



IAMA is a Proud Partner of:



Introduction

The responsibility of the council of IAMA lies in overseeing, following-up, and evaluating of affiliate institutions and setting clear conditions and procedures for the process of licensing and accreditation of their training and education centers.

This document aims to clarify the conditions and procedures for licensing and accreditation of affiliate professional educational of IAMA Academic Network. Higher educational institutions include post-secondary educational Institutions such as Vocational course such as Diploma.

the Institution	
Name/s of Director/s	
Address	
Telephone	
Fax	
E-mail	
Skype	
Website/URL	
Date of Constitution	
Accredited by the Country's Government	
Other accreditations (e.g. Regional Government, professional body etc).	
If yes by (please state each accrediting body)	
Date of Application:	

Institutional Particulars

The purpose of this application form is to provide the basic information necessary for an assessment to be undertaken by the Executive Committee of the Council. The Committee will use the information provided on this Form together with the required supporting documents to evaluate the status and to ensure the quality of the institution and to check their compliance with the licensing and Accreditation Standards for IAMA affiliates.

Contact Personnel of the Institution

Please indicate for each person to (name, phone, e-mail, Skype)

Principal	
Director of Studies- Business and Management Department	
Registrar	
Student Welfare Officer	
Quality Management Representative	

Owner (s) of the Institution

List all people who own or control 25% or more of the stock or interest in the Institution or any other person who exercises substantial control over the institution's management or policies, or any other financial involvement in the institution. Attach separate sheets if necessary.

Owner (o1) Name, Address and Contact Data	
Owner (o2) Name, Address and Contact Data	
Owner (o3) Name, Address and Contact Data	

Institutional Business Objective

Vision statement	
Mission statement	
Key Business Objectives	

IAMA is a Proud Partner of:



Institutional Business Objectives

Vision Statement	
Mission Statement	
Key Business Objectives	

Financial Information

Please provide relevant financial information concerning revenues and profitability over the last 5 years of operation. This information will be treated confidentially.	
Have there been or are there presently any issues in which a regulating body or authority have interfered or taken action against the applicant (please provide name of the interfering body, date ,issue and outcomes of the procedure)	

Current courses offered through government body

Name of Course	Brief Description of course/program

IAMA is a Proud Partner of:



University College Background Information

IAMA is a Proud Partner of:

Please provide historical information concerning the Institution	
Private or Public Institution	
Ownership Type /Legal Type	
Description of Campus and teaching facilities and infrastructure. Please indicate numbers of computers.	
Organizational Structure – please provide an organizational chart	
Academic and non academic staff numbers. Please indicate whether they are full Time (FT) or Part time (PT).	
Numbers of students currently studying in this Institution for the current academic year (please indicate numbers of full time /part time students)	
Numbers of students on business or management related courses in the current academic year.	



Academic Quality Policies

Please state the Academic Quality policy of the University/College	
Please indicate procedures and mechanisms to implement the stated Quality policies.	

Mechanisms for student complaints and relevant procedures	
---	--

IAMA is a Proud Partner of:



World Health Organization



UNITED NATIONS



The UN Refugee Agency



Students Policies and Practice

Student Welfare and Support Policies	
Student Study Facilities including libraries and access to public and other educational libraries	
Student Social Activities	
Student Scholarships and Grants -please state amount	

Marketing Strategies

Please indicate marketing strategies to be implemented for the Diploma Courses	
--	--

Faculty Members who will be involved in the delivery of the *vocational Studies*

S.N	Name	Qualification	Expertise
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			



ACCREDITATION SERVICE for INTERNATIONAL SCHOOLS, COLLEGES & UNIVERSITIES

Teaching and Evaluation Methodology

Please indicate the teaching strategies to be adopted in the delivery of the Diploma short term programs	
Assessment Strategies	
Is there an Academic Board. Indicate its composition and the number of times this Academic Boards convenes its meetings	
Current policies concerning re-sits and re-assessment of students work and examination results	

IAMA is a Proud Partner of:



Administration

Please provide a short description of the system for handling students records, and other academic and student supports system	
--	--



Staff Development

What staff development policies are implemented for the College	
---	--



Students Numbers

Please indicate expected students joining the program in the next 3 academic years or semesters.	
--	--



Important Notes

Please attach with this application:

1. Portfolio's (Profile) of all staff likely to be involved and teaching on the programme. Include both part time and full time faculty.
2. Include any relevant photographs of the facility, teaching rooms including library and computer labs where students may have access for their research, study and access to the Internet.

Accreditation Procedure

The completed accreditation form must be sent to:

2866, SECTOR 23, GURGAON – 122017, HARYANA (INDIA)

Declaration

This declaration must be signed and included with your application: We declare that the information provided in this application form is, to the best of our knowledge, correct and we hereby apply for the procedures to become an accredited affiliate Partner Institutions of IAMA for Vocational Studies. We understand that it is our responsibility to ensure that IAMA is kept informed of any changes to the structure or status of our institution, and to the contact details supplied previously. We understand that IAMA reserves the right to request additional information relating to matters included in this submission, and that IAMA's Accreditation Department is solely responsible for all decisions regarding the award of accreditation. We understand that failure to submit all necessary documentation may result in a delay. We can confirm the materials and assessments submitted as part of this application have been created by our institution, or the institution owns all intellectual property.

.....
Date, city

.....
Signature / Seal

IAMA is a Proud Partner of:

