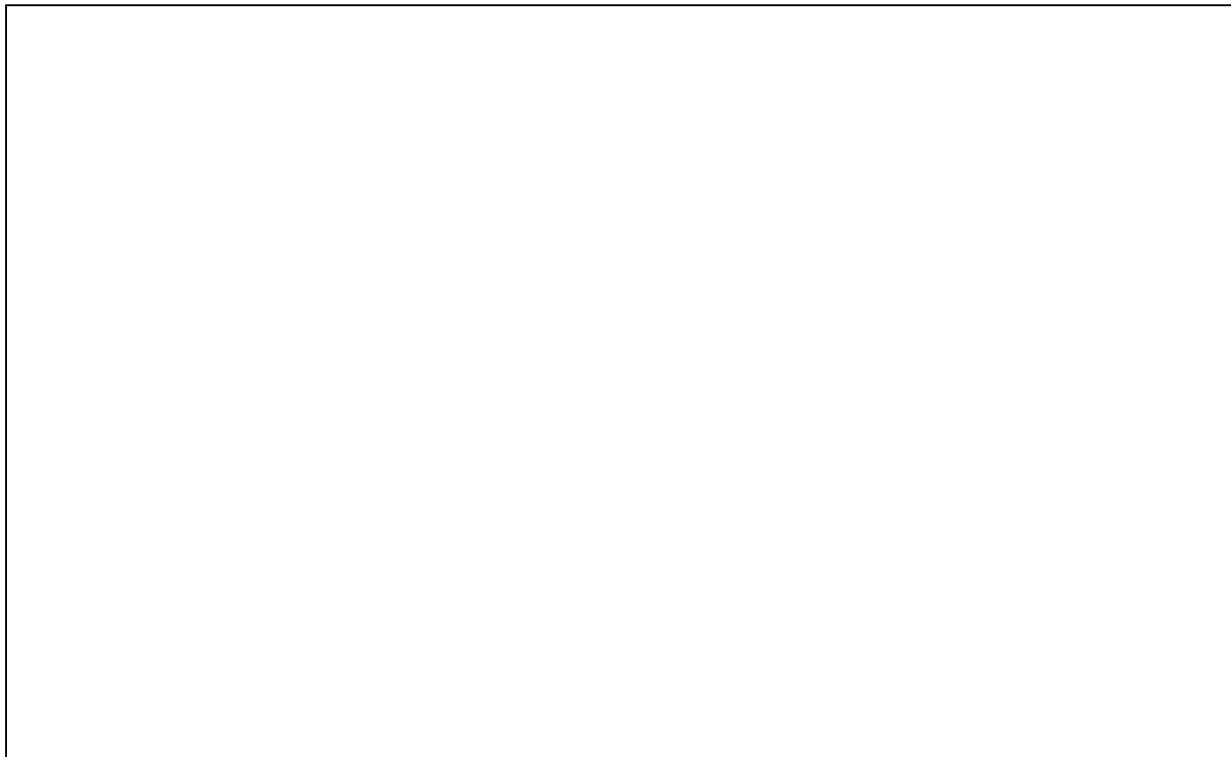
Signature: _____

ANNEXURE-I

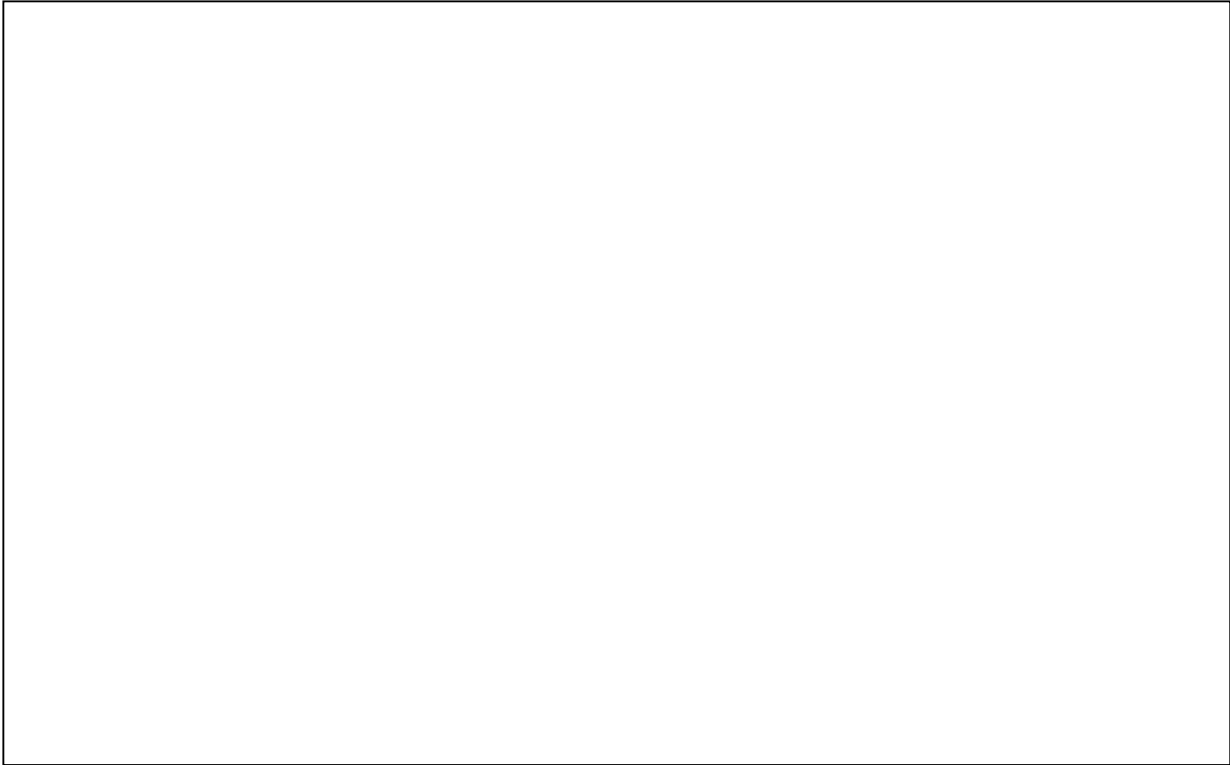
OUTSIDE



LAB



CLASS ROOM



RECEPTION

