



CONSORTIUM
FOR TECHNICAL EDUCATION

#17/1, First Floor, Stark Towers,
Kamarajar Nagar, Kalapatti,
Coimbatore - 641 014
TamilNadu, India.
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INSTITUTIONAL MEMBERSHIP ENROLMENT FORM

Institution Details:

Name of the Institution:

If Affiliated to University/Board Name of the University/Board:

Address with Pin Code:

Phone Number:

Website URL:

Year of Incorporation:

Registration Number:

Head of the Institution (Name):

Designation:

Institution Type / Funding :

Is your Institution

Non- Profit Organisation

Private/Autonomous

Being Funded by the Government

Others (Please Specify): _____

Information Technology / Electronics & Communications Department:

Does your institution have a separate department for Information Technology / Electronics & Communications? Yes No

Specialized courses offered by the department if any:

Contact Person:

Name:

Designation:

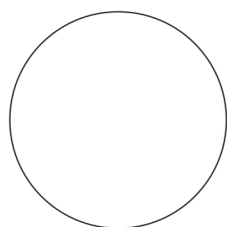
Address for correspondence:

Contact Telephone Number:

Land Line (STD-Phone No –Extn.):

Mobile No:

E-mail:



Institutional Seal

Signature of the Institution Head

Name:

Designation:

Place:

Date:

Please support all the above claims with necessary documentation wherever possible. Document proof wherever possible will help in quick processing and avoid unnecessary delay. CTE retains the right to accept or reject any application without assigning any reasons thereof.