

**STATE BOARD OF TECHNICAL EDUCATION AND TRAINING
ANDHRA PRADESH : : HYDERABAD**

Sl.No.

**APPLICATION FORM FOR RECOGNITION OF COMPUTER
ORGANISATIONS**

1. NAME OF THE ORGANISATION/INSTITUTE:
(FULL ADDRESS)
2. NAME OF THE HEAD OF THE ORGANISATION/
INSTITUTION WITH QUALIFICATION
 - a) General
 - b) Technical
3. DATE OF ESTABLISHING THE
INSTITUTE / ORGANISATION AND
NUMBER OR BRANCHES:
4. WORKING HOURS OF THE INSTITUTE AND
WEEKLY HOLIDAYS DECLARED
5. EXACT LOCATION OF THE ORGANISATION
(enclose route map to reach the organisation)
6. PLAN OF THE BUILDING WITH
DIMENSIONS (PLEASE ENCLOSE
COPY)
7. COURSES WHICH THE ORGANISATION
DESIRES TO OFFER FOR WHICH AFFILIATION
IS REQUIRED (CHOOSE FROM LIST OF
18 COURSES ENCLOSED)
 - a)
 - b)
 - c)
 - d)
8. WHETHER PREVIOUSLY RECOGNISED?
(Applicable only to type writing Institute already
recognised by the Department (If so, enclose
true copies of the latest recognition order)
9. NUMBER OF COMPUTER/PRINTERS IN WORKING CONDITION THE MAKE AND
OTHER DETAILS OF THE COMPUTER SHOULD BE FURNISHED IN DETAIL (ATTACH
EXTRA SHEET, IF NECESSARY).

Sl.No.	Make and No. of Computer / Printer	Remarks
(1)	(2)	(3)
1.		
2.		
3.		

10. Particulars of teaching staff including Principal / Lecturers with Designation and Qualification.

S.No.	Name	Designation	Qualifications
1.			
2.			
3.			

11. WHETHER WILLING TO SPARE COMPUTER FACILITIES FOR EXAMINATION

12. NATURE OF COURSES OFFERED IF ANY AT PRESENT

13. PRESENT STRENGTH OF CANDIDATES COURSE WISE :

1.

2.

3.

14. DETAILS OF THE SOFTWARE AVAILABLE :

15. DETAILS OF D.D.ENCLOSED: D.D.NO.

DATE:

AMOUNT:

**UNDERTAKING TO BE SIGNED BY THE HEAD OF
ORGANISATION/INSTITUTIONS**

1. I declare that the particulars mentioned in the application form are correct.
2. I declare that my Institute is open to students of all communities irrespective of cast and creed.
3. I promise that i will adhere strictly and follow all the rules and regulation for recognition laid down by State Board of Technical Education and Training from time to time.

STATION:

SIGNATURE

DATE:

(NAME IN BLOCK LETTERS)

SEAL OF THE ORGANISATION