

MEMBERSHIP APPLICATION FORM



1.0 CONTACT DETAILS OF INSTITUTION

1.1 Name of Institution	
1.2 Address	
1.3 Telephone number	
1.4 Email address	
1.5 Website	

2.0 DETAILS OF THE EXECUTIVE & ACADEMIC HEAD OF INSTITUTION

2.1 Name of the Chief Executive Officer			
Telephone number		Mobile	
Email			
2.2 Name of the Academic Head			
Designation			
Telephone		Mobile	
Email			

3.0 COMPANY REGISTRATION DETAILS

3.1 Type of Entity <i>(Please Tick)</i>	3.1.1 Private <input type="checkbox"/>	3.1.2 Public <input type="checkbox"/>	3.1.3 Guarantee <input type="checkbox"/>	3.1.4 Other <input type="checkbox"/>
3.2 Other, please specify				
3.3 Registration Number		3.3.1 Date		

4.0 STUDENT NUMBERS IN THE CURRENT ACADEMIC YEAR

4.1 Program Category	4.1.1 Full Time	4.1.2 Part Time
4.2 Undergraduate		
4.3 Postgraduate		
4.4 Professional		

5.0 STUDENT NUMBERS IN THE PREVIOUS 3 ACADEMIC AYEARS

5.1 Program Category	5.1.1 Full Time			5.1.2 Part Time		
	2019	2020	2021	2019	2020	2021
5.2 Undergraduate						
5.3 Postgraduate						
5.4 Professional						

6.0 STAFF DETAILS

6.1 Number of Permanent Academic Staff	
6.2 Number of Permanent Academic Staff with Postgraduate Qualifications	
6.3 Total Number of Administrative Staff	

7.0 INVESTMENT DETAILS

7.1 Total Investment to Date

Certified copies of the audited financial statements for the past three years to be made available on request.

8.0 AVAILABILITY OF EDUCATIONAL RESOURCES

Please provide details of the following facilities in an attachment:

- 1. Library/Information Resources*
- 2. Computing Resources including Student Computer Laboratories*
- 3. Other Laboratories*

9.0 NO. OF CLASSROOMS AND CAPACITY

Please provide a list of classrooms and their capacities in an attachment.

10.0 AVAILABILITY OF RECREATIONAL FACILITIES

Please provide a list of Student Recreational Facilities in an attachment.

11.0 DETAILS OF MOHE/UGC APPROVED DEGREE PROGRAMMES

Please provide a list of MOHE/UGC approved degree programmes indicating the date of approval and student enrolment status in a separate attachment.

12.0 DETAILS OF PROGRAMMES CONDUCTED IN COLLABORATION WITH FOREIGN UNIVERSITIES (TNE PROGRAMMES)

Please provide a list of TNE degree programmes indicating the date of approval /commencement, partner university and student enrolment status in a separate attachment.

13.0 DETAILS OF ACCREDITATION, RECOGNITION, AND MEMBERSHIP STATUS

13.1 Local

13.2 International

We agree to facilitate a visit by an evaluation panel to undertake a physical audit at our institute. We agree to provide documentary evidence to support the above statements. We understand that the decision taken by the Executive Committee of SLANSHEI pertaining to this application for membership shall be final.

Signature of the Chief Executive Officer:

Date: