



APPLICATION FORM FOR AFFILIATION /STUDY EXAMINATION CENTER (Academic Programme)

To,

The Secretary

Board of Secondary Education

Madhya Bharat Gwalior (M.P.)

Shanti Niketan Sataya Dev Nagar

Gandhi Road Gwalior (M.P.)

Sir,

The application for Study/Examination Center of

(name of the institution or society or organization seeking Study/Examination Center of the BSEGWALIOR) submitted for consideration by Board of Secondary Education Madhya Bharat Gwalior (M.P.) The required particulars, that have provided in the following pages. have been enclosed, as asked for by the BSEGWALIOR are authentic and valid.

On behalf of the institution, we/ I affirm that we/ I will abide by the norms and condition specified and will

carry out the responsibilities of study center. that have been spelt out in the BSEGWALIOR booklet and accept the conditions imposed. Specifically, We/ I have noted and agreed that Study/Examination Center can be withdrawn by BSEGWALIOR without assigning any reason and making us liable for loss and damages. We/ I further mention that the Institution has got the necessary infrastructure to each BSEGWALIOR student up to.....

(Name of the programme) stage.

Yours faithfully

Date.....

Place.....

Enclosure Computer Proforma

(2 copy)



APPLICATION FORM FOR AFFILIATION /STUDY EXAMINATION CENTER

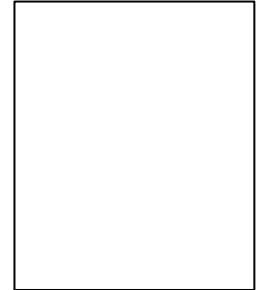
(To be completed by the applicant Institution)

I dk eij

I fpo@Secretary

ek/; fed f" k{kk ifj'kn e/; Hkkjr Xokfy; j ½e-i z½

Board of Secondary Education Madhya Bharat Gwalior (M.P.)



egkn; @egkn; k@Sir/Madam,

1- eus ifj'kn ds fu; eks@mi fu; eka dks HkyhHkkfir I e> fy; k gSA Hkfo'; ea LkHkh fu; eka dk i kyud: Wk@d: WkHA

I have taken note of all the rules and regulations of the Board. I will abide by all the rules in the future.

2- eS-----½i nuke , oa I LFkk dk uke½ dh gSI ; r I svki dh I LFkk }kjk i=kpkj@fu; fer ds vLrxZ I pkfyr fuEu ikB; dæka grq ijh{kk d½nz@v/; ; u d½nz LFkkfir djus ds fy, vkonu i= iLrq dj jgk g½jgh g½

I(Designation and Center Name) am presenting the application form for the establishment of Co-ordinator/Examination Center/Study Center for the following courses under correspondence/Regular education system of your institution.

- 1..... Nk= I d; k@Intake.....
- 2..... Nk= I d; k@Intake.....
- 3..... Nk= I d; k@Intake.....
- 4..... Nk= I d; k@Intake.....
- 5..... Nk= I d; k@Intake.....
- 6..... Nk= I d; k@Intake.....

3- gekjh I LFkk@fo | ky; dk fooj.k fuEuor g½ The details of our organization/Institution is as followings :-

- 1- vkond dk uke/ Name of the applicant.....
- 2- iathdr I LFkk@VLV dk uke/ Name of the registered organization/trust.....
- 3- fudV jsyos LVs' ku/ Near Railway Station..... rgl hy/ Tehsil.....
Fkkuk/ Police Station.....
- 4- i=kpkj dk iwKZ i rK/ Full Address of Correspondence.....
.....
..... ft yk/ District..... fi u/ Pin.....
..... I -Vh-Mh- dkM/ STD Code..... Oksu dk; k½y; / Phone : Office.....
fuokl / Residence.....

4- ekU; rk@iat hdj.k@l Ec) rk %i tek.k i = l yXu d jk

Recognition/Registration/ Association (attach certificates).

5- EkU; fed f'k{k ikf'kn e/; Hkkjr Xokfy; j %e-i z/ dh ij h{k{k@v/; ; u dhnz LFkkr djus ds i Lrko dh ifr l yXu d jk

Board of Secondary Education Madhya Bharat Gwalior (M.P.) /Attach a copy of proposal.

6- D; k ; g l g&f" k{k l LFkku gS& gkU; k ugh\ / Is it co-education center – Yes of No.

7- f" k{k dk ek/; e fgUrh@vaxsth ; k vU; / Medium of study.....Hindi/English or other.....

8- l LFk eafdl Lrj rd f" k{k.k ,oa if" k{k.k dh l fo/kk gA 1. School.....

Statis pf teaching & training available in your institution 2. College.....

9- i Fke l = ea vupekfur fo | kFkz ka dh l [; k / No. of Students expected in first session.....

10-D; k fo | ky; dks jkT; vFkok dhnz l j dkj l s dkbz l gk; rk feyh gS& gkU; k ugh

Is the institute is getting any from state or Government – Yes or No?

11-vkMM; ks@ohfM; ls l fo/kk / Audio Vedio Facilities

- Television VCR/VCP
- C.D./Audio Cassettes Tape Recorder/C.D. Player
- Computer (desirable) Projector

12-i' kkl fud l gk; rk gsrqLVkQ / Administrative Support Staff

- Clerks Labe Attendants
- Accountant Peons

13-l LFk dh foRrh; fLFkr/ Financial Status of Institution.....

1- l LFk dk foRrh; fLFkr/ Financial Status of Institution.....sufficient/Insufficient.

2- vxys rhu o' kka ds fy, D; k l kr gS/ What is the financial status for further three year.....

14- l LFk ds l dkj r v/; ki dka dk l Ei wkz foj .k/ Details of the working teachers in the organization.

| dzl a/ S.No. | uke / Name | i rk / Address | ; k; rk / Qualification | vuHko/ Experience | dk; Hkkj xg.k djus dh frFFk / Date of Joining |
|--------------|------------|----------------|-------------------------|-------------------|-----------------------------------------------|
| 1- | | | | | |
| 2- | | | | | |
| 3- | | | | | |
| 4- | | | | | |
| 5- | | | | | |

15- i=kpkj ds fy, vf/kdr eq; vf/kdkjh dk uke ,oa in/ Name of main authorized officer for Correspondence.....

16- bl vkonu i= eanh xbz l puk, eejh tkudkjh vls fo" okl ds vud kj l R; gA dlnz LFkki ukFKz "kyd : 0 50]000@& rFkk l ož jkf" k : 0 2000@& dty : 0 52]000@& dk cid MKTV ua-----fnukd ----- LFku-----cid dk uke-----l yXu gA/ The information given in this application form is true to may belief my knowledge. Center establishment fee Rs. 50,000/- and Survey Fee Rs. 2000/- total Rs. 52000/- Bank Draft No..... Date..... Place.....Name if the bank.....is attached.

fnukd/ Date

vkonudrkz ds gLrk{kj/ Signature of Applicant

LFku/ Place.

egj l fgr/ With Seal

l Lrf/ Remanded by

1. fodkl vf/kdkjh / Development officer (D.O.)

gLrk{kj egj l fgr / Signature with seal

.....

2. {ks=h; izl/kd / Aria Manager (A.M.)

gLrk{kj egj l fgr / Signature with seal

.....

3. e.My; izl/kd / Regional Manager (R.M.)

gLrk{kj egj l fgr / Signature with seal

.....

4. e.My; Lkfpo / Regional Secretary (R.C.)

gLrk{kj egj l fgr / Signature with seal

.....

5. jkT; l ello; d / State Co-ordinator (S.C.)

gLrk{kj egj l fgr / Signature with seal

.....

?kks' k. kk / DECLARATION

es ----- I dFkk ds fuEu in ----- ij dk; j r g
I dFkk dk uke ----- ds dk; & dyki ka l si wkr; k ifjpr g
i Lr r foj .k ejs l kku ea l gh gSHkfo'; ea ek/; fed f" k{kk ifj'kn e/; Hkkjr Xokfy; j 1/2-e-i 1/2 ds
fu; e@mifu; e t's Hkh gksa ep-s rFkk I dFkk ds l eLr l nL; ka , oa i nkf/kdkfj; ka dks fof/kor eku; gksa
l.....employed asat the center

(Name of the center) We/I fully aware of the working of the center.

The above details are true to the best of my knowledge. The rules and regulation of Board of Secondary Education Madhya Bharat Gwalior (M.P.) will be properly and accepted by the members & officers of the center in the future.

fnukd/ Date

LFku/ Place.

gLrk{kj/ Signature of Applicant

I dFkk ds vf/kdr i nkf/kdkjh/ Authorised

Signatory of the Institution

egj l fgr/ With Seal

doy dk; ky; i z ksx grq **FOR OFFICE USE ONLY**

Jh@Jherh/Mr./Smt. -----vi us foodku d kj 15 fnu ds vlnj
vi uh vk[; k i Lr r dja should produce his report within 15 day.....

fnukd / Date

l fpo / Secretary

