The Director (HR & Legal)

IPHL

Gandhi Nagar,

Bolangir - 767001- Odisha email : **hl@iphlindia.com**

Reference :

Subject : **Application for running Project e - College**

At :

Dear Sir,

We wish to coordinate the **Project e-College** at our College campus as per the terms / conditions of IPHL. Here along with we are submitting duly filled Project Applications Form in the prescribed format with the necessary enclosures.

We undertake to follow the rules, regulations and guidelines of IPHL from time to time to enhance the mutual reputation.

Thanking you

Yours sincerely

Authorized Signatory

With Designation and Seal

List of Enclosures:

- 01. Request letter in organization's letter Pad
- 02. Duly filled Project Application Form
- 03. Three years valid Audit Report
- 04. Three years valid Annual Report
- 05. Organisation's complete Profile
- 06. Address proof of the organisation i.e. Telephone Bill / Electric Bill / Bank Account Copy
- 07. Photo identity proof of the organisation i.e. PAN card
- 08. Photo identity proof of the authorized signatory Pan Card / DL / Voter I card
- 09. Address proof of the authorized signatory Bank account / Electric Bill / Telephone Bill / Rasan Card
- 10. 3 Passport size and 2 Stamp size color Photograph of authorized signatory

NOTE:

Please send duly filled Project Application form Soft copy with valid seal & signature to :

The Director HR & CSR IPHL Bhubaneswar **hr@iphlindia.com**

IPHL Accredited with Government of India & ISO 9001 : 2000 / 08 / 15

IPHL Project e-College

Name of the Organisation	:
Valid Registration No.	:
Registered Under Act	:
Other Registration No. if any (CHSE / CBSE)	:
Income Tax Registration No.	:
Name of the Chief Functionary / Managing Trus	stee :
ORGANISATION'S ADDRESS FOR COMMU	NICATION
	Valid Land Phone No. with STD Code
Registered Office Address	Valid Mobile No
	Valid Fax No
	Valid e Mail address
Correspondence / Postal Address	Valid Land Phone No. with STD Code Valid Mobile No Valid Fax No Valid e Mail address
ORGANISATION'S STRUCTURE OF THE TR	RUST / NGO / SOCIETY

COLLEGE DETAILS

Affiliated with : CHSE / CBSE

Stream Name :

Sanctioned Strength : 1^{st} Year = 2^{nd} Year = Current strength : 1^{st} Year = 2^{nd} Year =

Stream Cut-Off (%) : SC ST OBC General

Name of the Principal :
Phone No (O) :
Name of the Admission (I/C:
Phone No (O) :
Staff in Emergency :

DETAILS OF ACTIVE MEMBERS / STAFF OF THE ORGANISATION

Sl. No	NAME	DESIGNATION	Phone / Mobile No	SPECIALISATION
01				
02				
03				
04				
05				
06				
07				
08				
09				

PLEASE GIVE FOLLOWING DETAILS

Three Government / National / International Organisation to whom your Organisation have reported professionally (under whom you had worked through any project) in the recent past whom we can immediately approach for a reference:

REFEREE 1	REFEREE 2	REFEREE 3
Name:	Name:	Name:
Address:	Address:	Address:
Telephone Number with STD code :	Telephone Number with STD code :	Telephone Number with STD code :
Organization:	Organization:	Organization :
Name of the Project Head :	Name of the Project Head :	Name of the Project Head :

REMARKS

PLEASE GIVE FOLLOWING DETAILS

Give Details of Three Government Class 1 or Class 2 ranked Government Officer / MLA / MP who will recognize you and your Organisation at least for 3 year

recognize	you and your Organisation at least i	oi 3 yeai
REFEREE 1	REFEREE 2	REFEREE 3
Name:	Name:	Name:
Office Address with Designation	Office Address with Designation	Office Address with Designation
Telephone Number with STD code :	Telephone Number with STD code :	Telephone Number with STD code :
Recognize you & your Organization since last	Recognize you & your Organization since last	Recognize you & your Organization since last
Signature with Seal	Signature with Seal	Signature with Seal

REMARKS

	YOU CONDUCTED ANY VOCATIONAL TRAINING PROGR	RAM EARLIE	R ? IF YES, PLEASE
ARE Y	OU INTERESTED TO RUN OTHER PROJECT OF IPHL?(PLEASE REF	ER OUR WEBSITE FOF
7	ES / IT TES WRITE DOWN THE TROSECT RAFIE.	75	7
Please Class R	explain if you are running any Institution, or having any Training Equoom, and Resource Person towards running a Computer / Vocationa	uipment, Comp I Training Cent	uters, Furniture, Electrified re?
	1 (1 5 9 ()		
			CONTACT
NO. OI	F COLLEGES IN YOUR AREA WITH NAME, POSTAL ADD	RESS, STREI	NGTH AND CONTACT
Sl.No.	Name & Address	Strength	Phone No.

No. of Technical Institutions in your Area with Name, Postal Address, Strength and Contact No.

Sl.No.	Name & Address	Strength	Phone No.

NO. OF LEADING NGOS IN YOUR AREA, WITH NAME AND POSTAL ADDRESS WITH CONTACT NO.

Sl.No	Name of NGO with address	Major Activities	Phone No.
4			

WHAT ARE IMPORTANT INDUSTRIES SITUATED IN YOUR AREA? PLEASE GIVE DETAILS

Sl.No.	Industries Name & Address	Phone No.	Major activity

GIVE DETAILS OF YOUR AREA WHERE YOU WANT TO START THE PROJECT E-COLLEGE I.E. NO OF BLOCK, NO. OF IMPORTANT GP, THEIR POPULATION, LITERACY RATE, RATE OF POVERTY.

SI.No	Block / GP Name	Population	% Literacy	% Poverty
77		+ _		



PLEASE PROVIDE FINANCIAL PERFORMANCES SUMMARY FOR LAST THREE YEARS. AS PER VALID AUDIT REPORT

		Annual Tur	nover of the Or	ganisation in R	5.	
Average Turn Over of the last Three Financial years in Rs.	FINANCIAL YEAR	РВТ	Turn Ov Rs. PAT		АТО	-
Fund invested in the field of :					7	2
Details of organisati	Latest fund posi	tion as per the	relevant Bank A	A / C available v	vith the	



ORGANISATION SOCIAL ACTIVITIES SUMMARY FOR LAST THREE YEARS. (AS PER THE ANNUAL REPORT

1 st year	
2 nd year	J. 24 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
3 rd year	

	44	:4:					
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NOTE:

Person(s) / Organisation(s) trying to influence will be automatically disqualify, from selection procedure.