

Work Phone:	Cell Phone
E-Mail:	

Name of Partner No. 02 : (IN BLOCK LETTERS)

Age:	Marital Status:
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Highest Academic / Professional Qualification attained:

Work Phone:	Cell Phone
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E-Mail:

Infrastructure Details:

Particular	No. & Seating Capacity	Area (in Sqr. Ft.)
Theory Class Room		
Practical Class Room/Lab		
Library		
Officer's Chamber/Office		
Refreshment Room/Cafeteria		
Other Amenities		

Equipment Held:

Particular	Nos.	Type
Computer		
Desktop		
Laptop		
Printer		
Dot Matrix Printer		
Laser Printer		
Ink Jet Printer		
UPS		
Inverter		
Internet		
Generator		

Equipment Held:

Sl. No.	Faculty Name	Designation	Age	Gender (M/F)	Qualification	Experience	Part Time/ Full Time

Date

Signature with Office Stamp

Place.....

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Recent
Passport Size
Photo
Owner

Recent
Passport Size
Photo
Partner -1

Recent
Passport Size
Photo
Partner -2

For Office Use Only

Organization Name:
Center Code:
Date of Agreement:

Verified By :

Date

Signature

Place.....

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