

Name of partner: (IN BLOCK LETTERS)

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Age:										Marital Status:									
Highest Academic / Professional Qualification attained:																			
Work Phone:										Cell Phone:									
E-Mail:																			

Infrastructure Details:

Particular	No. & Seating Capacity	Area (in Sqr. Ft.)
Theory class Room		
Practical class Room/Lab		
Library		
Auditorium/Conference Hall		
Officer's Chamber/Office		
Refreshment Room/Cafeteria		
Other Amenities		

Equipment Held:

Particular	Nos.	Type
Computer		
Desktop		
Laptop		
Printer		
Dot Matrix Printer		
Laser Printer		
Ink Jet Printer		
Scanner		
UPS		
Inverter		
Internet		
Generator		

Faculty/Staff Details:

S.No.	Faculty Name	Designation	Age	Gender (M/F)	Qualification	Experience	Part Time/ Full Time

Date.....

Signature with Office Stamp

Place.....

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Recent
Passport Size
Photo
Owner

Recent
Passport Size
Photo
Partner-1

Recent
Passport Size
Photo
Partner-2

For Office Use Only

<u>Organization Name:</u>	
<u>Center Code:</u>	
<u>Date of Agreement:</u>	

Verified By:

Date.....

Signature

Place.....

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