A INSTITUTION PROFILE

1 Name of the Institution (Block Letters): 

2 Postal Address: 

3 Registered Address: 

4 Phone (with STD Code): 
   Fax: 
   Mobile: 
   Email: 

5 Location of the Centre: 
   Remote area: Yes [ ] No [ ] 
   Residential area: Yes [ ] No [ ] 
   Within the city: Yes [ ] No [ ] 
   Easily accessible: Yes [ ] No [ ] 
   Commercial area: Yes [ ] No [ ] 
   Outskirts of the city: Yes [ ] No [ ] 
   Nearest airport: Kms Name of the city 
   Distance from Railway Stn.: Kms Name of the city 
   Distance from bus stop: Kms Name of the area 

6 Year of Establishment: 

7 Status of Institution: 

8 Type of Institution
Govt. (Central/State/U.T.)
Trust/Society/Private (Please attach MOA & Registration of the Society with Registration Certificate)

9 Courses being conducted presently are recognized by

10 No. of Students at present

B INFORMATION ABOUT THE HEAD OF INSTITUTION

1 Name

2 Designation

3 Postal Address

4 Phone (with STD Code)
Fax (with STD Code)
Mobile
Email

5 Date of Birth & Age

6 Educational Qualifications

7 Professional Experience

C EXISTING INFRASTRUCTURE

1. BUILDING

<table>
<thead>
<tr>
<th>Name of the Building</th>
<th>Owned/ Rented/ Leased</th>
<th>Plinth Area</th>
<th>Covered Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Building Facilities Available

<table>
<thead>
<tr>
<th>Particulars</th>
<th>No. of Rooms</th>
<th>Seating Capacity</th>
<th>Total Area (Sq.ft.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class Rooms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer Lab</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Library</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reception</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admin. Block</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Declarations:
I, hereby certify that the information given above is correct, to the best of our knowledge and belief.

a) We certify that the Executive Head or any of its office bearers is not involved in any criminal case and or no case is pending against him / her.

b) We certify that we will abide by all decisions taken by ICE(I) from time to time which are related to programmes such as publicity norms, contact programmes, procedure to be followed etc.

c) We undertake to verify and certify the forms of the candidates forwarded by us to the ICE(I) that they are eligible in all respects as per eligibility conditions laid down by ICE(I).

d) **We promise to abide by the rules & regulation amended from time to time. We also understand that if we do not abide by the norms set by the ICE(I), our Membership may be withdrawn and fees forfeited.**

e) We undertake to keep our Membership alive paying annual subscription and other dues if any regularly as per rules of ICE(I)

Enclosures:
2. Copy of the Resolution of Society.
3. DDs (DD No.__________________________Date :_____________________amount (in figures)

   1,10,000/- amount (in words) (One lac ten thousands only)

**NOTE:**
In case of non approval of Institutional Membership after inspection, the fee submitted by the institute will be returned after deducting Rs. 10,000/- towards inspection fee.

**FOR OFFICE USE OF ICE(I)**

Received with thanks duly filled in Application Form for Institutional Membership (Students’ Chapter) along with DD No.__________________________ for Rs. 1,10,000/- in favour of the "**The Institution of Civil Engineers (India)**" payable at Ludhiana towards Membership Fee and Subscription Fee (Annual) [Membership Fee Rs. 75,000/-, Inspection Fee Rs. 10,000/- & Subscription Fee (Annual) Rs. 25,000/-]

Authorized Signatory
ICE(I)

**APPROVAL TO THE MEMBERSHIP**

Membership No. : ____________

With effect from Summer / Winter 20……..Examination
Next Annual Subscription due on…………………………..