



INSTITUTE OF PROFESSIONAL EDUCATION & RESEARCH

Managed By Imperial Education & Charitable Trust (Govt. Regd.)

APPLICATION FOR ADMISSION & COUNCELING CENTRE

For effective and efficient functioning of ACC, it is of prime importance that the organization is owned and managed by professionals. The Institute should also have experience in education field .The following infrastructure is the guideline principle for approval of the ACC:

- a) Location of Centre.
- b) Carpet area of at least 1000 sq. ft.
- c) At least 1 computers of P-III/P-IV configuration with facility for Printers, Internet.
- d) One classroom with proper seating capacity.
- e) Counselor for course enquiry management.

Kindly enclose the following documents along with the application form for becoming Study Centre:

1. Memorandum / Details of Society, Trust or Company. Also include the resolution for becoming Study Centre.
2. Documents relating to address proof of Institution (Lease Deed / Rent Agreement / Sale Deed / Ownership Documents etc)
3. Photo ID Proof in form of the Head of the Institution For Example copy of Driving Licence, Passport, Voter ID Card etc.
4. One Coloured Photograph and Address Proof of ACC Head.
5. Copy of PAN Card of ACC Head.
6. Floor Plan / Map of the Area.
7. Configuration of the Equipments / Facilities in a separate list.
8. Bio Data of ACC Head with copy of their educational certificates.
9. Photograph of Classroom, lab, reception and front view of the institution.

All documents forwarded must be duly attested signed and stamped by the ACC Head. Kindly ensure that all above stated documents are duly enclosed for becoming the study centre.

Application Form for Admission & Counseling Centre

A. INSTITUTION PROFILE

1. Name of the Institution:

2. Type of Institution (Tick on appropriate option)

- Trust
- Society
- Co-operative Society
- Limited Company
- Private Limited Company
- Under Graduate College
- Post Graduate College
- Autonomous College
- Proprietorship

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

**4. Date and Number of Registration of Trust / Society / Company / College:
(Please attach proof)**

5. Institution Full Postal Address:

City:

State:

Pin code:

6. Communications Details:

STD Code:

Contact Number:

Fax Number:

Mobile Number:

Email Address:

Website Address:

- 7. Document relating to address proof of the Institution** **Enclosed / Not Enclosed**
(Lease Deed / Rent Agreement / Sale Deed / Ownership Document)
- 8. Floor Plan / Layout Map of the Institution** **Enclosed / Not Enclosed**
- 9. Photograph of Institution, Classrooms, Computer Lab** **Enclosed / Not Enclosed**
Library, Reception etc

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 Coloured Photograph of Head of Management

C. INFRASTRUCTURAL FACILITIES

1. Type of Area (Kindly tick which ever is applicable)

Rural Town District HQ

2. Total Carpet area of Institution (in Sq. ft):

3. Total Site area of Institution (in Sq. ft):

D. CONNECTIVITY

1. nearest Railway Station:

2. Nearest Bus Stand / Stop:

H. DETAILS OF REMITTANCE OF REGISTRATION FEE:

Rs. 15,000/-in favor of "INSTITUTE OF PROFESSIONAL EDUCATION AND RESEARCH" PAYBLE AT BHUBANESWAR

1. DD/Pay Order No.

2. DD / Pay Order Bank name:

3. DD / Pay Order Date:

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 INSTITUTE OF PROFESSIONAL EDUCATION & RESEARCH time to time.
3. I / We declare that I / We am / are authorized to sign on behalf of my organization and that my directors and shareholders / members (where relevant) are in total agreement of my / our application.
4. In case of any information furnished by me / us is found wrong or incomplete, I / We declare that the institute may be derecognized and is also open to any action as per law.
5. I / We understand that the approval of my / our institution as Promotion & development Centre shall be done as per the norms of the INSTITUTE OF PROFESSIONAL EDUCATION & RESEARCH.
6. I / We understand INSTITUTE OF PROFESSIONAL EDUCATION & RESEARCH reserve the right to reject the application without assigning any reason.

Place:

Date:

(Head of the Institution Signature, Name and Seal)