SANGAI INTERNATIONAL UNIVERSITY

ESTABLISHED BY THE ACT OF STATE GOVERNMENT UNDER SECTION 2 (f) OF UGC ACT, 1956 GOVT. OF INDIA

APPLICATION FORM FOR CO-ORDINATOR IDENTIFICATION

NAME OF THE CO-ORDINATOR:

ADDRESS OF THE CO-ORDINATOR:

Building/ Plot No.:   *Street:*   *Colony:*

City: *Pin:*   *District:*   *State:*

Nearest Landmark:

TYPE OF AREA:(Tick of appropriate)   ☐ Metro   ☐ Dist. HQ   ☐ Tehsil/Town   ☐ Rural   ☐ State Capital

TYPE OF INSTITUTION:(Tick of appropriate category)   ☐ "A"   ☐ "B"   ☐ "C"   ☐ "D"   ☐ "E"

(As per Guideline for Establishment of Examination Centre)

Type	Govt./ Private	Affiliating / Approving	Year of Established	Total student can Occupied
Affiliated Col-				
Affiliated School				
Standalone Institution				
Other (Please specify				

AFFILIATION No.: [   ]   VALIDITY OF AFFILIATION: [   ]

FUNCTIONARIES:

Designation	Name	Mobile No.	Landline No.	Email ID
Chairman				
Director/Principal				
Chief Superintendance				
Superintendent				

* Superintendent will be the acting in case of Chief Superintendent's absence.

COMMUNICATION :

Type:	STD Code	Contact No.	Alternate No.
Landline No.:			
Fax:			
Email ID:			
Website (URL)			

POWER BACKUP AVAILABLE?   *(Tick as appropriate)*   ☐ Yes   ☐ No

Type	Make/ Model	Capacity (KVA)	Running Time (Hours at full load)	Year of Purchase	Physical Condition
Diesel Generator					
Inverter					

COMMUTING:

Nearest	Name of Bus Stand/ Railway Station	Distance from Institute (KM)	Travel Time (Minutes)	Public Transport		Private Transport	
				Bus/ Shared Auto?	Fare (Rs.)	Auto Rickshaw	Fare (Rs.)
Intercity Bus Stand							
Railway Station							

INFRASTRUCTURE:

Total number of Blocks, No. of Floors in each Block & No. of Classrooms in each floor.

No. of Blocks:

Total No. of Floors in each Block:

No. of Classrooms in each Floor:

Sr. No.	Block	Floor	Room No.	Capacity-Exam Format	1 OR 2 per desk	No. of Fans	No. of Windows	No. of Lights	Total Capacity
Eg.	Science	1st	2	20 desk - 40 seating	2 per desk	3	3	2	40
				Grand Total Capacity					

INTERNET AVAILABLE?   *(Tick as appropriate)*   ☐ Yes   ☐ No

Type of Connection	Operating since year	Service Provider	Bandwidth/ Speed (Mbps)
Lease Line			
DSL			
Dial-up			

♦ *Enclose photocopies of latest bills of Internet Service Provider*

Type	Nos.	Make / Model	Print Speed (PPM)	Special features, if any?(e.g. Duplex printing)
Laser				
Inkjet				

Printers:

AVAILABLITY OF LAB:

Name of the Lab	Nos.	No. of Students may be accommodated
Composite Science Lab		
Home Science Lab		
Geography Lab		
Physic Lab		
Chemistry Lab		
Biology Lab		
Mathematics		
Computer Lab (No. Of Computer_____)		
Other Lab_____		
Other Lab_____		

Has the venue been used by any organization for examination in the past?

(Tick as appropriate)   ☐ Yes   ☐ No

Sr. No.	Customer Name	Type of Exam	Date of Exam (DD-MM-YY)

NAME and ADDRESS OF THE BANK FOR CUSTODY OF QUESTION PAPER:

Building / Plot No.:   **Street:**   **Colony:**

City/District: **Pin:**   **State:**   **Email ID:**

STD Code: **Tele No. (0):**   **Tele No. (R):**   **Fax No.:**   **Mobile No.:**

Alternative storage arrangement for Question paper, if Bank is not available:
Please specify:

Distance of school/ College/Institution from:
 Please specify: Police Station: [ ] km.   Post Office: [ ] km.   Bank [Proposed custodian of QP] [ ] km.

How many entry and exit points does the venue have? (E.g. 2 entry and exit points)

Please specify:

Availability of Boundary wall?

(Tick as appropriate) ☐ Yes   ☐ No   If No, please specify the reason: [ ]

No Availability of Security Guard?

(Tick as appropriate) ☐ Yes ☐ No   *If No, please specify the reason:* [ ]

Availability of CCTV in all rooms for examination purpose?

(Tick as appropriate) ☐ Yes ☐ No   *Please specify in numbers:* [ ]

Availability of separate Examination Control Room?

(Tick as appropriate) ☐ Yes ☐ No   *Please specify in numbers:* [ ]

Are there well maintained separate toilets for gents & ladies?

(Tick as appropriate) ☐ Yes ☐ No   *No. of Gent's Toilet:.* [ ]   *No.of ladies's Toilet:* [ ]

Are there enough parking spaces at the venue? If not, what is the other option? Please Specify. (E.g. Parking available outside the premises)

(Tick as appropriate) ☐ Yes ☐ No   *Please specify other option:* [ ]

If Yes, how many Bikes and Cars can be parked in the parking space? (Please specify in numbers) (E.g. 50 bikes and 15 cars)

(Tick as appropriate) ☐ Yes ☐ No   *Please specify in numbers:* [ ]

Will drinking water be provided on all floors/ blocks?

(Tick as appropriate)   ☐ Yes ☐ No

Can the SIUM International University's Team do the venue visit on any working day? If "No" then please specify on which day can we do the venue visit?

(Tick as appropriate)   ☐ Yes ☐ No   *Please specify on day and date*

Will arrangements be made for Police protection? Please also mention the name of the Police Station under jurisdiction your Institute/ School falls?

(Tick as appropriate)   *If Yes, Police Station Address and Telephone No.:*

☐ Yes ☐ No

Any special instructions from the venue authorities:

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PAYMENT DETIALS:
Payment to be made in favour of: *(Principal Name/ College/ School/ Institute or Society)*

Name of the Bank and Branch Address: (preferable CBS branch):

Tele No. Of Branch:	Tele No. Of Branch Manager:

Account No. *(Full digits)***:**

IFSC Code No.*(for RTGS/ NEFT***):**

(Authenticated copy of cancelled cheque of the bank account also enclose)

Attaching any other information which can help smooth Conduct of Examination.

Dated: _____   **(Signature of the Authority)**
                                          Principal/ Director/ Head of Institutes (Seal)

Enclosures:
1) Copy of Approval of the Institutions by State Government or any authority.
2) **Annexure-1**: Staff to be Engaged

Sl. No.	Name of the Faculty	Qualification	Total Academic Experience

3) **Annexure-2:** Route Chart from Bust Stand
4) **Annexure-3:** Route Chart from Railway station