

10. Proposed Appointments for Online Campus Project, if any:

SL. NO.	Department*	Designation	QUALIFICATION	TARGET WORK EXPERIENCE	FULL TIME / PART TIME

*Departments: Academics, Administrative, Accounts, Database, Support

11. DETAILS OF HEAD OF THE MANAGEMENT

a. Name of person who is the Head of the Management:

b. Designation of the Head:

c. Full Postal address with pin code:

Pin Code: _____ STD Code: _____

Landline Numbers: **Office:** _____

Residence: _____

d. Communications connectivity of Head: Phone No. _____

Mobile No. _____

Fax _____

Email: _____

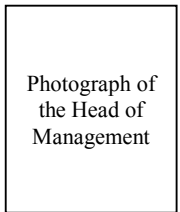
e. Date of Birth:

f. Educational qualification:

g. Profession and experience:

h. PAN Number

(Kindly enclose the copy)



DETAILS OF FEE REMITTANCE

Business Development Fee & Processing-cum-Inspection Fee in favour of **"APEX eLEARNING TECHNOLOGIES PVT. LTD."** payable at **"BANGALORE"**.

DD No.	Date	Bank	Payable at

Authorization Fee: Rs. 12,500/- per stream per Branch in favour of **"THE GLOBAL OPEN UNIVERSITY"** payable at **DIMAPUR/BANGALORE** (For Different Streams Centers are advised to make separate DD)

Stream	Amount	DD No.	Date	Bank	Payable at

Certified that all the information given above and in the preceding pages signed by me is complete and correct. I declare that the institute will abide by all the rules of online campus and the direction given under it. I am ready to work under the supervision of the Network Advisor of the Online Campus and their Regional Office. In case of any information furnished by me is found wrong or incomplete, I declare that the institute may be derecognized and is also open to any action as per law.

Signature of the Proposed Coordinator

Name: _____

Designation: _____

Address: _____

Date:

Seal & Signature of Head of Management

Name: _____

Designation: _____

Address: _____

Date: