

8. Name & Qualification of Faculties

Name	Academic	Professional	Technical

9. Over view of Institution

AREA	LAB	LIBRARY	TOTAL

10. Building type : Own/ Rental

11. If rental, attach agreement copy

12. Any other Affiliations : Yes/ No

13. If yes, details



DECLARATION

I here by certify that the context stated above are correct and true to my knowledge and belief and here by confirm that our Organization/ society/Trust is free from any legal/official disputes what so ever. I accept that any facts stated above If found incorrect will automatically result in cancellation of franchisee

Name (Head of the Institution):

Date :

Designation & Signature with seal:

Place :

Administrative Office : UAQ Business Centre, Opp. Barax Junction, Westhill Calicut,Kerala. 673005

Phone : 0495 2380077

Mob : + 91 9048039033

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