



INSTITUTE OF TECHNOLOGY
&
MANAGEMENT STUDIES

APPLICATION FOR APPROVAL OF LEARNING CENTRES

- 1.CENTRE OPTED FOR : A.
B.
C.
- 2.NAME OF THE STUDY CENTRE :
- 3.ADDRESS :
- 4.NAME OF THE PERSON SOLELY
RESPONSIBLE FOR THE STUDY CENTRE :
- 5.ADDRESS :
- 6.E-mail-id :
- 7.CONTACT NUMBER : A) Land line
B) Mobile
- 8.FACILITIES AVAILABLE AT THE
STUDY CENTRE
- A) No. Of Class Rooms
(Specify seating capacity in each classroom) :
- B) Faculty :
- C) No. of Systems. (Computers) :
- D) Broadband Connection :
- E) No. of Student Counselors :
- 9.EXPERIENCE WITH OTHER
DISTANCE EDUCATION :
- (If yes please specify the names of the directorates at present you are associated with and the name of the programmes you have enrolled). Kindly fill the details in a separate sheet.

10.TOTAL WORK EXPERIENCE

DURING STUDIES :

11. AMOUNT OF DEPOSIT

TO BE DEPOSITED AS
SECURITY DEPOSIT :

DECLARATION

I declare that all the information submitted in this application form is correct and complete.I acknowledge that ITMS reverses the right to vary or reverse any decision regarding on the basis of incorrect or incomplete information provided by me.

I declare further that I had read and understood all the contents os this application and the terms of the Contract which I have signed with ITMS. I also agree to comply with rules and regulations of ITMS that may be applicable from time to time.

Date:

Place:

Signature of Authorized Person