

# RASHTRIYA MISSION OF EDUCATION & TRAINING

Under: **RASHTRIYA SIKSHA VIKASH ABHIJAN**

An autonomous Organization under Govt. of West Bengal based on TR 1882 (Govt. of India), Associated with National Institution for Transforming India, NITI Aayog (Govt. of India), Dept. of Labour NCT Delhi (Govt. of India), C. R. Act- Ministry of Commerce & Industry (Govt. of India), Ministry of Small and Medium Enterprises (Govt. of India) Central Social Welfare Board and Certified by

Central Vigilance Commission

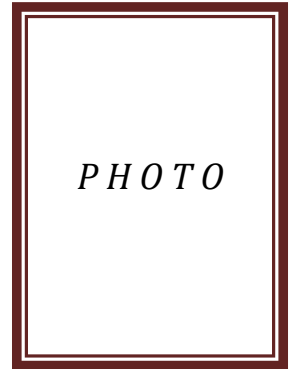
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## APPLICATION FORM FOR STUDY CENTRE

To  
The Secretary,  
Rashtriya Siksha Vikash Abhijan,  
Purba Bardhaman, W.B.



Sub: - **Regarding Study Centre of RMET**

Sir,

I/We am/are praying to get a Study Centre of RASHTRIYA MISSION OF EDUCATION & TRAINING for our institute. I/We have read the terms & conditions carefully and understand all about it. I/We have accepted all about this matter. The details of my/our organization as under:

1. Name of the Organization : \_\_\_\_\_

2. Regd. No. (If Registered) : \_\_\_\_\_

3. Name of the course applying for : \_\_\_\_\_

4. I/We shall provide to the students : \_\_\_\_\_

(Name of the tools & Equipments generally used for the course other than computer)

5. Address of the Institute : \_\_\_\_\_

District: \_\_\_\_\_ PIN: \_\_\_\_\_ State: \_\_\_\_\_

5. Phone No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

6. E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

7. Nearest Bus Stand : \_\_\_\_\_

8. Nearest Station : \_\_\_\_\_

9. Nearest Airport : \_\_\_\_\_

10. **Details about members of the Institute (if regd. Please attach a copy):**

a)

b)

c)

d)

e)

f)

g)

11. **Details of the Authorized person who will work with RASHTRIYA MISSION OF EDUCATION & TRAINING on the behalf of the organization:**

a) Name: \_\_\_\_\_

b) Father's Name: \_\_\_\_\_

c) Mother's Name: \_\_\_\_\_

d) Date of Birth: \_\_\_\_\_

e) Educational Qualification: \_\_\_\_\_

f) Work Experience (if any): \_\_\_\_\_

g) Full Address (Present): \_\_\_\_\_

\_\_\_\_\_

District: \_\_\_\_\_ PIN: \_\_\_\_\_ State: \_\_\_\_\_

(Permanent): ): \_\_\_\_\_

\_\_\_\_\_

District: \_\_\_\_\_ PIN: \_\_\_\_\_ State: \_\_\_\_\_

h) Phone No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

i) E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

\* (Attach proof of Identity, Educational Qualification and proof of Address)

12. **Details of building:**

a) The building Owned/Leased/Rent: \_\_\_\_\_

b) The Building use for commercial /resident: \_\_\_\_\_

c) If rented, the terms of rent (please attach rent agreement copy): \_\_\_\_\_

d) Total class room: \_\_\_\_\_

e) The total capacity of the students at a time in one batch: \_\_\_\_\_

f) Water arrangement: \_\_\_\_\_

g) Is there air condition facility: Yes  / No  .

h) Toilet facility: \_\_\_\_\_

i) Play ground: \_\_\_\_\_

j) Conference / Meeting room: \_\_\_\_\_

k) Computer facility: \_\_\_\_\_

l) No. of computer labs and total no. of computers: \_\_\_\_\_

m) Configuration of computers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

n) Is there Internet facility: Yes  / No  .

o) If yes, the connection type of Internet: \_\_\_\_\_

p) Is there generator facility for power back up? \_\_\_\_\_

13. **The name of the courses (Choice of yours):**

Basic English Courses       Vocational Training Courses       Teacher's Training Courses

Art & Beauticulture Education       Computer Education       Management Education

Patient Care Education       Health Care Education       Paramedical Education

14. **Bank Details of the Institute:**

a) Name of the Bank: \_\_\_\_\_

b) Branch name: \_\_\_\_\_

c) IFSC Code: \_\_\_\_\_

d) Account Number: \_\_\_\_\_

e) Name of the signatory person: \_\_\_\_\_

15. a) **Is your institute / school / college / academy franchise with any other Educational Board/University Or any organization?**

Yes  / No  .

b) If yes, Details about it: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. **Other details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We hereby declare that the above information is true in best of my/our knowledge and belief.

Date:

Place:

\_\_\_\_\_  
(Signature)

Full Name: \_\_\_\_\_

Designation: \_\_\_\_\_

(Stamp )