



APPLICATION FOR COORDINATOR

H.NO :# 1-8-254 Linga Reddy Complex Near Nithya sai Hospital Main Road Metpalli Dist:Karimnagar ,A.P-505325

TEL: 08725-236321, 9396610615.

Web site: [www.nitindia.in](http://www.nitindia.in) Email: [nitindia@live.com](mailto:nitindia@live.com), [nitvtp@gmail.com](mailto:nitvtp@gmail.com)

Application form for AREA/DISTRICT COORDINATOR for the Creation of New Study Centre/ up gradation of the existing Study Centres

Affix your  
Passport Size  
RECENT  
PHOTOGRAPH

1. Study Centre Information:

- i) Name of Applicant: \_\_\_\_\_
- ii) Name of Study Centre: \_\_\_\_\_
- iii) Location Area: Rural or Urban (Attach a proof in case of Rural area duly signed by the Tehsildar or competent authority): \_\_\_\_\_
- iv) Address: \_\_\_\_\_  
\_\_\_\_\_
- v) Contact No. : Phone (With STD code) \_\_\_\_\_ Mobile \_\_\_\_\_  
E-Mail: \_\_\_\_\_ FAX \_\_\_\_\_ Website: [www.](http://www.) \_\_\_\_\_
- vi) Study Centre operates in: Own/Rented building \_\_\_\_\_
- vii) Courses to be Started: \_\_\_\_\_ Session: \_\_\_\_\_
- viii) Study Centre Code (if already approved by the NIT): \_\_\_\_\_

2. Owner/Proprietor Details:

- i) Name of the Owner/Proprietor: \_\_\_\_\_
- ii) Address (Correspondence): \_\_\_\_\_  
\_\_\_\_\_

(Permanent): \_\_\_\_\_  
\_\_\_\_\_

ix) Contact No. : Phone (With STD code)\_\_\_\_\_ Mobile \_\_\_\_\_  
E-Mail:\_\_\_\_\_ FAX \_\_\_\_\_ Website: [www.](http://www.)\_\_\_\_\_

iii) Category/Status: Male/Female\_\_\_\_\_ Ex-Serviceman \_\_\_\_\_ SC/ST \_\_\_\_\_

3. Bank and other relevant Details of Study Centre:

- i) Name of the Bank:\_\_\_\_\_ Branch:\_\_\_\_\_ (Branch Code):\_\_\_\_\_
- ii) IFSC Code:\_\_\_\_\_ Bank Account No.\_\_\_\_\_
- iii) PAN No.:\_\_\_\_\_ TAN No. (if any): \_\_\_\_\_

4. Faculty Members: Lecturer : (Regular)\_\_\_\_\_ (Part-time) \_\_\_\_\_  
(Visiting)\_\_\_\_\_ (Guest-Faculty) \_\_\_\_\_.

5. Infrastructure:

- (i) Covered area\_\_\_\_\_ sft
- (ii) No. of Class rooms \_\_\_\_\_ sft
- (iii) Computer Rooms\_\_\_\_\_ sft
- (IV) Library \_\_\_\_\_ sft
- (v) Faculty Rooms\_\_\_\_\_ sft
- (VI) Computer Lab.\_\_\_\_\_ sft
- (vii) Office \_\_\_\_\_ sft
- (viii) Director's office\_\_\_\_\_ sft
- (ix) Public Convenience \_\_\_\_\_ sft
- (x) any other, specify: \_\_\_\_\_

6. STAFF MEMBERS DETAILS:

NAME OF STAFF MEMBERS	DESIGNATION	EDUCATIONAL QUALIFICATION	WORKING EXPERIENCE

7. No. Of Computers: \_\_\_\_\_ Printers \_\_\_\_\_ Generator Set/Inverters \_\_\_\_\_  
Xerox Machine \_\_\_\_\_ Softwares (Licensed) \_\_\_\_\_ Internet Facility \_\_\_\_\_

8. Distance from nearby Study Centre of NIT running proposed course:\_\_\_\_\_

9. Details of Coordinator Fee: Registration Fee Rs. \_\_\_\_\_ Security Rs. \_\_\_\_\_  
D.D. No. \_\_\_\_\_ dated \_\_\_\_\_ Amount Rs. \_\_\_\_\_  
Drawn on Bank \_\_\_\_\_  
Any other relevant information: \_\_\_\_\_

Signature of Proprietor/Head of the Institution with  
Rubber Stamp

