

# Application for Registration of Professional Education Providers

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## 1. College Details

1.1. Name of the college: .....

1.2. Address: .....

1.2.1. Registered office: .....

1.2.2. Location of the college: .....

1.2.3. Locations of branches: .....

1.3. Telephone: .....

1.4. Fax: .....

1.5. Email: .....

1.6. Website Address: .....

1.7. Proprietor or Director: .....

1.7.1. Name: .....

1.7.2. Address: .....

1.7.3. Qualifications: .....

**2. Course Details**

**(Please complete based on the last course conducted at each level)**

**A. Executive Level**

- Date of commencement: .....
- Date of Completion: .....
- No of students: .....
- Medium of conducting the courses: .....

**B. Business Level**

- Date of commencement: .....
- Date of Completion: .....
- No of students: .....
- Medium of conducting the courses: .....

**C. Corporate Level**

- Date of commencement: .....
- Date of Completion: .....
- No of students: .....

**3. General**

3.1. Total number of students in the college: .....

3.2. No of years of conducting classes for CA programme: .....

3.3. Other courses being conducted: .....

**4. Lectures Details**

Name in Full	Subject	Qualifications	Full Time / Part Time	Teaching Experience

**5. Registration Fees**

Executive Level	Rs.15, 000/=
Business Level	Rs.17, 500/=
Corporate Level	Rs.20, 000/=
Executive and Business	Rs.30, 000/=
All three Levels	Rs.40, 000/=

**6. Declaration**

On behalf of the college I confirm, that the above-mentioned information is true and accurate to the best of my knowledge.

Date:

Name:

Signature: