

Application For Affiliation/Study/Authorized/Information-Centre

To

The Secretary,
Council of Universal Buddhist University,
Nagpur, Maharashtra (www.buddhistuniversity.org)

Subject: Regarding Affiliation/Study/Authorized / Information - Centre
Sir,

We want Affiliation/Study/Authorized / Information - Centre for our institute/
School/Academy/College/ _____. We accept all rule and regulation , term and
conditions of Council of Universal Buddhist University, Nagpur, Maharashtra . The
details of our institute/ school/Academy/College/ _____ as under:-

1. Name of Institute/school/Academy/College _____:

2. Regd. No. if registered(Copy attached) _____

3. Full Address: _____

4. (a) Mobile No. _____ 4(b). Email Id: _____
Website (If Any) : _____

5. Name and address (Proof attached) of Authorized Person Nodal Officer of
Institute/School/College/Academy/_____ who will work with Council of
Universal Buddhist University, Nagpur, Maharashtra behalf of Institute /
school /Academy/College _____.
Name: _____

Address: _____

6. Other Details (If any): _____

I here by declare that the above information is true.

Dated: _____

Place: _____

Signature: _____

Name: _____

Designation: _____

Stamp: _____