## **ANNEXURE XII: Application Form for Participation in Education Fair**

1. Date of Fair: //20\_\_\_\_\_\_\_

2. Name of the Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.1 Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.2 Zone/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.3 Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.4 Institute website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Contact (Focal Person): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. College/Institute affiliated to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University (*If applicable,* p*lease attach the affiliation letter*).

5. Type of University: Member of UGC /AIU /ACU /IAU \_\_\_/Public\_\_\_/ Private\_\_\_ /Branch campus /Deemed

(Grade: ) (*Tick all relevant ones*).

6. Recognition Code (e.g. CRICOS, if any):

7. Courses offered: (i)\_\_\_\_\_\_\_\_(ii)\_\_\_\_\_\_\_\_(iii)(iv) \_\_\_\_\_\_\_\_\_

(*Please include all courses that you intend to admit students in; use additional sheet if required*).

8. Accredited by: (i)\_\_\_\_\_\_\_\_ (ii) \_\_\_\_\_\_\_\_\_ (iii) \_\_\_\_\_\_\_\_\_ (iv)\_\_\_\_\_\_\_\_

(*Please add as required & attach valid accreditation certificates*).

9. Local partner (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ECPF.

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_/\_\_\_/20\_\_\_

**NOTE:**

1. Please provide the affidavit of translated documents, if not in English
2. Official authorization letter to participate in the education fair and make a commitment (e.g. offering institutional scholarship) from the institution should be submitted to DAHE.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For Official Use\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Verified by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_/\_\_\_/20\_\_\_

Result: Approved / Not approved for participation.

Reason, if not approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated signature of Verifying Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated signature of Approving Official:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_