

AFFILIATION FORM

To,
The General Secretary,
Indian Technical Education Society,
B-1011/1012, "Station Plaza",
Near Rly. Station, Bhandup (West),
Mumbai – 400 078.
Tel. No. 2569 41 28 / 1590 37 40.

Date : _____

1. The Name of the Institute (In Capital) : _____

Address of the Institute (In Capital) : _____

Place : _____ Taluka : _____

Dist. : _____ Pin code : _____

Tel. No. (With STD Code) : _____

E-Mail ID : _____ Fax No. : _____

Railway Station : _____ Bus Stop : _____

(Please indicate the nearest big city and approximate distance)

Land Mark : _____

Institute Time : _____ To _____ Weekly Off : _____

Vacation : _____

2. Name of Proprietor / Director : _____

Residential Address : _____

Res. Tel. No. _____

Qualification : _____

3. Name of the Principal : _____

Residential Address : _____

Res. Tel. No. _____

Qualification : _____

Name of Faculties and Courses for which affiliation is sought : Kindly tick mark () in the box.

	Faculty	Courses (Use Abbreviations).
1) Electronics	<input type="checkbox"/>	_____
2) Electrical	<input type="checkbox"/>	_____
3) Mechanical	<input type="checkbox"/>	_____
4) Civil	<input type="checkbox"/>	_____
5) Computer	<input type="checkbox"/>	_____
6) Professional	<input type="checkbox"/>	_____

5. **(Please attach your institute Prospectus (Two copies)**

6. Details of Accommodation:

No. of Class Rooms _____ Size (sq. ft.) _____

No. of Laboratories _____ Size (sq. ft.) _____

No. of Library _____ Size (sq. ft.) _____

No. of Reception-cum-office _____ Size (sq. ft.) _____

No. of Principal Room _____ Size (sq. ft.) _____

(Please attach a layout map of your institute

7. Details of Tools / Equipments presently available:

(Attach separate sheet with faculty wise list of equipments with quantity)

8. Details of Instructors:

Sr. No.	Name of Instructor / Lecturer	Qualification	Experience	Post of Instructor

(Please attach relevant certificates)

9. Two Respectable persons Recommendation letters.

10. Recommended by :

1. Name : _____ LM No. _____ Signature _____
2. Name of Examiner : _____ Signature _____
3. Principal Name : _____ Institute Code No. _____
 Institute Name : _____ Place : _____
 Principal Signature : _____ Signature _____

Seal of Institute

Principal.

UNDERTAKING FROM THE PRINCIPAL OF THE INSTITUTE

I have gone through the rules and regulations of affiliation and agree to abide by the rules. Further I have read and understood the rules concerning keeping the affiliation live and I also under take to abide the same.

Rules for keeping affiliation live

1. The last date as mentioned in book for submitting application for May exam is 5th March and for Nov. exam is 5th September every year. If forms are submitted beyond these dates, late fee will have to be paid as per schedule of late fee.
2. Refundable Deposit of Rs. 3000/- paid at the time of registration will not be refunded if institute fails to sponsor students, whose exam fee will be Rs. 10,000/- or more in maximum 6 sessions (3 years) after registration of affiliation (Introduced from 15th April, 2003).
3. If the institute is not granted affiliation by ITES for some reason. ITES will refund the registration charges after deducting the requisite administrative charges.
4. The institute may be disaffiliated for any action which violates affiliation rules irrespective of good record of the institute.
5. Institute will keep a fair record regarding Renewals, Sponsoring students for exam, discipline of examinations and try to improve image of ITES.
6. If sponsoring students without renewal of affiliation , then the students will be treated as external students, and exam fee will be charged accordingly .

Seal of the Institute

Signature
(Principal of Institute)

1. Name
2. Signature
3. Associated with ITES as

- i. Member _____ Membership No _____
- ii. Examiner
- iii. Principal of affiliated Institute

Address
Seal of the Institute

Name of the institute

Institute code No.