



VISHWAKARMA COMPUTER SAKSHARTA MISSION

A National Program of Information Technology & Skill Development
Ministry of Corporate Affairs, N.C.T. New Delhi
Govt of India

APPLICATION FORM FOR AFFILIATION

For Office Use Only

Form Receiving Date

ASC Code

1. Name of Organization

2. Address of Registered Office

3. Year of Establishment 4. Adhar No :

5. Contact No: 6. E-Mail:

7. Status of Institute : Regd. Society Trust Other

Details About Director of Institute

Name of Director / Institute Head

Educational Qualification:.....

Professional Experience (If Any):.....

Date of Birth : Pan No :

Postal Address :

..... Pin

Photograph of
Director/Institute
Head

Stamp

Signature Head of the Institute

Detail About Computer Lab :

Sr. No.	Computer/Processor Name	No. of Terminals	Purchasing Year	Operating System	Cost Approx	Other Facility
1.						
2.						
3.						
4.						
5.						
6.						

Detail About Library :

Sr. No.	Particulars	Details	
1.	No of Books		
2.	No of Standard Writer Books		
3.	No of Magazines		
4.	No of Audio/Visual Instruments (CD Etc.)		
5.	No of Journals		
6.	News Paper Reading Facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Books Issue Facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Total Cost on Library (Aproximate)		

Stamp**Signature Head of the Institute**

Infrastructure Facility :

Sr. No.	Particulars	No. of Rooms	Seating Capacity	Total Area (Sq. Ft.)
1.	Class Room			
2.	Staff Room			
3.	Computer Lab			
4.	Reception			
5.	Toilets			
6.	Any Other			

Details About Faculty :

Sr. No.	Name	Designation	Qualification	Experience	Date of Joining
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Stamp**Signature Head of the Institute**