



# ALPHA TECHNICAL UNIVERSITY

Established Under Trust act Central Govt. of India

CAMPUS: BHABHEWA JIND HARYANA

www.alphatechnicaluniversity.ac.in

CORPORATE OFFICE: F-321 2ND FLOOR OLD M.B. ROAD LADOSARAI NEW DELHI-30

## APPLICATION FORM FOR CO-ORDINATOR IDENTIFICATION

**NAME OF THE CO-ORDINATOR:**

**ADDRESS OF THE CO-ORDINATOR:**

**Building/ Plot No.:**

**Street:**

**Colony:**

**City:**

**Pin:**

**District:**

**State:**

**Nearest Landmark:**

**TYPE OF AREA:** (Tick of appropriate)

Metro

Dist. HQ

Tehsil/Town

Rural

State Capital

**TYPE OF INSTITUTION:** (Tick of appropriate category)

"A"

"B"

"C"

"D"

"E"

(As per Guideline for Establishment of Examination Centre)

Type	Govt./ Private	Affiliating / Approving	Year of Established	Total student can Occupied
Affiliated Col-				
Affiliated School				
Standalone Institution				
Other (Please specify)				

AFFILIATION No.:  VALIDITY OF AFFILIATION:

FUNCTIONARIES:

Designation	Name	Mobile No.	Landline No.	Email ID
Chairman				
Director/Principal				
Chief Superintendance				
Superintendent				

\* Superintendent will be the acting in case of Chief Superintendent's absence.

COMMUNICATION :

Type:

STD Code

Contact No.

Alternate No.

Landline No.:

Fax:

Email ID:

Website (URL)



**INTERNET AVAILABLE?***(Tick as appropriate)*

Yes

No

Type of Connection	Operating since year	Service Provider	Bandwidth/ Speed (Mbps)
Lease Line			
DSL			
Dial-up			

*Enclose photocopies of latest bills of Internet Service Provider*

Type	Nos.	Make / Model	Print Speed (PPM)	Special features, if any?(e.g. Duplex printing)
Laser				
Inkjet				

**Printers:****AVAILABILITY OF LAB:**

Name of the Lab	Nos.	No. of Students may be accommodated
Composite Science Lab		
Home Science Lab		
Geography Lab		
Physic Lab		
Chemistry Lab		
Biology Lab		
Mathematics		
Computer Lab (No. Of Computer_____)		
Other Lab_____		
Other Lab_____		

Has the venue been used by any organization for examination in the past?

**(Tick as appropriate)**

Yes

No

Sr. No.	Customer Name	Type of Exam	Date of Exam (DD-MM-YY)

**NAME and ADDRESS OF THE BANK FOR CUSTODY OF QUESTION PAPER:**

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**Building / Plot No.:****Street:****Colony:**

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**City/District:****Pin:****State:****Email ID:**

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**STD Code:**  **Tele No. (0):**  **Tele No. (R):**  **Fax No.:**  **Mobile No.:**

**Alternative storage arrangement for Question paper, if Bank is not available:**

**Please specify:**

**Distance of school/ College/Institution from:**

**Please specify:** Police Station:  km. Post Office  km. Bank [Proposed custodian of QP]  km.

**How many entry and exit points does the venue have? (E.g. 2 entry and exit points)**

**Please specify:**

**Availability of Boundary wall?**

**(Tick as appropriate)** Yes  No  If No, please specify the reason:

**No Availability of Security Guard?**

**(Tick as appropriate)** Yes  No  *If No, please specify the reason:*

**Availability of CCTV in all rooms for examination purpose?**

**(Tick as appropriate)** Yes  No  *Please specify in numbers:*

**Availability of separate Examination Control Room?**

**(Tick as appropriate)** Yes  No  *Please specify in numbers:*

**Are there well maintained separate toilets for gents & ladies?**

**(Tick as appropriate)** Yes  No  *No. of Gent's Toilet:*  *No. of ladies's Toilet:*

**Are there enough parking spaces at the venue? If not, what is the other option? Please Specify. (E.g. Parking available outside the premises)**

**(Tick as appropriate)** Yes  No  *Please specify other option:*

**If Yes, how many Bikes and Cars can be parked in the parking space? (Please specify in numbers) (E.g. 50 bikes and 15 cars)**

**(Tick as appropriate)** Yes  No  *Please specify in numbers:*

**Will drinking water be provided on all floors/ blocks?**

**(Tick as appropriate)** Yes  No

**Can the ATU(ALPHA TECHNICAL UNIVERSITY)Team do the venue visit on any working day? If "No" then please specify on which day can we do the venue visit?**

**(Tick as appropriate)** Yes  No  *Please specify on day and date*

**Will arrangements be made for Police protection? Please also mention the name of the Police Station under jurisdiction your Institute/ School falls?**

**(Tick as appropriate)** *If Yes, Police Station Address and Telephone No.:*

Yes No

**Any special instructions from the venue authorities:**

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**PAYMENT DETIALS:**

**Payment to be made in favour of: (Principal Name/ College/ School/ Instituteor Society)**

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**Name of the Bank and Branch Address: (preferable CBS branch):**

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**Tele No. Of Branch:**

**Tele No. Of Branch Manager:**

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**Account No(Full digits)**

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**IFSC Code No(for RTGS/ NEFT):**

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*(Authenticated copy of cancelled cheque of the bank account also enclose)*

***Attaching any other information which can help smooth Conduct of Examination.***

**Dated:** \_\_\_\_\_

**(Signature of the Authority)  
Principal/ Director/ Head of Institutes (Seal)**

**Enclosures:**

- 1) Copy of Approval of the Institutions by State Government or any authority.
- 2) **Annexure1:** Staff to be Engaged

Sl. No.	Name of the Faculty	Qualification	Total Academic Experience

- 3) **Annexure2:** Route Chart from Bust Stand
- 4) **Annexure3:** Route Chart from Railway station