

# 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. Business Level

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

### B. Corporate Level

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

### C. Strategic 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**

Business Level	Rs.17, 250/=
Corporate Level	Rs.20, 000/=
Strategic Level	Rs.23, 000/=
Business and Corporate Levels	Rs.35, 000/=
All three Levels	Rs.45, 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: