



STUDY CENTER APPLICATION FORM

Running With SECT (R)

Running Under Guideline Govt. of India National Education Policy 1986(MHRD)

Registered Govt of India (MSME) - **KR19D0001823**

ISO 9001:2015 Certificate No – **QMS/010210/0491**

Member Of Association for Early Childhood Education and Development (AECED),MUMBAI-
IT201922

Running with Central Government Act **Section 60 in The Indian Trusts Act,**
1882-Reg No-KLR-4-00091-2014-2015 CD KLRD156

Incomtax Registered Organization

Under Human Rights Protection Act 1993 Autonomus Bodies have been given special
Protection and consideration

Central Vigilance Commission, Govt of India Pledge – **9983698492**

National Human Rights Commission, Govt of India Pledge – **4274869799**

National Commission for women, Govt of India Pledge – **3532687298**

Education Programme conducted by Institute are in strict Conformity with the Constitution of
india and law of the Land Under article-19(1) G,29 & 30(1)U/S 2G

01. Name of the Organization/Institution:

संगठन/संस्था का नाम

02. Year of Establishment:

03. Type of Organization/Institution: (Please Attach Proof)

04. Full Postal Address:

District:

State:

Country:

Pin Code:

05.

Official Communication:

Phone No:

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(Country Code)

(STD/Local Code)

06.

Mobile No:

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Email:

Fill the Following and Enclosed Proper Proof:

07. Premises Details:

Owned

Rented

08. Total Carpet Area of Organization/Institution (Sq. Ft):

09. Total Site Area of Organization/Institution (Sq. Ft):

10. Internet Connectivity:

Yes

हाँ

No

नहीं

11. Details of Computers

12. Details of Computers

Generator

LCD Player

Fax

Photocopier

13. Total Teaching Staff

14. Total office Staff

15. Academic / Study / Information Center Type

DIRECTOR PROFILE

1. _____
2. Designation: _____
3. Gender: Male Female
4. Qualification: _____
5. Experience: _____
6. Photo ID Proof: (Kindly enclose the copy) Driving License Passport Voter ID PAN Card
7. Aadhar No. _____
आधार संख्या

Latest Color
Photograph In
Passport Size Of
The Proposed
Principal/
Director

DECLARATION

In support of the application, I certify that, having read the Norms and Procedure for accreditation of institutions, I undertake to ensure that the Institution will abide by the Rules and Regulations and terms and conditions, as are made applicable to the Academic Center from time to time. I further affirm that accreditation, if granted to the Institution, will not be used for commercial purpose, rather will be used to serve the needs of the **BHARATH VIDYA VIKAS** students. I shall do what is in my power to ensure the smooth and proper functioning of the Institution.

BHARATH VIDYA VIKAS is Autonomous Institute I have carefully read and understood all the guidelines, specifications and other information published by the **BHARATH VIDYA VIKAS**. 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 **BHARATH VIDYA VIKAS** the decision of the **BHARATH VIDYA VIKAS** shall be final and binding on me and all other concerned.

I agree that the **BHARATH VIDYA VIKAS** reserves the right to withdraw any location or any Discipline/Programme or its nomenclature at any time without assigning any reason and to make modifications in any information published any where when ever deemed necessary.

In any disputes the courts of KARNATAKA shall have exclusive jurisdiction.

Date: _____

Place: _____

**Specimen Signature of the
Principal/Secretary**

**Seal & Signature of the Head of the
Organization**

DOCUMENTS TO BE ATTACHED

- Organization Registration Certificate Copy
- Resolution of Society/Trust/Pvt. Ltd
- Copy of MOA/AOA/Byelaws of Society/Trust/Pvt. Ltd
- PAN Copy
- Organization Head PAN Copy
- Aadhar Card Copy of Organization Head
- Organization Building Ownership Proof/Rent Deed
- Organization Building Photograph
- Owner / Director / President ID Proof
- Owner / Director / President Passport Size Photography

Date: _____

Place: _____

Authorized Signature and Seal