

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 1st year and 2nd 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: