PARTICULARS OF AFFILIATED COLLEGE FOR CONFIRMATION IN e-PASS

(To be submitted through the Dean, College Development Council)

Name of the College : with address			Pin code:
2. Name of the Secretary : / Correspondent		NA LUL NI	
		Mobile No.:	
3. Name of the Principal : With Qualifications	*4		
		Mobile No.:	
4. Courses offered	Sanctioned intake		Students Admitted
i). ii) (Separ	ate sheet to be enclosed	i)	
5. Whether current year affiliation (copy to be enclosed)	granted:		Yes/No
6. Year of Establishment (order copy to be enclosed)	48	*	
7. Own/Rental Building	4 0		
8. Details of Corpus Fund paid			
9. Particular of Registered Lease Deed / Own building documents (Copy to be enclosed)	: =		
10. Particulars of Bank details	+5 +7		
i) Name of the Bank with full ac	ddress		
ii) A/C No:			
iii) Name of the person with des authorised to operate the A/C		Mobile	No.:
11. List of the Teaching and Non tea With Educational Qualifications (To be enclosed a separate shee	s & contact No:		