





## 5-Information about Faculty

(As on date of proposal)

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

## 6- Library Facilities :

No. of Text / Subject Books	
No. of Reference Books	
No. of Periodicals	
No. of Journals	
No. of CD's	
Total cost invested on library	

Other (Specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Centre's Address (In Hindi) :**

.....

.....

.....Pin Code.....

Phone/Mobile.....

**Residential Address (In Hindi) :**

.....

.....

.....Pin Code.....

Phone/Mobile.....

The above information given by me are find correct & sign under by me.

SEAL OF THE INSTITUTE

SIGNATURE HEAD OF THE INSTITUTE

# DAKSH INSTITUTE

Form to be filled by study centre data sheet for website

1. Study Centre Name

2. Centre's Director Name

3. Location

4. City

5. District

6. State

7. Phone (O)

Phone (R)

Mobile

Fax

8. E-mail :

I here by declare that the above furnished details are best to my knowledge.

Signature

Centre Director