



Registration Form for Academic Institutions



I. BASIC CONTACT INFORMATION

Name of the Institution:			
Name of the Head:			
Full Address:			
Phone No:		Fax No:	
E-mail:		Website:	

II. BUSINESS DETAILS

1. Constitution of your Institute	Govt./Govt. aided/Private/Trust/Other			
2. Establishment year				
3. Level of education being provided				
4. Students' strength (in nos.)				
5. Teachers' strength (in nos')	Permanent	Full-time	Part-time	Professionals
6. Do you provide career counselling services to students?	Yes/No			
7. If yes, to which level of students?				
8. If no, whether career counselling is not required, or you do not have specialist to handle this activity				
7. Do you have Entrepreneurship as a subject or activity in your Institutions?	Yes/No			
8. If yes, what are the activities being organized under Entrepreneurship in your Institution?				

9. If no, whether entrepreneurship is not required, or you do not have specialist to handle this subject	Yes/No
10. Reason (s) for exploring association with IEDUP	
11. Expectations from our association	
12. Any other information, you want to share with us	

III. CERTIFICATION

I certify that the above mentioned particulars are true and complete to the best of my knowledge and belief and that no material changes have occurred to the business which would affect any of the above representations.		
Name of Person Completing Form		
Designation:	Signature:	Date: