

GOVERNMENT OF RAJASTHAN
BOARD OF TECHNICAL EDUCATION, RAJASTHAN, JODHPUR

Application Form for Affiliation /Renewal of Affiliation

1. Institute Particulars: -

- 1.1 Name of the Institute : _____
- 1.2 Postal address : _____
- 1.3 E mail address: _____
- 1.4 Fax & Phone Nos (With STD code) : _____
- 1.5 Ownership : _____

2. Particulars of Head of the Institute :-

- 2.1 Name : _____
- 2.2 Home Address : _____
- 2.3 Phone No (With STD code) : _____

3 Particulars of Registered Committee/Trust in case of private Institute :-

- 3.1 Postal address : _____
- 3.2 E mail address : _____
- 3.3 Phone No. & Fax No. (with STD code) : _____

4. Whether the institute and the course(s) to be commenced are approved by the Government of Rajasthan ?

If yes, the attach attested photo copy of approval letter. Government of approval letter

no. _____ dated _____.

***5 Whether the institute and the course(s) conducted are approved by AICTE ?**

If yes, the attach attested photo copy of approval letter. AICTE approval letter

no. _____ dated _____.

6. Particulars of affiliation fee/ renewal fee.

Demand Draft No. _____ Dated _____ Amount _____

Drawn on _____
(Name of bank)

(Seal)

**Name & Signature of the Head
of the institute**

*If the institute has been inspected by the AICTE for the purpose of according approval and the same is expected before the students are admitted the institute may apply in advance before 31st March for affiliation with the Board but the affiliation application will be considered only after the attested copy of AICTE approval letter is received in the Board.

DETAILS OF INSTITUTE

S.NO.	DETAIL	INFORMATION					
1	NAME OF INSTITUTE						
2	ADDRESS OF THE INSTITUTE	AS GIVEN IN AICTE L.O.A.					
		PRESENT					
3	STATUS OF BUILDING	OWN/RENTED					
4	PHONE NO	(0)					
5	E-MAIL ADDRESS						
6	WEB SITE ADDRESS (IF ANY)						
7	NAME AND ADDRESS OF SOCIETY/TRUST						
8	YEAR OF STARTING						
9	BRANCHES RUNNING	S.N	BRANCH	SANCTIONED INTAKE (AICTE)			
				2008-09	2009-10	2009-10	2011-12
		1					
		2					
		3					
		4					
5							
10	NAME OF PRINCIPAL						
11	QUALIFICATION						
12	EXPERIENCE (NO. OF YEARS)						
12	MOBILE NO.						

SIGNATURE OF PRINCIPAL (WITH SEAL)