

Application for Study Centre

Important Note

1. Kindly ensure that your institution fulfills all the requirements as stated in the Norms for becoming study centre as per the program[s] selected.
2. Kindly provide all the details / documents as stated in the application form and norms for becoming study centre.
3. Kindly put your signature and seal of your institution on each page of the Application f orm and documents enclosed.

NAME AND ADDRESS OF THE PROPOSED STUDY CENTRE

A. PROPOSED STUDY CENTRE ISNTITUTION PROFILE

1. Name of the Institution	
2. Type of Institution [Tick on appropriate option]  College includes aided and unaided both. Select the appropriate option. Kindly enclosed all the necessary documents. Kindly enclosed attested Deeds, Memorandum and Rules/ Regulations [as applicable]	* Trust * Society * Co-operative Society * Limited Company * Private Limited Company * Under Graduate College * Post Graduate College * Autonomous College * Others
3. Name of the Trust / Society / Company / College running the Institution	
4. Date and Registration Number of the Trust [Please attach proof]	
5. Postal Address of the Institution	
6. Communication Details (a) STD Code: (b) Contact Number: (c) Fax Number: (d) Mobile Number: (e) Email Address: (f) Website Address:	
7. PAN Number of the Institution [kindly enclose the copy]	
8. Document relating to address proof of the Institution [Lease Deed/ Rent Agreement / Sale Deed/ Ownership document]	Enclosed / Not Enclosed
9. Floor Plan / Layout Map of the Institution	Enclosed / Not Enclosed
10. Photograph of Institution, Classrooms Computer Lab, Library, Reception etc.	

B. DETAILS OF MANAGEMENT / HEAD OF INSTITUTION

1. Name of the Head of Management	
2. Designation:	
3. Postal address:	
4. Communications connectivity of  (a) STD Code : (b) Phone Number: (c) Fax Number: (d) Mobile Number : (e) Residence Number: (f) Email address	
5. Personal details of Head of Management:	
6. Educational qualifications	
7. Profession and Experience	
8. Photo ID Proof [Kindly enclose the copy]	
9. PAN Number [Kindly enclose the copy]	
10 One Coloured Photograph	Enclosed / Not Enclosed

C. INFRASTRUCTURAL FACILITIES

1.Location of Proposed Institution Area (Kindly    tick whichever is applicable)	
2.The Building of College / Institution is (Kindly tick whichever is applicable and Furnish    the documents)	
3. Total Carpet area of Institution (In Sq.ft):	
4. Total Site area of Institution (In Sq.ft):	
5. Type of Flooring of Institution:	



6. Library

S.NO.	Category	Count
1.	Reference Books	
2.	Text / Subject books	
3.	Periodicals Subscribed	
4.	Journals Subscribed	
5.	Newspapers Subscribed	
6.	Course CDs	
7.	Course Audio / Video Cassettes	
8.	Books other than IT Course books	

7. Equipments Available

S.NO.	Equipment	Count
1.	Generator	
2.	LCD Projector	
3.	OHP	
4.	Fax	
5.	Photocopier	

D. CONNECTIVITY

1. Nearest Airport:	
2. Nearest Railway Station:	
3. Nearest Bus Stand / Stop:	
4. Distance from Airport:	
5.Distance from Railway Station:	
6.Distance from Nearest National / State Highway:	

E. STUDY CENTRE CO-ORDINATOR DETAILS

1. Name of the Study Centre Coordinator	
2. Designation:	
3. Communications Connectivity of Study Centre Coordinator : (a) SD Code: (b) Phone Number: (c) Fax Number: (d) Mobile Number: (e) Residence Number: (f) Email Address:	
4. Educational Qualifications:	
5.Profession and Experience: (Kindly enclose the detailed Bio data of the Study Centre Coordinator)	

F. FACULTY DETAILS:

S. No	Name	Designation	Qualification	Teaching Experience [in years]	Subject Taught by Him/Her

Kindly enclose the detailed Bio Data and Self Attested Copies of educational certificates of the Faculties. The University may insist on meeting any / all faculty member and / or Inspection of their appointment / contract / engagement orders.

G. IS THE INSITITUIOIN RECOGNISED AS STUDY CENTRE OF ANY OTHER UNIVERSITY/BOARD OR EQUIVALENT? – YES / NO

If Answer to G is YES, Kindly give the following details:

S.NO.	NAME AND ADDRESS OF RECOGNIZING UNIVERSITY	RECOGNIZED AS	PROGRAMMES UNDERTAKEN

**H. DETAILS OF REMITTANCE OF STUDY CENTRE APPROVAL FEE:**

- 1. Amount Remitted:**  
**(a) Rs.10, 000/- (Rupees Ten Thousand Only) in favour of NSEB INDIA (WITH EFFECT FROM 1<sup>st</sup> Oct 2012 ONWARDS)**
- 2. DD No. / Pay Order No. Bank name and Date**

**DECLARATION**

- 1. I / We certify that all the information given above and in the preceding pages signed by me / us is / are complete and correct.**
- 2. I / We declare that the institute will abide by all the rules and directions of NSEB INDIA given time to time.**
- 3. I / We declare that I / We am / are authorized to sign on behalf of my organization and that my directors and shareholders / members (were relevant) are in total agreement of my / our application.**
- 4. In case of any information furnished by me / us is found wrong or incomplete, I / We declare that the institute may be derecognized and is also open to any action as per law.**
- 5. I / We undertake not to do any advertisement of our own in print / electronic media without the prior written permission of NSEB INDIA.**
- 6. I / We hereby undertake that if it is ever found that the Institution is not able to run as per the norms, rules and procedures laid down by NSEB INDIA, shall be free to withdraw the study centre recognition.**
- 7. I / We understand that NSEB INDIA reserve the right to terminate the study centre registration if it is found that I / We have knowingly made a false declaration in the form.**
- 8. I / We understand that the approval of my / our institution as Study Centre shall be done as per the norms of the NSEB INDIA.**
- 9. I / We understand that NSEB INDIA reserve the right to reject the application without assigning any reason.**
- 10. I / We understand that the Study Centre is approved for FIVE years only, subject to subsequent renewal.**

**Place:**

**Date:**

Photo

**Head of the Institution Signature**

**Name and Seal**

