



TECHNICAL EDUCATION SOCIETY OF INDIA (TESI)

Reg.No. K 475/02

MEMBERSHIP FORM

No. **339**

1. Name of institution : _____
2. Postal Address : _____
_____ Tel: _____
3. Mention exact location of the institute : _____
4. Revenue District : _____
5. Year of establishment : _____
6. Category of institution : Technical Driving Computer Tailoring Typewriting Other
Give details : _____
7. Name of Manager : _____
8. Residential Address : _____
_____ Tel: _____ Mob: _____
9. Duration and Name of courses
conducting at present : _____

10. If Central/State Govt. recognition,
give details : _____

11. If any other recognition or affiliation
granted give details : _____
12. Total number of students in current year : _____
13. Total number of staff : Teaching Non-Teaching
14. Any other relevant information : _____

DECLARATION

I hereby solemnly declare that the above statements are true to best of my knowledge and belief.

Place

Date

Office seal

Manager /Principal
(Signature with Seal)