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INFORMATION ABOUT THE HEAD OF INSTITUTION**NAME OF THE HEAD OF INSTITUTION**

Photo of Head
of Institution**PERSONAL ADDRESS**

Contact No.																			
E-mail																			

DETAILS ABOUT Chairman/Proprietor/ Director(s)

Sr. No.	Name	Designation	Educational Qualification	Nature of Professional Experience in Years

CENTER BUILDING STATUS:

Owned ☐ Rented ☐ Leased ☐ Ready for Operation ☐ Not Yet ☐

TYPE OF CENTER LOCATION:

Metro ☐ State Capital ☐ Dist. Hq. ☐ Town ☐

Carpet Area of Institution (in Sq. ft.):**Total Site Area of Institution (in Sq. ft.):****Type of Flooring of Institution:**

INSTITUTION FACILITY AVAILABLE:

S.No.	Type of Facility	No. of Rooms	Area (in Sq. ft.)	Seating Capacity
1.	Class Room			
2.	Computer Laboratory			
3.	Library			
4.	Counseling Room			
5.	Conference Room			
6.	Auditorium			
7.	Staff Room			

Note – Enclosed photograph of Institution /Classrooms/ Computer labs/reception area.

FACILITY IN THE LABORATORY:

S.No	Type of Facility	Unit	S.No.	Type of Facility	Units
1.	Server		5.	Scanner	
2.	Client/ Node		6.	UPS	
3.	Printer		7.	CD/DVD Writer	
4.	LCD Projector		8.	Fax	

TYPE OF INTERNET FACILITY:

Leased Line ☐ Broad Band ☐ Dialup ☐ Others ☐

CONECTIVITY FROM COUNSELLING CENTER:

1. Nearest Railway Station: _____ Distance: _____

2. Nearest Bus Stand/Stop: _____ Distance: _____

FACULTY DETAILS:

S.No.	Name	Designation	Qualification	Teaching Experience (in Years)	Subject Taught by Him/her

CENTRE DIRECTORS DETAILS**NAME OF THE CENTRE DIRECTOR**

PERSONAL ADDRESS

Contact No.																			
E-mail																			

Educational Qualification of Centre Director: _____

Profession and Experience of Centre Director: _____

IS THE INSTITUTION IS RECOGNISE AS STUDY CENTRE OF ANY OTHER UNIVERSITY OR EQUIVALENT?

YES ☐ NO ☐

IF YES, Kindly give the following details:

S.No.	Name and Address of Recognized University	Associated Since	Recognized as	Programs Undertaken	No. of Student

FINANCIAL DETAILS:

Demand Draft No :
Demand Draft Date :
Drawn on (Bank) :
Amount Rs : (In Figures).....

DECLARATION

1. I /We Certify that all the information given above and in preceding pages signed by me/ us is/are complete and correct.
2. I/We declare that the Branch will abide by all the rules and directions of **KBVTI LTD. BBSR** 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 share holders/ members (where relevant) are in total agreement of my /our application
4. In case of any information furnished by I /we are found wrong or incomplete, I/We declare that the institute may be derecognized 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 **KBVTI LTD. BBSR**
6. I/We here by undertake that if it is ever found that the Institution is not able to run as per the norms, rules and procedures lay down by **KBVTI LTD. BBSR ,KBVTI LTD, BBSR** shall be free to withdraw the Branch recognition.
7. I/We shall verify all the original documents of the students and certify that the students registered at my / our Branch for **KBVTI LTD. BBSR** , programs are eligible in all respect as per the eligibility norms of ,
8. I/We Understand that **KBVTI LTD. BBSR** , reserve the right to terminate the Branch registration if it is found that I/ we have knowingly made a false declaration in the form.
9. I/We understand that the approval of my/our institution as Branch shall be done as per the norms of the .
- 10.I/We understand that **KBVTI LTD. BBSR** , reserves the right to reject the application without assigning any reason.

Place:

Date:

(Head of the Institution Signature, Name and Seal)

FOR OFFICE USE ONLY

1. Branch Code
2. Geographical Area Operation:
3. Agreement Date fromto

Branch Approved By:**Kampa Bhai Vocational Training Institute Ltd.****Seal & Signature****Date:****Checklist for Submission of Application Form**

S.N.	Particulars	Yes	No
1.	Memorandum/ Details of Society, Trust or Company		
2.	Resolution of Society, Trust or Company for becoming IACC		
3.	Address proof of Institution (Lease Deed/ Rent Agreement/ Sales Deed/ Ownership Documents)		
4.	PAN Number of the Institution		
5.	Photograph of the Institution, Classrooms, Lab, Library, Reception		
6.	Photo ID Proof of Head of Management		
7.	PAN Number of Head of Management		
8.	One Colored Photograph of Management		
9.	Undertaking by the Study Center on the letter head		

INFRASTRUCTURE PHOTOGRAPHS

Branch Name _____

Address _____

1. Institution Photograph

Photograph to be pasted here

Front view photograph of the building

2. Front Office Photograph

Photograph to be pasted here

Counselor Room Photograph

3. Co-Ordinator Room

Photograph to be pasted here

Co-ordinator Room Photograph

4. Practical Laboratories

Photograph to be pasted here

Computer Laboratory Photograph

5. Theory Classroom

Photograph to be pasted here

Class Room Photograph

6. Library Photograph

Photograph to be pasted here

Library Room Photograph