

दक्षिण भारत हिन्दी प्रचार सभा, मद्रास
DAKSHINA BHARAT HINDI PRACHAR SABHA, MADRAS
उच्च शिक्षा और शोध संस्थान (विश्वविद्यालय प्रभाग)
POST -GRADUATE AND RESEARCH INSTITUTE (UNIVERSITY WING)
(संसदीय अधिनियम 14 सन् 1964 द्वारा घोषित राष्ट्रीय महत्व की संस्था)
(DECLARED BY PARLIAMENT AS AN INSTITUTION OF NATIONAL IMPORTANCE BY ACT 14 OF 1964)
Permanent Member of Association of Indian Universities [AIU] & Commonwealth Universities [ACU]

त्यागरायनगर, मद्रास 600 017

THYAGARAYANAGAR, MADRAS 600 017



All Communications Should be addressed to :



Central Resource Centre

Head Office :

MB - 1E, Madhuban Road (Opp. P.N.B.), Shakarpur New Delhi - 92.
Tel. : 011-65020820, 09212477793 / 09204061714 / 09973904534, Fax : 011-22010820
Website : www.dbhpsdde.ac.in E-mail : crc@dbhpsdde.ac.in

Application Form [To be filled by the Program Coordinator]

Admission Counseling & Guidance Centre

Date of Submission ___/___/___

SECTION - A

Program Applied For [Please Tick (✓)]

- A. Arts & Commerce B. Computer Science C. Journalism And Mass Communication
D. Allied Health Science E. Management

Details about Applicant Institution

SECTION - B

- A. Name of Applicant Institution : _____
B. Name of Sponsoring Society / Trust : _____
C. Registered Under Act : _____ D. Under Government of : _____

Detail Correspondence & Postal Address

SECTION - C

- A. Postal Address: _____
B. Block : _____ C. City : _____ D. Police Station : _____
E. District : _____ F. State : _____ G. Pin Code : _____
H. Fax No : _____ I. Mobile No: _____ J. Mobile No: _____
K. Website: _____ L. E-Mail : _____

SECTION - D

[Please Attach Details wherever required]

Details about Head of Institution - [Owner / Chairman / Secretary / Director]

- A. Name : _____
B. Academic Qualification : _____
C. Professional Qualification : _____
D. Experience [If any Please Specify] : _____
E. Identity Proof : _____
F. Phone No: _____ G. Fax No: _____ H. Mobile No: _____
I. E-Mail: _____ J. PAN Card No : _____

SECTION - E

[Please Attach Details wherever required]

Details of Program Coordinator [Head of Academic Affairs / Key Contact Person]

- A. Name : _____
B. Academic Qualification : _____
C. Professional Qualification : _____
D. Experience [If any Please Specify] : _____
E. Identity Proof : _____
F. Phone No: _____ G. Fax No: _____ H. Mobile No: _____
I. E-Mail: _____ J. PAN Card No : _____

SECTION - F

Detail Infrastructure of Institution [Please Tick (✓)]

A. Sign Board - Glow Sign- Yes No Normal Sign- Yes No Not Present-

B. Hardware Details -No. of Computers _____ No. of Printers _____ Power Backup _____

C. Network Connectivity Type: - _____

D. Operating System and Software available: 98 ME 2000 XP Vista / Win. 7

E. Available Publication (Attach Details) : _____

F. Available Software (Attach Details) : _____

G. Available Rooms (In Sq. Ft) : _____

H. Class Room : _____

I. Computer Lab : _____

J. Any Other : _____

SECTION - G

Academic and Administrative Staff Details [Please Enclose Bio-Data]:

(A) FULL TIME				
S.N.	Name	Academic / Technical Qualification	Experience	Designation
1				
2				
3				
4				

(B) PART TIME				
S.N.	Name	Academic / Technical Qualification	Experience	Designation
1				
2				
3				
4				

(C) ASSOCIATE				
S.N.	Name	Academic / Technical Qualification	Experience	Designation
1				
2				
3				
4				
5				

SECTION - H

Details of Placement support:

A. Do you give placement support to students? : Yes No

If Yes, please specify : _____

(A)

Front View [Out Side]

(B)

Lab and Class Room

(C)

Other Photograph [Inside]

Office Seal

Details about Signature of Institution Head

[Owner / Chairman / Secretary / Director]

Date: _____

Targeted Students Status [Stream Wise]

SECTION - J

Streams	Status	Remarks if any

Note: If the institution is not achieving Target that may be cause of termination.

SECTION - K

[Please Attach Details wherever required]

Details of Accounts [Along with Three Years Audit Report]

A. Name of Bank [In Which Institute Have Account] : _____

B. Account No: _____ C. Type of Account : _____

D. PAN No: of Institute / Sponsoring Agency : _____

SECTION - L

[Please Attach Details wherever required]

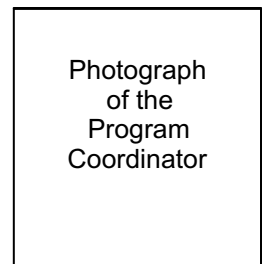
Specify name of the Courses you would prefer to run depending on the Demand in the area:

1. _____
2. _____
3. _____
4. _____

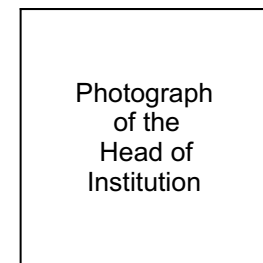
SECTION - M

Details of Identification :

Self Attested Recent Color Photograph



Self Attested Recent Color Photograph



SECTION - O

Rs. 100/- NON JUDICIAL STAMP PAPER (Sample Copy)

I, _____
.W/O - D/O - S/O _____
R/O _____

_____ Solemnly certify that all the information given in the application form is correct to the best of my knowledge & belief . I hereby also declare that there is no legal dispute Local and any where related to myself or institution.

I agree to abide by the rules and regulation of the Sabha to accept any modification made in them from time to time. I understand that any dispute with the institute and the Sabha will be in the Jurisdiction of Chennai only.

Self Identity [Chairman / Secretary of Trust Or Society]

Rent / Lease Agreement

Photographs of Institution [From out side & in side]

Registration Certificate of Institution and By-Laws

List of Management & Academic Members [With address and Contact No:]

Detail List of Laboratories Equipments [As required Stream wise]

Balance in Account on Date of Submission [Attach Bank Statement of Institution]

MoU / Agreement in case if any tie up with any agency.

Seal & Signature of Institution / Trust / Society Head

[Owner / Chairman / Secretary / Director]

Photograph
of the
Institution
Head
Chairman
Secretary

Seal of Institution / Trust / Society

SECTION - N

INSPECTION REPORT OF ADMISSION COUNSELING AND GUIDANCE CENTRE

On request of applicant for CRC. DBHPS, Admission Counseling & Guidance Centre [ACGC] I _____, personally inspected the Centre and found all information duly filled in application form is true and satisfactory to the best of my knowledge.

I have inspected everything as per enclosures and feel satisfied with the arrangements.

Address of centre _____

Name of inspecting Member _____

Address _____

Qualification _____

Designation _____

Contact No. [O] _____ [R] _____

[Cell] _____ Fax No: _____ [Email] _____

Place where working or from where retired

Date:

Place:

Signature of Inspecting Member

Photograph of
Inspection
Member

Note: If the Inspecting Member is interested to give his/her service in future to the Sabha in any of the following fields **Please Tick (✓)**

1. Paper Setting 2. Assignment Checking 3. Inspecting Member

4. Practical Examiner 5. Syllabus Setting 6. SIM Preparation

7. Any other please specify

Please attach Your Bio-Data and acceptance letter [NOC] with this page. As per Rules Sabha will pay remuneration for your job.