

SOLANKI BROTHERS COUNCIL FOR OPEN AND DISTANCE LEARNING

Farrukhabad, Uttar Pradesh

solankibrotherinstitute@gmail.com



APPLICATION FOR AFFILIATION OF SCHOOL/CENTER

1. Name of the Organization: _____

2. Year of Establishment: _____

(Please attach proof)

3. Type of Organization:

(Tick most appropriate)

(Enclose the necessary details and proofs)

Trust Society Educational Institution
 LLP Pvt. Ltd Bank / Insurance Co.
 Ltd R & D Organization PSU/Govt. Organization

Others _____

4. Full Postal Address: _____

District: _____ State: _____

Country: _____ Pin Code: _____

5. Official Communication:

Phone No: _____
 (Country Code) (STD/Local Code)
 Tele fax: _____
 (Country Code) (STD/Local Code)
 Mobile No.: +91 _____
 email: _____

Fill the following and enclose proper Proof:

6. Premises Details: Owned Rented 7. Ready for Operations: Yes Not Yet

8. Total Carpet Area of Organization (Sq. Ft.): _____

9. Total Site Area of Organization (Sq. Ft.): _____

10. Internet Connectivity: Leased Line Broadband Dial-Up Speed

11. Details of Computers (Dedicated earmarked for Training and Research Purpose)

Type	Processor	RAM	HDD	Network (Y/N)	Internet (Y/N)
Server Computer					
Client Computer					

12. Infrastructure Details: Generator LCD Player FAX Photo Copier

Sr. No.	Other Infrastructure for Training Program	Units	Area (Sq. Ft.)	Seating Capacity
1	Class Rooms			
2	Library (Total Books: _____)			
3	Reading Room/ Conference Room / Audio Visual Room			
4	Administrative Area			
5	Trainer Room			
6	Service Area - Toilets etc.			
7	Other _____			

13. Detail of Courses that you are interested to offer through SBCODL, Farrukhabad, Uttar Pradesh

Sr. No.	Proposed Course	Expected No. of Admissions	Sr. No.	Proposed Course	Expected No. of Admissions
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

(Use separate sheet, if necessary)

14. Teachers and other Staff Teaching Department Details:

Enclosed separate List of all Trainers and other Staff Members in following format:

Name | Father's Name | Date of Birth | Sex | Academic Qualification | Professional Qualification | Experience (Teaching & Non-Teaching both) | Level of Association (Full Time/ Part Time/ Visiting Faculty) | Key Skills

DIRECTOR PROFILE

1. Name

:

2. Designation:

3. Sex:

M F

4. Qualification:

5. Experience:

6. Photo ID Proof:

Driving License Passport Voter ID PAN Card

(Kindly enclose the copy)



DECLARATION

We certify that the particulars furnished above or in the preceding pages are true to our best of our knowledge and express our willingness for an inspection to assess the infrastructural facilities, qualified staff etc. We declare that the Organization will abide by all the rules and directions of SBCODL Farrukhabad given from time to time. In case of any information furnished by us is found

wrong or incomplete in any regard, we shall be the responsible for any decision taken by SBCODL, Farrukhabad. I hereby confirm that I will regularly visit/login website namely www.bseh.ac.in and any information relevant will be received by me from

above-said website. Further, I will never claim any information officially or unofficially in hard copy and email. Therefore, only I will be responsible for all types of consequences, if I don't visit/login the said website.

I have carefully read and understood all the guidelines, specifications and other information published by the SBCODL Farrukhabad on the Website www.sbiea.co.in In case of any disputes or for any unforeseen issue(s) or issues not covered in the guidelines, specifications and other information published by the SBCODL, Farrukhabad the decision of the SBCODL Farrukhabad shall be final and binding on me and all other concerned. I agree that the SBCODL, Farrukhabad Hubli reserves the right to withdraw any location or any Discipline/Programmer or its nomenclature at any time without assigning any reason and to make modifications in any information published anywhere whenever deemed necessary.

In the event of any disputes between the parties, which are not covered at the arbitration clause, the courts of Farrukhabad shall have exclusive jurisdiction.

Date:

Specimen Signature of the Proposed Principal/Director

Seal & Signature of the Head of the Organization

FOR ACADEMIC CENTER /SCHOOL USE ONLY

Allotment Fee (Non-Refundable and Non-Adjustable) in favour of SBCODL Farrukhabad, PAYABLE AT SBCODL

Demand Draft No.	Date	Bank	Issuing Branch

Kindly allot me the following selected Programmers:

1) Secondary School Examination

2) Sr. Secondary School Examination

PHOTOS TO BE PASTED:

Space for Affixing

‘WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE ORGANISATION’

UNDERTAKING

The above pasted photographs are belonging to our organization. I also undertake that if I fail to pay renewal fee for Academic Center/ School then SBCODL has the right to transfer all our enrolled Students to any other Academic Center/ School or treat them as Direct Students to complete their course.

I understand and agree that fees paid by me with the application form or on account of processing fee, for conduct of inspection, for grant of approval of my application or any other fee or charges, as prescribed for Academic Center/ School once paid, will be non-refundable. Withdrawal of my proposal or rejection by the SBCODL at any stages for reason whatsoever shall not entitle me to claim any amount or compensation from the SBCODL.

Signature of the Proposed Principal/Director

Seal & Signature of the Head

KINDLY SUBMIT AFFILIATION FORM AT SOLANKI BROTHERS COUNCIL FOR OPEN AND DISTANCE LEARNING