# Membership Application Form

## GPTM - Become a Part of Our Academic Community

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If applicants prefer, you may download the manual form, complete it with your signature and stamp, and email the scanned copy to [Your Email Address]. [Click here to download the form]. Alternatively, you may continue to fill out the online form by clicking the icon below:

**[Web Icon for "Continue to Fill Online Form"]**

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**Applicant (Director/Principal/Founder) Photo**
☐ **[Insert Applicant's Photo Here]**
*(Please attach a recent photograph in formal attire of the Director, Principal, or Founder)*

**College Photo**
☐ **[Insert College Photo Here]**
*(Please attach a recent photo of your college or institution)*

**Passout Ceremony Photo**
☐ **[Insert Passout Ceremony Photo Here]**
*(Please attach a photo from the passout ceremony, ideally featuring students or graduates)*

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## 1. Institutional and Program Summary

**Full Name of Institution:** _____

**Abbreviation (if any):** _____

**Full Address:** _____

**Year of Establishment:** _____

**Name of Founder:** _____

**President / Principal:** _____

**Academic Dean:** _____

**Phone No. (with Code):** _____

**Mobile No. (with Code):** _____

**Official Email:** _____

**Website:** _____

**Registration Details**

- Is your institution registered?
  ☐ Yes ☐ No
  If Yes, provide registration details: _____

**Nature of the Institution:**
☐ Independent ☐ Part of an Organization

**Name of the Organization / Society / Association:**

_____

_____

# Programs Offered

**List of current programs offered:**

_____

_____

_____

**Duration of program operation:** _____

**Number of graduates produced to date:** _____

**Program(s) proposed for accreditation/reaccreditation:**

_____

_____

_____

_____

## 2. Statistical Information (Current + Past 4 Years)

**A. Faculty List (Attach extra sheets if needed)**

**Name:** _____

**Highest Degree:** _____

**Full-Time / Part-Time:** ☐ Full-Time ☐ Part-Time

**Teaching Concentration:** _____

_____

**B. Library Details**

**Name of Librarian:** _____

**Full-Time / Part-Time:** ☐ Full-Time ☐ Part-Time

**Total Library Collection (Volumes & Titles):** _____

**Number of Periodicals:** _____

**Annual Library Expenditure:** _____

**Annual Expenditure on Periodicals:** _____

_____

## 3. Financial Details

**Total Annual Revenue:** _____

**Total Annual Expenditure:** _____

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## 4. Vision & Mission Statements

**Vision Statement:**

_____
_____
_____

**Mission Statement:**

_____
_____
_____
_____

## 5. Administration of the Institution

**Governing Body:** _____

**Head of Governing Body:** _____

**Internal Administration:** _____

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## 6. Other Accreditations

Are you a member of any other accrediting agencies?
☐ Yes ☐ No
If Yes, please provide details: _____

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## 7. Declaration

I hereby declare that the information provided is true and accurate to the best of my knowledge.

**Submitted by:** _____

**Designation:** _____

**Signature: _____**

**Date: _____**

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**Pop up!**

**Welcome Back!**

**Please complete your form section to continue.**
**If you prefer, you can download the manual form, fill it with your signature**
**and stamp, and email the scanned copy to [Your Email Address]. [Click**
**here to download the form].**

**POP UP**
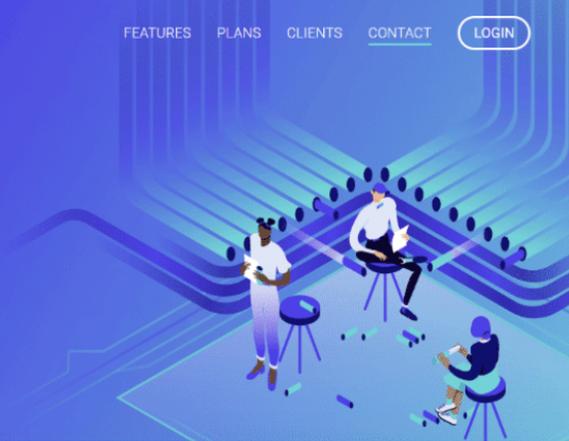
**Thank You Message**

Thanks for submitting the online form. We will connect with you if you meet our criteria.

Design  Reference

# Contact us

Let's talk about your website or project. Send us an email at contact@kinsta.com or fill out the form below and a member of our team will be in touch **within one business day**.

Already with Kinsta **and need a faster reply**? Log in to MyKinsta and contact our support directly via live chat.

**Name**

**Email**

Website (optional)

Company (optional)

**Message**

☐ I agree to the Terms and Conditions and Privacy Policy.

SEND MESSAGE