

Maharashtra Technical And Business Training Centre, Pune

APPLICATION FORM FOR MTBTC'S AUTHORISED TRAINING CENTRE

Date :

1. INFORMATION ABOUT THE INSTITUTION

1.1 Name of the Institution :
(Use Block letters only)

1.2 Postal Address :
(With Pincode, District & State)
(Use Block letters only)

1.3 Registration Address :
(With Pincode, District & State)
(Use Block letters only)

1.4 Phone/ fax/ E-mail/ Telex :
(With Appriate Codes)

Year of Establishment :

1.6 Status of Institution :
(Relevant Documents to be attached)

- Private Institution :
[Central/ state/ U.T]
- Private Institution :
[Trust/ Regd. Societies/ other to be Specify]

1.7 Affiliated to/ Recognised :
[University/ Any Other Body Please Specify]

- Name of Affiliating Body :
- Postal Address :
(With Pincode, District, State)
- Phone/ Fax/ E-mail/ Telex :
(With Appropriate Codes)

**2. INFORMATION ABOUT THE CHIEF EXECUTIVE/ PRINCIPAL/
DIRECTOR OF THE INSTITUTION**

Photograph of the
Head of the
Institution/
Chief Executive/
Principal/
Director.

2.1 Name :

2.2 Designation/ Position Held :

2.3 Postal Address :
(With Pincode, District & State)

2.4 Phone/ Fax/ E-mail/ Telex :

2.5 Date of Birth & Age :

2.6 Educational Qualification :

2.7 Professional Experience :
(Subject Related Experience)

Signature of the Officer :

Seal :

3. INFRASTRUCTURAL FACILITIES :

3.1 Facilities Available

| PARTICULARS | NO. OF ROOMS | SEATING CAPACITY | TOTAL AREA (SQ. FT.) |
|--------------|--------------|------------------|----------------------|
| Staff Rooms | | | |
| Class Rooms | | | |
| Laboratories | | | |
| Library | | | |
| Reception | | | |
| Toilets | | | |
| Any Other | | | |

(Where ever Necessary relevant details/ documents must be enclosed)

- 3.2 Location of the institution :
- 3.2.1 How To Reach From Pune :
(If the institution is in Remote place please attach route Map)
- 3.2.2 Nearest Town/City :
(Nearest Bus stand/Railway/Airport)
- 3.2.3 Name of the Nearest MTBTC'S Associated Centre :
- 3.3 Kind of Infrastructure Facilities Available :
- 3.3.1 Rented/lease/Own Building :
(Attached Relevant Documents)
- 3.3.2 All the Infrastructure and other Facilities available being used exclusively or / and Shared by your institute :

4. INFORMATION ABOUT FACULTY

| S. No. | Name | Designation | Educational Qualification | Total Professional Experience | Date of Appointment | Responsibilities | Status Full/part Time |
|---------------|-------------|--------------------|----------------------------------|--------------------------------------|----------------------------|-------------------------|------------------------------|
| | | | | | | | |

Information required regarding Teaching faculty. (If Necessary Attach Separate Sheet).

5. INFORMATION ABOUT SUPPORTING STAFF

| S. No. | Name | Designation | Educational Qualification | Total Professional Experience | Date of Appointment | Responsibilities | Status Full/part Time |
|--------|------|-------------|---------------------------|-------------------------------|---------------------|------------------|-----------------------|
| | | | | | | | |

Information required regarding Supporting faculty. (If Necessary Attach Separate Sheet).

6. INFORMATION ABOUT LAB FACULTY

| S. No. | Name | Designation | Educational Qualification | Total Professional Experience | Date of Appointment | Responsibilities | Status Full/part Time |
|---------------|-------------|--------------------|----------------------------------|--------------------------------------|----------------------------|-------------------------|------------------------------|
| | | | | | | | |

Information required regarding Lab faculty. (If Necessary Attach Separate Sheet).

6(A) LIBRARY FACILITIES :

| | |
|--------------------------------|--|
| Total Cost Invested On Library | |
| No. Of Text/Subject Books | |
| No. Of Reference Books | |
| No. Of Periodicals | |
| No. Of Journals | |
| No. Of CD's | |
| No. Of Video Films | |

Other(Specify) _____

(B) INFORMATION ABOUT LIBRARIAN

1. Name
2. Designation / Date Of Appointment:
3. Educational Qualification:

Signature Of Librarian :

Seal :

(Detail List May Be Enclosed, The Information Provided Must Be Relevant To The Courses Requested For Approval).

7. TRACK RECORD OF THE INSTITUTE

Details Of Courses Conducted During :
Previous Year (If Any)

7.2 What Are The Principle Strengths :
And Weaknesses

7.3 Is There A Placement Cell In Your Institution :
(If Yes Then Give The Number Of Placement)

7.4 Any Other Activity Carried Out :

8. FINANCIAL DETAILS :

8.1 Non-Recurring Investment Made State

- **Infrastructure**

- **Laboratory**

- **Faculty**

- **Library**

- **Other**

8.2 Estimated Recurring / Non- Recurring Expenditure:

8.3 Bank Balance As On Date Of Submission Of Application.

Seal of the Institute

Signature
Head of the Institute

9. INFORMATION ABOUT THE SOCIETY / TRUST

9.1 Name Of The Society / Trust :
(Attached The Registration Certificate)

9.2 Registered Address :
(With Pin code, District, State)

9.3 Phone / Fax / E-Mail / Telex :
(With Appropriate Code)

9.4 Year Of Registration :

9.5 Name Of President Of The Society / Trust :

9.6 Address With Phone Number :

Enclosure:

(A) Registration Certificate.

(B) List Of The Society / Trust

(C) Permission Letter Of Applicant Society To Start The Associated Study Centre Of
MTBTC,Pune. Duly Signed By President & Secretary With Seal.

This Matter is on the letter head of Society seal and signed with Chairman and Secretary.

CERTIFICATE

Certificate that all the information given in Application form is correct to the best of my knowledge. I understood read and understood all information about MTBTC'S self administrative courses and I also agree to abide by the rules ,regulations And norms of MTBTC,Pune and to accept any modifications made in them from time to time and I understand that, any dispute with the institute will be in the jurisdiction Pune(Maharashtra)

Place :

**Signature
Chairman**

**Signature
Secretary**

**Signature
Head of
Institution**

Documents Enclosed :

- 1 Regulation Certification Of The Institute.
- 2 List Of Management Members Address.
- 3 Photograph Of The Institution.
- 4 Rented/Lease Agreement.
- 5 Detailed List Of Equipment Of All Laboratory.
- 6 Detail List Of Publication Of Library.
- 7 Affidavit Of Hospital Attachment (For Allied Health Science)

Signature
President Of Society

Seal of the Society