



Application for Registering as Admission & Counseling Center

- Important Note:** 1. Kindly tick on the appropriate Program for which you want to take up the Admission & Counseling Center.
2. Kindly provide all the details / documents as stated in the application form and norms for becoming Admission & Counseling Center.

Regular Mode

A. INSTITUTION PROFILE

1. Name of the Institution:

2. Type of Institution (Tick on appropriate option)

- Trust
- Society
- Co-operative Society
- Private Limited Company
- Others

3. Name of Trust / Society / Company / College running the Institution

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

.....City / Town

.....

State:Pin Code

5. Telephone Nos. Office Landline :**Mobile**.....

Fax:..... **Email id**

Website (If any):Pan No.

**6. Document relating to address proof of the Institution Enclosed / Not Enclosed
(Lease Deed / Rent Agreement / Sale Deed / Ownership Document)**

B. DETAILS OF MANAGEMENT / HEAD OF INSTITUTION

1. Name of the Head of Management:

2. Designation of the Head of Management:

3. Postal address of Head of Management:

City:

State:

Pincode:

4. Communications connectivity of Head of Management:

STD Code:

Phone Number:

Fax Number:

Mobile Number:

Residence Number:

Email Address:

5. Date of Birth of Head of Management:

6. Educational qualification of Head of Management:

7. Profession and Experience of Head of Management:

8. Photo ID Proof of Head of Management (Kindly enclose the copy)

9. PAN Number of Head of Management (Kindly enclose the copy)

10. One Colored Photograph of Head of Management (Enclosed / Not Enclosed)

C. IS THE INSTITUTION RECOGNISED AS ADMISSION & COUNSELING CENTER OF ANY OTHER UNIVERSITY OR EQUIVALENT? - YES / NO

If Answer to G is YES, Kindly give the following details:

S. NO.	NAME AND ADDRESS OF RECOGNIZING UNIVERSITY	RECOGNIZED AS	PROGRAMMES UNDERTAKEN

Declaration

1. I / We certify that all the information given above and in the preceding pages signed by me / us is / are complete and correct.
2. I / We declare that the institute will abide by all the rules and directions of PR Group of Education given time to time.

Place:

Date:

(Head of the Institution Signature, Name and Seal)