

## **INSTITUTIONAL MEMBERSHIP APPLICATION FORM**

#### Institute Data:

Name of the Institution	
Address	
Affiliation: Autonomous / University system / Government Department	
Name of affiliating agency *	
Date (Year) of Establishment	

#### \* Please attach copy of affiliating agency approval wherever applicable.

Courses offered	Offered (Yes/No)	Titles of Degree / Certificates
Undergraduate ( day)		
Undergraduate ( evening )		
Post Graduate ( day )		
Post Graduate ( evening )		
Ph.D		
Distance Learning Graduate		
Distance Learning Post Graduate		
Management Development Programme		
Ph.D/ Fellow Program		

Eligibility for admission	Admission test (Yes/No)	Degree & Marks	Others
Undergraduate ( day )			
Undergraduate ( evening )			
Post Graduate ( day )			
Post Graduate ( evening )			
Ph.D			
Distance Learning Graduate			

Distance Learning Post Graduate		
Management Development Programme		

# Student size: Number of students in 1<sup>st</sup> year and 2<sup>nd</sup> year

	Male	Female	Total	Annual Fee
Undergraduate ( day )				
Undergraduate ( evening )				
Post Graduate ( day )				
Post Graduate ( evening )				
Ph.D				
Distance Learning Graduate				
Distance Learning Post Graduate				
Institution Review Undertaken	Yes/No	If yes, date of	last review	
Do you have reservation for foreign students	Yes/No			

Faculty size:	Full Time Part Ti			Part Tin	ne	
	Male	Female	Total	Male	Female	Total
Professor						
Associate Professor/ Reader						
Assistant Professor/ Lecturer						
Others						
Total						

Faculty qualifications:	Full Time			Part Time		
	Male	Female	Total	Male	Female	Total
PhD						
MBA/MMS/PGDBM						
Other Masters Degree						
Other Degrees						
Total						

#### Student Faculty Ratio:

Ratio of Full Time Students	
to Full Time Faculty	

Library:

Number of journals subscribed	
Number of bound volumes/ books	

Annual budget	
Library seating capacity	
Number of staff	

Electronic Library		
Databases	Number:	Please specify
Educational Videos	Number:	
Audio/ Video Material	Number:	

#### **Computer Centre:**

Number of Computers :	PCs	Laptops
Servers :	Number(s)	Type (Windows/Linux/Mac)
Model and Configuration:	Server	PC
Do you have Local Area	LAN	Wi-fi
Network (LAN) / Wi-fi:	Yes / No	Yes / No
Internet Bandwidth :	Download Speed	Upload Speed
Laptops to Students	YES/ NO	Number

### Facilities:

Do you have hostel facilities	Yes/No.
If yes how many rooms/beds	Rooms: Beds:
Do you have recreation facilities	Yes/No.
Do you conduct any annual convention	Yes/No.
Do you publish any journal	Yes/No.

#### Campus:

Size		
Built up area		
Conference facility	Yes/No	
Classrooms	Number	Capacity
Auditoriums	Number	Capacity

Off Campus Centres	Number:	Location

#### Faculty Roster (M/F= Male/Female, PT/FT= Part Time/ Full Time):

Faculty Name	Major interest/ Department	Qualifications & Granting University	Male/Female	PT/FT

Name of two contact persons with designation and contact details:

Address for Correspondence: