



3. Infrastructure Facility

Facilities Available:

PARTICULARS	NO.OF ROOMS	SEATING CAPACITY	TOTAL AREA (SQ. FT.)
Staff Room			
Class Room			
Laboratory			
Reception			
Toilets			
Any others			

No. Of Computers (Required Min. 3 to 5):

5. Information about the Faculty:  
(As on date of Proposal)

S.No	Name	Designation	Qualification	Teaching Experience	Date of Appointment	Status Full/Time/ Part Time

The above Information given by me are find correct & sign under by me

Signature & Seal Head of the Institute