ALPHA TECHNICAL UNIVERSITY

ESTABLISHED UNDER TRUST ACT CENTRAL GOVT. OF INDIA

CAMPUS:BHAMBHEWA JIND HARYANA

CORPORATE OFFICE: LADOSARAI SAKET NEW DELHI-30

MEMBERSHIP FORM

Affix Your Recent Passport size photo here (Director)

Sig.of Director

Application form for the creation of New Study Centre/Addition of New Courses/ Up-grading of the existing Study Centres

Study Centre Information:

1. Name of Study Centre

3.Center Address :

4. Contact No. Phone (With STD Code) Mobile

Email:.

5. Study Centre operates in: Own/Rented building :

7. Name of Owner/Proprietor

9. Permanent(Owner) Address :

10. **Bank and relevant Details of Study Centre:**

Name of the Bank:

Branch: IFSC Code

Bank Account No.

PAN No. TAN No.

Declaration by the Applicant

I am .....Promised & here by declare that I will run the center without any break I also promised that I'm responsible for fee of the University or Vocational course to be paid immediately to the Alpha Technical Education account. How much received from the student.

Place :- .....

Date :- .....

Signature of the Applicant

FOR OFFICE USE ONLY

(1) Name of Study center.....

(2) User ID..... (3) Password.....

(4) Duration of Recognition..... (5) Center code Alloted.....

(6)University course..... (7) Vocational course.....

(8)DD Details received .....

Signature of Director With Seal Signature of Manager With Seal