



Techno Global University

Established by Government of Meghalaya as per section 2(F) of UGC Act 1956

APPLICATION FOR NEW ADMISSION COUNSELLING CENTRE

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

PART – I CENTER DETAILS

1. (a) Name of the Counseling Centre:

.....

(b) Postal Address with Pin Code (*Kindly mention the nearest land mark also*)

.....City / Town.....

State :Pin Code.....

(c) Telephone Nos. Office Landline : Mobile :

Fax : Email id.....

Website (If any):Pan No.

2. (a) Name of the Registered Society / Trust/Center/Individual/Other (Enclose copy of registration)

.....

(b) Address (with Pin Code & Nearest LandMark)

.....

.....

3. (a) Name of President / Chairman/ Trustee/ Proprietor of the

Society/Trust/Center/Individual/Other :

.....

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

Degree / Diploma	University / Institution	Subjects	Year Of Passing

(c) Details of personal ID
 (Attach a copy of the Driving License / Voter Id Card / Passport)

4. Profile of Society / Trust/Center/Individual/Other:

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

5. Nominate a Co-ordinate / Representative :

Office Landline : Mobile :

Email id :

SPART – II INFRASTRUCTURE DETAILS OF CONUSELING CENTER

6. Current Infrastructure details that is available with you for Counseling purpose :

(a)	Total area of the Counseling 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		

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

(a) Whether the land & building are owned by the Counseling Center.

(b) If the building is rented, enclose the lease deed of the Society / Institution.

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

.....

(h) Distance from Railway Station Name of the City

(i) Distance from Bus Stop Name of the Area

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

10. Grade your centre:

Perfect

Good

Satisfactory

Justify:

.....

11. Location of the Centre:

(a) Remote Area

Yes

☐

No

☐

(b) Easily accessible

Yes

☐

No

☐

(c) Residential Area

Yes

☐

No

☐

(d) Commercial Area

Yes

☐

No

☐

(e) Within the City

Yes

☐

No

☐

(f) Outskirts of the City

Yes

☐

No

☐

(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

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

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.....

13. Attach one set of Visiting Card, Letter Head & Profile of your Institute (if available)

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14. 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 Techno Global University admission Counseling Centre, its on the sole discretion of the university after the verification if done by the university officials

DD DETAILS

In Favour of " Techno Global University " Payable at Shillong/Delhi

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 Counseling Center

(In original, with date)