





1.	Stu	dy	Cen	tre l	Nan	ne					<u>F</u>	<u>ra</u>	nc	<u>his</u>	<u>see</u>	e Fo	<u>rm</u>	<u>l</u>												
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	Particular	No. of Rooms	Seating	Capacity	Total Area (SQ. FT.)
Clas	ss Room				
Lab	Room				
	ception				
	ff Room				
	rary				
Stu	dent's Bathroom				
3. Info	ormation about Equipm	ent			
Sl. No.		Quantity		Conf	iguration / Brand
1.	Laptop/PC				,
2.	Printer				
3.	Scanner				
4.	Biometric Device				
	ar Courier Service				
	Courier Service Name	Courier Service city	Name	47.	Remarks
			4		
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Dec	 claration: - I affirm that	all the information provid	led in the app	lication form	is true to the best of my
-	knowledge a		cu in the spi	Titution 1011	15 ti de to the 5555 51 y
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	Centre Code		Date	Ce	entre Director
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Tota		Amount Received		Ce	entre Director