



INDIAN INSTITUTE OF MODERN SCIENCE

AN AUTONOMOUS ORGANIZATION
PROVIDED BY : E-LEARNING PROGRAMES

AFFILIATION FORM

(This form must be deposited in triplicate & must be filled in CAPITAL LETTERS only)

1. Name of the Institute /Center :
2. Postal Address (Kindly Mention the nearest land mark also):
.....City / Town.....
3. StatePin Code.....
4. Telephone No / Office landline:.....Mobile
- Fax Email.....
- Website (if any):Pan No.....
5. Name of the Registered Society /Trust (Enclose Copy of
Registration).....
Address (with Pin Code & Nearest Landmark)
.....
.....
6. Attach a copy of the Driving License / Vote ID Card / Passport
7. Name of the President/ Chairman /Trustee/ Proprietor of the Society Trust / Centre
(Please Fill up The Following Details)

Degree/ Diploma	University/ Institution	Subjects	Year of Passing

Name of Organization	Nature of Business	Year Form	Year to	Annual Turnover	No of Employees in Organization

8. Nominate a Co- ordinate / Representative

Official landline Mobile E-mail.....

9 Current infrastructure that s available with you for educational purpose:

- (a) Total area Of the Institute /Center _____
- (b) Total covered area 9in s q .f t) _____
- (c) Number of Floor _____
- (d) No of Rooms available _____
- (e) Power Backup _____
- (f) No of Computer available _____
- (g) Internet Facility available _____

10. Details of Premises (Attach Relevant Proof):

- (a) Whether the land & Building are owned by the Center.
- (b) If the Building is rented , Enclose the lease Deed Of Society /Institute

11. Whether the Premises is ready for use if yes what is currently used for :

.....

12 If your Center is also associated with any other University Institute (Give Details)

.....

13 grade your Center

Prefect

Good

Satisfactory

\ Justify

14. Location of the Center:

- (a) Remote Area
- (b) Easily Accessible
- (c) Residential Area
- (d) Commercial Area

15. Attach one set of Visiting Card , Letter Head & Profile of your institute :

.....
16 Programme Applied for Authorization ;
.....

DECLARATION

// We hereby declare that detitovide by me us here Above are true to best of my /our knowledge.

Date:.....

Place:.....

Lease Deep of Society Institute .

DD/ CASH DETAILS

If you what is currently used for :

CASH/DD No.....

CASH/DD

Date.....

Drawn on (Bank Name).....

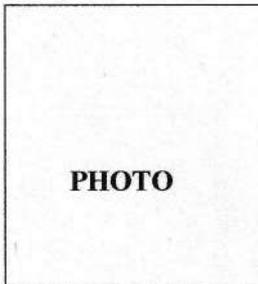
Amount (in Figures)

Rs.....

Other University /institute (give Details

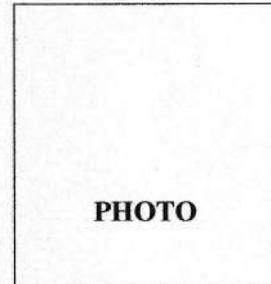
Amount (in words) Rs
.....

- **Fee once paid no refundable /transferable at any cost.**



Signature & Seal of President Of Society /trust

(In original , with Date)



Signature & Seal of Director /Proprietor

(In original with date)