

2. EXPERIENCE:

- YEAR OF ESTABLISHMENT of Trust / Society _____ Reg. no. _____
 ➤ EXPERIENCE in EDUCATION PROFESSION

SR.NO.	YEAR	PRIME AFFILIATION/PROJECTS	COURSES BEING OFFERED	STUDENT STRENGTH
1	2008			
2	2007			
3	2006			
4	2005			
5	2004			

3. **INFRASTRUCTURE DETAILS:** Total Area in sq. ft

- **DETAILS OF AREA TO BE USED EXCLUSIVELY FOR PTU LEARNING CENTRE:**

DESCRIPTION	UNITS	TOTAL AREA	SITTING CAPACITY	DESCRIPTION	UNITS	TOTAL AREA	SITTING CAPACITY
CLASSROOM				LIBRARY			
LAB				STAFF ROOM			
COUNSELING				AUDIO VISUAL ROOM			
RECEPTION				TOILET & CIRCULATION			
ANY OTHER				ANY OTHER			

★ Attach undertaking on non - judicial stamp paper for exclusive use of above space in prescribed format Annexure-III

- **TECHNICAL INFRASTRUCTURE DETAILS TO BE USED FOR PTU:**
DETAILS OF COMPUTER / LAB:

TYPE	PROCESSOR	RAM	HDD	BRAND	NUMBER	NETWORK (Y/N)	INTERNET Y / N
SERVER							
CLIENT/PC							

Type of Internet Facility: Leased Line Broadband Dialup other



➤ **OFFICE AUTOMATION DETAILS:**

SR.NO	EQUIPMENTS	QTY	BRAND
1	PRINTER		
2	GENERATOR		
3	UPS		
4	LAPTOP		
5	LCD		
6	OHP		
7	FAX		
8	SCANNER		

➤ **LAB DETAILS-FOR COURSES HOTEL MGT./ AIRLINES & TICKETING / FASHION / ID / JD / BIO- TECH. / BIO- INFORMATICS / MLT / CMB / DOTT / DRIT / MULTIMEDIA / MCA J :**

DESCRIPTION	AREA COVERED	STREAM APPLICABLE	EQUIPMENTS DETAILS (ATTACH SEPARATE ANNEXURE, if Required)
LAB1			
LAB2			

➤ **FACULTY AND STAFF DETAILS**

SR. NO.	NAME	DEPTT*	DESIGNATION	QUALIFICATION	EXPERIENCE IN YEARS	FULL/PART TIME	Appointed / Identified
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

*Departments: Academics, Administrative, Accounts, Database, Support

DETAILS OF CENTER HEAD (Very Important)				
NAME	QUALIFICATION	EXP (Yrs)	APPTD SINCE	SALARY
BRIEF PROFILE OF CENTRE HEAD				

★ Please attach profile of Centre headAnnexure-IV

4. COURSES APPLIED FOR & FEE DETAILS:

FEE TYPE	AMOUNT	DD NUMBER	DATE	BANK
PROCESSING FEE NON REFUNDABLE	15000			
AUTHORIZATION FEE	40000			

Note: Processing fee shall not be refunded

COURSE NAME APPLIED FOR @Rs.10,000/-	STREAM	AMOUNT	DD NUMBER	DATE	BANK	MINIMUM ADMISSION	
						MAR-09	SEP-09
"EXTRA" COURSE NAME APPLIED FOR @Rs.10,000/-		AMOUNT	DD NUMBER	DATE	BANK	TOTAL ADM=	TOTAL ADM=
TOTAL AMOUNT=			TOTAL NO. OF DD's=			TOTAL ADM=	TOTAL ADM=

Note: University may not give authorization for more than 4 courses initially.

➤ SUMMARY

S.NO.	NARRATION	AMT/QTY
1	TOTAL COURSES APPLIED FOR	
2	TOTAL AMOUNT OF DEMAND DRAFTS	
3	TOTAL NUMBER OF DEMAND DRAFTS	



5. PHOTOS TO BE PASTED:

Space for Affixing
'FRONT PHOTOGRAPH OF THE CENTER'

Space for Affixing
'WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE CENTER'



Space for Affixing

'PHOTOGRAPH OF RECEPTION AREA OF THE CENTER'

Space for Affixing

'PHOTOGRAPH OF LECTURE ROOM OF THE CENTER'



Space for Affixing

'PHOTOGRAPH OF COMPUTER LAB OF THE CENTER'

Space for Affixing

'PHOTOGRAPH OF LIBRARY OF THE CENTER'



6. ANNEXURE'S/ENCLOSURES REQUIRED:

	Yes	No
<u>Annexure- I</u> Copy of Registration of Trust/Society	<input type="checkbox"/>	<input type="checkbox"/>
<u>Annexure- II</u> Copy of Lease/Rent / Ownership Deed	<input type="checkbox"/>	<input type="checkbox"/>
<u>Annexure- III</u> Undertaking on non - judicial stamp paper	<input type="checkbox"/>	<input type="checkbox"/>
<u>Annexure- IV</u> Profile of Centre head	<input type="checkbox"/>	<input type="checkbox"/>
<u>Annexure- V</u> Photographs (6)	<input type="checkbox"/>	<input type="checkbox"/>

Any Other Document Enclosed:

1. _____
2. _____
3. _____
4. _____
5. _____

DATE	
PLACE	
NAME	
DESIGNATION	

STAMP & SIGNATURE

SEND THIS DULY FILLED FORM WITH ANNEXURE'S, FEES AND DOCUMENTS TO:

DEAN (DEP)
PUNJAB TECHNICAL UNIVERSITY
 JALANDHAR- KAPURTHALA HIGHWAY,
 NEAR SCIENCE CITY,
 JALANDHAR
 PHONE NO: 01822-255540



Regional Centre

Add: 2647, Hudson Line, Near North Campus, Delhi University, Delhi, Pin -110009.

E-Mail: pturcdelhi@gmail.com Ph.: 011-47058208 / 47058208