



JESUS ACADEMY OF HIGHER EDUCATION

[An Academy for Primary Health & Medical Education in Public Service]

APPLICATION FOR AFFILIATION

APPLICANT

Name			
Designation			
Address			
Telephone			
E-Mail		Mobile	

TRAINING CENTER

** Please Attach photos and copies of registration/accreditation/ approvals from authorities.*

Name	
Address	
Telephone	
Fax	
Web	
E-Mail	
Courses	

FACILITIES** Please Attach photo*

No. of Lecture Halls			
Size of Lecture Halls (square Feet)			
Labs		Size (square feet)	
No. of Libraries		Size (square feet)	
No. of Toilets			
No. of Computers		Specification	
Internet Facility			

LECTURERS

Name	Qualification	Courses Assigned

CHECKLIST

- Documents to prove legal status of Institution seeking affiliation
- Certificates of Memberships, Recognitions
- Copy of latest prospectus
- List of Faculty members listing their qualifications

Date :
:

Signature