

APPLICATION FORM FOR STUDY CENTER AFFILIATION FOR B.VOC UNIVERSITY PROGRAMME

B.Voc (Bachelor of Vocational)

**To,
The Chairman,**

Subject: Application for affiliation for B.VOC Courses.

1. INFORMATION ABOUT THE INSTITUTION

I. Name of Institute

(Use Block Letters Only) _____

Name of Society/ Trust/

Association _____

_____-----_____

• Postal Address (with Pin Code)

IV. Phone/ Fax/ Mobile _____

E-Mail _____

V. Police Station _____

VI. Railway Station _____

VII. Year of Establishment _____

VIII. Course applied with duration _____

B.VOC Available Courses:

The certification levels will lead to Diploma/Advanced Diploma/B. Voc. Degree in one or more vocational areas and will be offered under the aegis of the University. This is out-lined in Table.

| PROGRAMS | TRADE/COURSES |
|---------------|---------------------------------|
| B.VOC. Degree | Agriculture |
| B.VOC. Degree | PARAMEDICAL |
| B.VOC. Degree | LIVESTOCK AND ANIMAL HUSBANDARY |

COURSE NAME _____

2-INFRASTRUCTURAL FACILITIES

| | | |
|---|----------------|-------------|
| <i>I. Reception</i> | <i>YES/ NO</i> | <i>Size</i> |
| <i>II. Principal Room</i> | <i>YES/ NO</i> | <i>Size</i> |
| <i>III. Staff Room</i> | <i>YES/ NO</i> | <i>Size</i> |
| <i>IV. Laboratory</i> | <i>YES/ NO</i> | <i>Size</i> |
| <i>V. Library</i> | <i>YES/ NO</i> | <i>Size</i> |
| <i>VI. Class room</i> | <i>YES/ NO</i> | <i>Size</i> |
| <i>VII. Seating Capacity</i> | <i>YES/ NO</i> | <i>Size</i> |
| <i>VIII. Toilet</i> | <i>YES/ NO</i> | <i>Size</i> |
| <ul style="list-style-type: none"> • Hospital (own/ Associate) • Building | YES/ NO | |

Rental/ Own/Leased _____

3- Location of Institute _____

With Route Map)

Detail of Route by Train/ Bus /Air _____

Any other relevant information _____

6- Inspection date _____

Full Name & Signature
Of Applicant

Seal
Society / Trust / Institute

3. Premises Requirement

- Institutional Building
 - Principal Office
 - Clerk's Office
 - Common Room
 - Class Room
 - Lon
 - Pathology Laboratory for DMLT course
 - X-Ray Department for DRIT Course
 - Charitable Hospital for DNA, OT Courses or Association Letter of nearest Hospital for Practical Training

INFORMATION ABOUT THE FOUNDER / DIRECTOR / OF INSTITUTION

- Photo (Attested)

Name of applicant _____

Father's name _____

Date of birth _____

Qualification _____

Designation / Position held in Institute / Society (Attached ID Proof & Aadhar Card)

Permanent Address _____

Phone/ Fax/ E-mail _____

Signature

Necessary document:

- A copy of resolution passed by managing committee list of members of management and laws of the society
- Furnish a list of apparatus and equipments, Model and Charts etc.
- Photograph of lab, office and front side of Institute building.
- A map of institution building.
- Association letter of Hospital.

Signature
President / Secretary of society