



# INDIAN INSTITUTE

OF VOCATIONAL AND TECHNICAL EDUCATION

भारतीय व्यावसायिक एवं तकनीकी शिक्षा संस्था

An ISO 9001:2015 Certified Organization

## APPLICATION FORM FOR SETTING UP STUDY CENTRE

1. Name of the Registered Society/Trust/Company  
(With Registration no.) \_\_\_\_\_

Photograph  
of head of  
STUDY CENTRE

2. Do you want approval in the name of Trust/Society  
Yes:  No:

3. Name of the Proposed Study Center

4. Correspondence Address:

5. Contact Details:

A) Landline No with STD code

B) Fax No:

C) Mobile No:

D) Email Id:

E) Website, if any, then URL \_\_\_\_\_

6. Name of Head of the Study Centre  
\_\_\_\_\_

7. Contact No of the Centre Head :

8. Date of incorporation / commencement of business \_\_\_\_\_

9. Details of affiliation and recognition by the  
Local University/ Board/ Government  
(if any) \_\_\_\_\_

10. Study Centre Location :

Commercial

Semi-Commercial

Residential

11. Population of City / town  
\_\_\_\_\_

12. Premises : Owned  Lease
13. No. of Schools and Colleges in the area \_\_\_\_\_
14. Distance form Bus Stand (in km) \_\_\_\_\_
15. Distance form Railway Station (in km) \_\_\_\_\_
16. Details of courses conducted during previous year (if any) \_\_\_\_\_
17. Area of premises \_\_\_\_\_ sq. ft.
18. No. of Classroom \_\_\_\_\_ Area \_\_\_\_\_ sq. ft.
19. No. of Computer Lab \_\_\_\_\_ Area \_\_\_\_\_ sq. ft.
20. No. of Computers with configuration \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
21. Details of library (if any) \_\_\_\_\_
22. List of staff (Please specify teaching or non teaching if any).

S. No	Name	Educational Qualification	Experience

23. No. of students expected in a Study Centre (Course wise)
- (a) MBA : \_\_\_\_\_
- (b) MCA : \_\_\_\_\_
- (c) BCA : \_\_\_\_\_
- (d) BBA : \_\_\_\_\_
- (e) Vocational Course : \_\_\_\_\_
- (f) Other Course : \_\_\_\_\_
24. Any other activities carried on : \_\_\_\_\_

Place :  
Date :

Signature of Center Head with  
Centre Seal