RESOURCE CENTRE APPLICATION FORM



Name of the Institution:								
Founder Name :	under Name :							
Vice-Chancellor	r / Principal Name :							
Institution Cate	egory : University College							
If University :	Central University State University	ty De	emed Univer	sity [Priva	te Univ	versity	
If College :	Public Private Aided Private Un-a	ided 🔲 /	Autonomous	5				
Estd. Year: Affiliated to (University):								
Accreditation b	ny:							Grade :
		/ Faculty S	Strength (in	No.) : Tea	aching		Non-Tead	ching
		,	5 (,	J			
Departmen	nt Information:							
S. No	Dept/Branch Name	No. of s	No. of students studying in each Dept.		Name of the HOD			
1								
2								
2								
3								
4								
5								
6								
7								
Institution	n Tie-ups / Associations (Latest):							
S. No	Association with (Institution Name)				Purpos	se of A	ssociation	Date (DD/MM/YYYY)
1								
2								
3								
5								

02

ln.	dustry Collaborations (Latest)			02
S. No	In Collaboration with (Industry Name)	Purpose of Collaboration (Title) Date of Collabor		Date of Collaboration
1				
2				
3				
4				
5				
RE	SEARCH & DEVELOPMENT (R & D) * CURRENT/PROGRESSING	G R & D PROJECTS		
S. No	Project Title	Dept./Domain/Area	Name of Proj	ect Head & Designation
1				
2				
3				
4				
5				
6				
7				
8				-
9				
RE	SEARCH & DEVELOPMENT (R & D) * COMPLETED R & D PROJ	ECTS		
S. No	Project Title	Dept./Domain/Area	Name of Proj	ect Head & Designation
1				
2				
3				
4				
5				
6				-
7				
8				

03

P/	ATENTS (NATIONAL / INTERNATIONAL)		
S. No	Patent Name	Dept./Domain/Area	Date of Issue
1			
2			
3			
4			
5			
6			
7			

RE	SEARCH CENTRES * MAJOR				200
S. No	Title	Dept. / Area / Field	No. of Research Scholars	In Collaboration with Industry (Name)	No. of Systems / Equipments for each Research Centre
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

DISCOVERIES, IF ANY Discovery Name Research Domain Dept./Area/Field Name of the Discoverer S. No 1 2 3 4

04

COMMUNICATION DETAILS
Name of Institution :
Place / Street : Post Office :
City / District: State:
Country: Pin Code: Landline:
Fax: Email ID
Website:
CONTACT PERSON DETAILS
Name:
Designation : Department : Depa
Landline: Mobile: Mobile:
Email ID:
APPLICATION FEE (PAYMENT MODE): in favor of "National Cyber Resource Center" payable at Delhi.
Application & Processing Fee (Per Year for *Polytechnic) :INR 20,000 /- (Twenty Thousand only) + 18% GST.
l enclose acheque / Demand Draft No
Dated on / 20 at bank
Terms & Conditions : No refund or transfer of application fee on cancellation
DECLARATION
I
information is true to my knowledge and belief. I also agree to abide by the terms, conditions and decisions of the High Level Committee of National Cyber Safety and Security Standards.
Last date to submit the application: Seal with Authorised Signatory