



An Autonomous Organization Constituted Under Govt. Act (Vide Tamilnadu Govt SR Act-1975) Reg.No.TPSRG/18908/DEC/2018
Reg. Under NITI AAYIG (Planning Commission) Govt. of India Reg.No TN/2019/0227595
Ministry of MSME - Govt. of India Reg.No.TN05D0007826
Member of National Safety Council - under Ministry Labour, Govt. of India
An ISO 9001:2015 Certified Institutions

Contact: 04342 265111-9600487091 **FOR SAFETY**

NEW BRANCH APPLICATION FORM

INFORMATION ABOUT THE INSTITUTION :

Name of the Institution:

[illegible]

Type of the Institution (Tick on Appropriate Option)

Trust

11

Society

7

Limited Company

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Private Limited Company

Firms

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Others

Postal Address:[illegible]

City:

[illegible]**Phone(with Std Code) Mobile**[illegible][illegible]

E.mail

Website

Name of the Trust/ Society / College / Running Institution[illegible]

Date and Number of Registration of Trust/ Society / Company: (Place Attach Proof)

Pan Number of Institution (Kindly Attach a Copy)

[illegible]

INFORMATION ABOUT THE HEAD OF INSTITUTION**NAME OF THE HEAD OF INSTITUTION**

Photo of
Head
of Institute

PERSONAL ADDRESS

Contact No.																			
E- Mail																			

Details about Chairman/Proprietor/Dirrector(s)

Sl.No.	Name	Designation	Educational Qualification	Nature of Professional Experience in Years

CENTER BUILDING STATUS:

Owned ☐ Rented ☐ Leased ☐ Ready for Operation ☐ Not Yet

TYPE OF CENTER LOCATION:

Metro ☐ State ☐ Capital ☐ Dist. Hq ☐ Town

Carpet Area of Institutions (in Sq. Ft.):

Total Site Area of Institution (in Sq. Ft.):

Type of Flooring of Institution :

INSTITUTION FACILITY AVAILABLE:

S.No.	Type of Facility	No.of.Rooms	Area(in sq. Ft.)	Seating Capacity
1	Classroom			
2	Computer Laboratory			
3	Library			
4	Counseling Room			
5	Conference Room			
6	Auditorium			
7	Staff Room			

Note - Enclosed Photograph of /Classrooms/ Computer Labs/ Reception Area.

FACILITY IN THE LABORATORY:

S.No.	Type of Facility	Unit	S.No.	Type of Facility	Unit
1	Server		5	Scanner	
2	Client/ Node		6	UPS	
3	Printer		7	CD/ DVD Writer	
4	LCD Projector		8	Fax	

TYPE OF INTERNET FACILITY :

Leased Line ☐ Broad Band ☐ Dial-up ☐ Others ☐

CONNECTIVITY FROM COUNSELING CENTER

1. Nearest Railway Station :.....

Distance:.....

2. Nearest Bus Stand Stop :.....

Distance:.....

FACULTY DETAILS:

S.No.	Name	Designation	Qualification	Teaching Experience (in Year)	Subject Taught by Him / Her

CENTER BUILDING STATUS:**NAME OF THE CENTER DIRECTOR**

PERSONAL ADDRESS

Contact No.																			
E- Mail																			

Educational Qualification of Center Director :.....

Profession and Experience of Center Director :.....

IS THE INSTITUTION IS RECOGNIZE AS STUDY CENTRE OF ANY OTHER UNIVERSITY OR EQUIVALENT?

YES ☐ NO ☐

IF YES Kindly Give the Following Details:

S.No.	Name and Address of Recognized University	Associated Since	Recognized as	Programs Undertaken	No. of Student

FINANCIAL DETAILS:

Demand Draft No :

Demand Draft Date :

Drawn on Bank :

Amount Rs :(In Figures).....

DECLARATION

1. I / We Certify that all the information given above and in preceding pages signed by me / us is / are complete and correct.
2. I / We declare that the Branch will abide by all the rules and directions of TNSCPE given 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 that my directors and share holders/ members (where relevant) are in total agreement of my / our application.
4. In case of any information furnished by I / we are found wrong or incomplete, I/We declare that the institute may be derecognized is also open to any action as per law.
5. I / We undertake not to do any advertisement of our own in print/electronic media without the prior written permission of TNSCPE.
6. I / We here by undertake that if it is ever found that the institution is not able to run as per the norms, rules and procedures lay down by TNSCPE shall be free to withdraw the Branch recognition.
7. I / We shall verify all the original documents of the students and certify that the students registered at my / our Branch for TNSCPE, programs are eligible in all respect as per the eligibility norms of TNSCPE.
8. I / We Understand that TNSCPE, reserve the right to terminate the Branch registration if it is found that I / we have knowingly made a false declaration in the form.
9. I / We understand that the approval of my / our institution as Branch shall be done as per the norms of the TNSCPE.
10. I / We understand that TNSCPE, reserves the right to reject the application without assigning any reason.

Place:

Date:

(Head of the Institution Signature, Name with Seal)

FOR OFFICE USE ONLY

1. Branch Code:

2. Geographical Area Operation:

3. Agreement Date fromto

Branch Approved By:
TNSCPE-TAMILNADU

Seal & Signature

Date:

Checklist for Submission of Application Form

Sl.No.	Particulars	Yes	No
1	Memorandum / Details of Society, Trust or Company		
2	Resolution of Society, Trust of Company for becoming IACC		
3	Address Proof of Institution (Lease Deed/ Rent Agreement/ Sales Deed/ Ownership Documents)		
4	PAN Number of the Institution		
5	Photograph of the Institution, Classrooms, Lab, Library, Reception		
6	Photo ID Proof of Head of Management		
7	PAN Number of Head of Management		
8	One Colored Photograph of Management		
9	Undertaking by the Study Centre on the Letter Head		

