

EILM UNIVERSITY, SIKKIM
APPLICATION FOR NEW ADMISSION & COUNSELLING CENTRE

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

PART - I PERSONAL DETAILS

1. Name of the Institute / Centre:.....

2. Postal Address with Pin Code *(Kindly mention the nearest land mark also)*
City / Town
 State : Pin Code

4. Telephone Nos. Office Landline : Mobile :
 Fax : Email id
 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 Licence / Voter Id Card / Passport

6. Name of President / Chairman/ Trustee/ Proprietor of the Society Trust / Centre :.....

(a). Educational qualification of _____ & give details as under

Degree / Diploma	University / Institution	Subjects	Year Of Passing

(b) Professional experience of the individual as stated above

Name of Organization	Nature of Business	Year From	Year To	Annual Turnover (in Rs.)	No. of Employees in Organisation

7. Nominate a Co-ordinator / Representative :
Office Landline : Mobile : Email id

PART - II INFRASTRUCTURE DETAILS

8. Current Infrastructure details that is available with you for educational purpose

(a)	Total area of the Institute / Centre (in sq.ft.)		
(b)	Total covered area (in sq.ft.)		
(c)	Number of floors		
(d)	No. of rooms available		
(e)	Power Backup		
(f)	No. of computers available		
(g)	Internet facility available		

9. Details of Premises (Attach Relevant Documentary Proof) :

- (a) Whether the land & building are owned by the Center.
- (b) If the building is rented, enclose the lease deed of the Society / Institution.

10 Whether the premises is ready for use if yes what it is currently used for

.....

11. If your centre is also associated with any other university / institution. (Give Details)

12. Grade your centre:
 Perfect Good Satisfactory

Justify :

13. Location of the Centre:

(a) Remote Area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(b) Easily accessible	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(c) Residential Area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(d) Commercial Area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(e) Within the City	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(f) Outskirts of the City	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

(g) Nearest Airport Name of the City

(h) Distance from Railway Station Name of the City

(i) Distance from Bus Stop Name of the Area

19. Any other relevant information w.r.t. competitors or market trends / market potential which you wish to disclose / share.

20. Attach one set of Visiting Card, Letter Head & Profile of your Institute

21. Programs applied for authorization

DECLARATION

I / we hereby declare that the details provided by me / us herein above are true to best of my / our knowledge

Date :
 Place : *Signature*

Note : Filling up the above application form does not indicate that the applicant has given the authorization to open the EILM University Information & Counselling Centre, its on the sole discretion of the university after the verification if done by the university officials

DD DETAILS

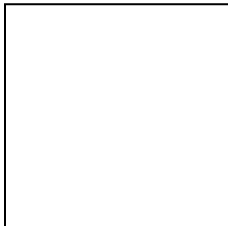
DD.No.

DD. Date:

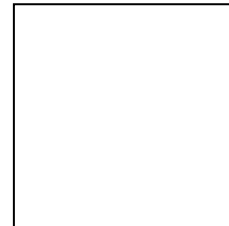
Drawn on (Bank Name).....

Amount (in figures) Rs.....

Amount (in words) Rs.



Latest Stamp Size
Photograph of Chairman



Latest Stamp Size
Photograph of the Director

Signature & Seal of President of Society / Trust
(In original, with date)

Signature & seal of Director/Proprietor of Institute
(In original, with date)