



PROFILE OF ECAN MEMBERS

(Please note that information provided in this sheet will be treated confidentially)

You may use additional sheets

1. Personal Details	
A. Name of the Representative	
B. Residential address	
C. Telephone number/s	
D. Educational Qualifications	
E. Other business interests	
F. Do you also represent an educational establishment from other countries? If yes please provide details	
2. Company Details	
A. Name of Company	
B. Type :- Proprietorship/Partnership/Pvt Ltd	
C. Authorised head of the Company	
Account name / title Account number	
C. Fee charged to students	

3. Office Details

A.	Name of counsellor/s	1. 2. 3. 4.
B.	Qualification (of each member)	1. 2. 3. 4.
	Experience (of each member)	1. 2. 3. 4.
C.	Address	
D.	Telephone numbers	
E.	Fax numbers	
F.	Email address	
G.	Website address of the company (if any)	
H.	Head Office Contact Details	

3 (I). Branch Offices – Contact Details

3 (I). Branch Offices – Contact Details		
A.	Name of the representative	
B.	Address	
C.	Telephone numbers	
D.	Fax numbers	
E.	Email address	

NOTE: FOR EVERY BRANCH OFFICE USE PHOTOCOPY OF THE SHEETS

4. General Information		
A.	No of years in the present business	
B.	Name of one Education provider you currently represent	(Please attach the latest letter of appointment attested by you)
C.	When did you last attend the ECAN AGM or meeting?	
D.	How many from your offices attended the Training Workshop	
E.	Have you and your staff read the ECAN MOA	
F.	Have you displayed the following in all your offices:- <ul style="list-style-type: none"> • Current ECAN membership certificate. • COEP and its explanatory • Notes • Schedule of Fee Certificates from Institutes you are represent	

I certify that the above mentioned details are true and factual to my best knowledge.

Signatures

Office Stamp and Date

Name

Designation

Check list

(Please ensure that this column is checked before mailing)

List of items	Member	Checked by ECAN
1. Duly completed and signed questionnaire		
2. Attested copy of the representation certificate		

For Office use only:

Application processed and certified by:

Date:

N.B.: Please submit 2 copies of recent photograph along with this application.