

ORISSA PRIVATE ENGINEERING COLLEGE ASSOCIATION

Regd. No. 21429/ 7 of 2002-2003

C/OARS, Room No. 114, Gallery no. 3, Ground Floor, Barabati Stadium,
Cuttack-753005

TELEFAX: 0671-, 2307261

MEMBERSHIP FORM

NAME OF THE INSTITUTION: -----

YEAR OF ESTABLISHMENT: -----

NAME OF SOCIETY / TRUST: -----

REGISTRATION NO. : -----

CORRESPONDENCE ADDRESS: -----

TELEPHONE NO: ----- FAX: -----

E- MAIL: -----

WEBSITE ADDRESS -----

INTAKE CAPACITY: -----

BRANCHWISE

TOTAL STRENGTH: -----

NAME & DESIGNATION OF THE MANAGEMENT TRUSTEE TO
REPRESENT AS OPECA MEMBER:

-

TELEPHONE NO. : -----(O) MOBILE NO. :-----

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----- (R)

DETAILS ABOUT THE COLLEGE:

**ANY OTHER INFORMATION YOU WOULD
LIKE TO INCLUDE :**

DATE:

**SIGNATURE OF THE
AUTHORISED PERSON
NAME & DESIGNATION WITH SEAL**

N.B.: Not to depute any staff as representative on the behalf of the institution to the Association. Only management members are eligible to represent to the Association