



Early Childhood Care and Education

AFFILIATION FORM

Date

Day.....

Application for Courses

1- INFORMATION ABOUT THE INSTITUTION

Name of the Institution:
(Use Block Letter only)

Postal Address:
(With Pin code, District & State)
(Use Block Letter Only):

Registered Address
(With Pin code, District & State)
(Use Block Letter Only):

Phone/Fax/E-mail/Telex:
(With Appropriate Codes)

Year of Establishment:

Status of Institution:
(Relevant Documents to be attached)

- **Private Institution:**
(Trust/Regd. Societies/Others to be specified)
- **Phone/Fax/E-mail/Telex :**
(With Appropriate Code)

Physical infrastructure

1. **Status of building**
(Owned, rented, leased)
2. **Total area of building** **sq.ft**
3. **Covered area** **sq.ft**
4. **Class rooms** **no of rooms**
5. **Laboratories**
6. **Library/ reading room**
7. **Demonstration room**

Financial base

Bank /branch name.....

Account title

Account no.....

Last balance.....

Date of last external audit.....

Documents to be attached

1. Registration certificate of trust deed/NGO/Section 8 company/Society Documents
2. Hospital Association letter (If hospital is own then not required)
3. List of available equipment and chemicals.
4. Copies of academic qualification of all faculty members
5. Latest bank statement
6. Legal agreement on the prescribed format
7. Bank draft for inspection fee and affiliation fee
8. Membership of management committee(members / partners/ director / trustees)
9. Copy of Resolution
10. Head of department Id proof(Aadhar or Pan Card)