5. Theory Classroom

Photograph to be Pasted Here

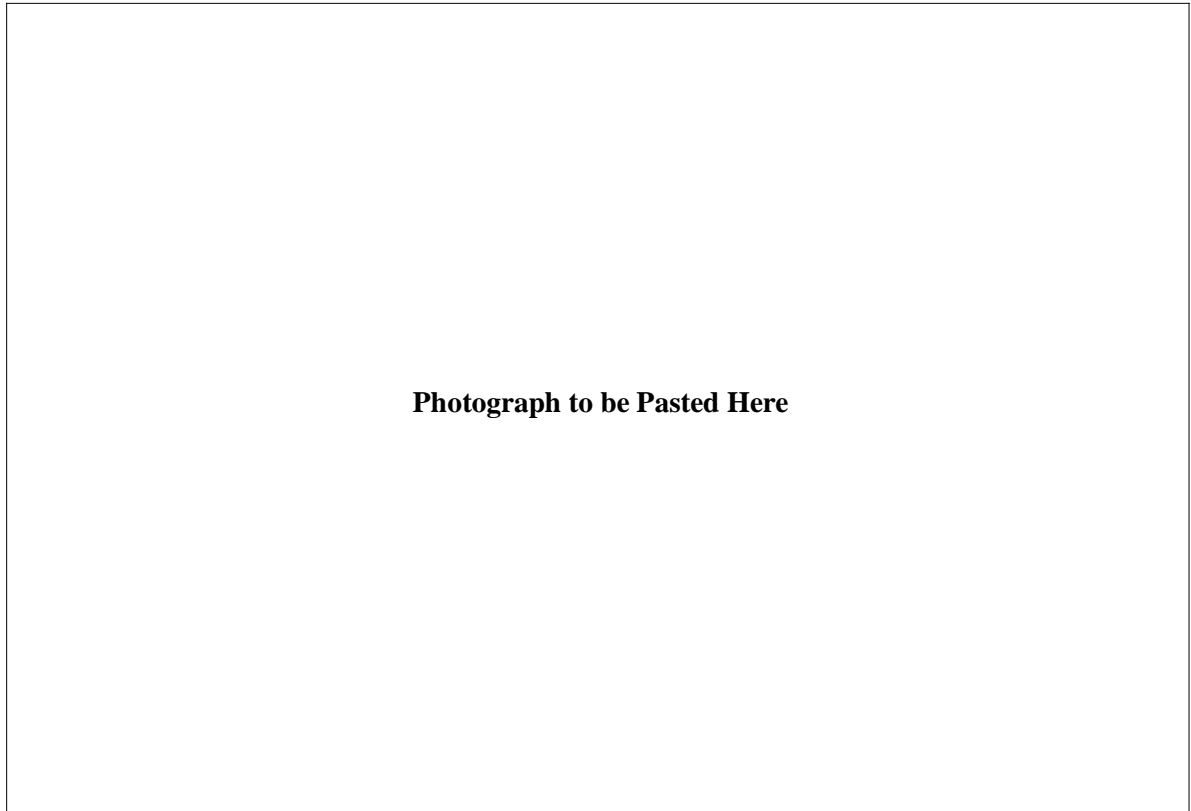
Class Room Photograph

6. Library Photograph

Photograph to be Pasted Here

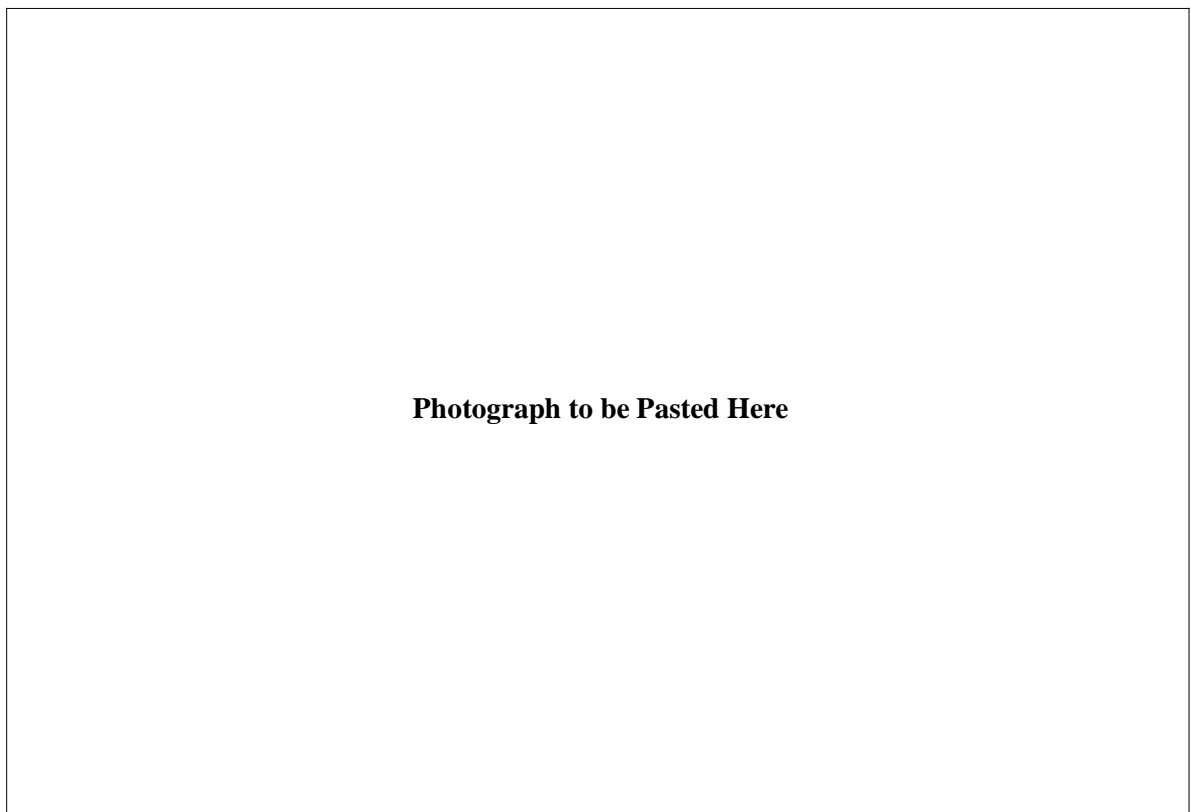
Library Room Photograph

3. Co-ordinator Room



Co-rdinator Room Photograph

4. Practical Laboratories



Computer Laboratory Photograph

5. Theory Classroom

Photograph to be Pasted Here

Class Room Photograph

6. Library Photograph

Photograph to be Pasted Here

Library Room Photograph