

- g. No. of computers in each lab and total no. of computers :
- h. Configuration of Computers (Attach configuration details) YES NO
- i. Software's used and their source (Attach software details) : YES NO
- j. Internet Connection & Type : Specify
- k. Generator for Power backup :

9. Faculty/Lab Assistants/Support Staff *:

(Provide name, qualification, experience and date of joining – detailed resume of each faculty member to be attached to the application)

a) Center Manager / Center Head / Technical Head:

1																				
2																				

b) Faculty Members:-

1																				
2																				
3																				
4																				
5																				

c) Counselors:-

1																				
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

All STUDY CENTERS are hereby advised to strictly adhere to above-mentioned guidelines, failing which they will be delisted as Recognised STUDY CENTERS of BUTI & CUEI

Authorized Signatory
BUTI

Authorized Signatory
CUEI

DECLARATION

1. I/We agree that the advertisements will be centrally controlled by Burdwan Unitech Technical Institute.
2. I/Certify that we will abide by all decisions taken by BUTI from time to time which are related to the programs such as publicity norms, conduct of programs and procedures to be followed.
3. I/We undertake to verify and certify that students registered for Institute programs are eligible in all respect as per the eligibility condition laid and will arrange to produce all original certificate / documents to prove their eligibility as and when required.
4. I/We hereby certify that I/We shall remain the applicants and if there is any change in the composition of applicants before signing of agreement or opening of STUDY Centre. I/We hereby agree to get the new applicants as well as the new form of organization approved by BUTI. I/We agree to the rejection of this application if BUTI does not approve the changes.
5. I/We hereby undertake, if selected to start the STUDY Center within the stipulated time period as maybe defined by BUTI from time to time from the date of Approval of this application, failing which I/We agree to the rejection of this application.
6. I/We certify that all information in this application form and on any attachments is true and accurately represents my/our current and continuing financial conditions. I/We authorize BUTI to verify any information from whatever source it deems appropriate. I/We understand that any misrepresentation in this statement may result in rejection of this application.
7. We also certify that we shall possess all required and necessary statutory sanctions to run the STUDY Center as prescribed by BUTI.
8. First time the centre would pay Rs: 25,000/- (Twenty five thousand Rupees only.) for tie up with BUT Institute and opening a authorized centre of BUT Institute.
9. We declare know that the application fee once paid to BUTI will not be refunded.

A) / / 20

B) / / 20

(Name of applicant)

(Signature)

(Date)