

Study Centre Code : \_\_\_\_\_ . SI No: \_\_\_\_\_ .

Regional Centre Code : \_\_\_\_\_ . State : \_\_\_\_\_ .

(For Office Use only)



(Autonomous, Regd. Govt. Of Delhi & NCT Delhi, Govt. Of India)

## **SWAMI VIVEKANANDA SECONDARY & SR. SECONDARY OPEN EDUCATION, DELHI**

(DEPARTMENT OF OPEN & DISTANCE EDUCATION)

Website : [www.svsssoe.in](http://www.svsssoe.in). Email : [admission@svsssoe.in](mailto:admission@svsssoe.in).

### **APPLICATION FORM FOR THE CREATION NEW STUDY CENTRE / REGIONAL CENTRE**

**(This form must be filled in CAPITAL LETTERS only)**

To,

The Chairman,  
SVSSSOE, Delhi.

I wish to appear for the examination programme organized by "SVSSSOE, DELHI".  
The same may kindly be accepted.

PHOTO

1. Name of Institute / Centre : \_\_\_\_\_.
2. Institution Head / Partner's Name : \_\_\_\_\_.
3. Father's Name : \_\_\_\_\_.
4. Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_\_. (Enclosed Photo Copy) Age : \_\_\_\_\_.
5. Address (Encl Photo Copy) : \_\_\_\_\_.  
: \_\_\_\_\_ City : \_\_\_\_\_.  
Dist : \_\_\_\_\_ State : \_\_\_\_\_.  
Country : \_\_\_\_\_ Pin Code : \_\_\_\_\_.  
Mobile No : \_\_\_\_\_.  
Email id : \_\_\_\_\_@\_\_\_\_\_.
6. Marital Status (tick mark) : Married \_\_\_ / Unmarried \_\_\_.
7. Category (tick mark) : SC \_\_\_ / ST \_\_\_ / OBC \_\_\_ / Other's \_\_\_\_\_. (Enclosed Photo Copy)
8. Religion : \_\_\_\_\_.
9. Nationality : \_\_\_\_\_.
10. Gender (tick mark) : Male \_\_\_ / Female \_\_\_ / Other \_\_\_.
11. Are you Employed (tick mark) : Yes \_\_\_ / No \_\_\_.
12. If Yes then give details here : \_\_\_\_\_.
13. Pan Card No (Both Institute, Proprietor / Partner's : \_\_\_\_\_.

14. Name of the Registered Society / Trust (Enclosed Copy of registration) : \_\_\_\_\_.

Address : \_\_\_\_\_.

City : \_\_\_\_\_ . District : \_\_\_\_\_.

State : \_\_\_\_\_ . Pin Code : \_\_\_\_\_.

Mobile No : \_\_\_\_\_ . Email id : \_\_\_\_\_@\_\_\_\_\_.

15. Name of President / Chairman / Trustee of the Society Trust : \_\_\_\_\_.

16. Profile and Educational details of the Individual as stated above (Enclosed photo copy of all testimonials) :

SL No	Name of Examination	Board / Council	Year of Passing	Roll No	Division	Percentage

17. Nominated Co-Ordinator / Representative : \_\_\_\_\_.

18. Telephone Nos. Office

Land line : \_\_\_\_\_ . Mobile No : \_\_\_\_\_.

Fax : \_\_\_\_\_ . Email id : \_\_\_\_\_@\_\_\_\_\_.

19. Current Infrastructure details that is available with you for educational purpose details of premises (Attach Relevant Documentary Proof) :

SL NO	TYPE OF FACILITY	NO. OF ROOMS	AREA (SQ. FT.)	SEATING CAPACITY	COUNT
(a)	Class Room				
(b)	Library				
(c)	Director's Room				
(d)	Staff Room				
(e)	Lab				
(f)	No. Of Computers available				
(g)	Printer & Scanner				
(h)	Toilet				
(i)	Chairs / Table				
(j)	Guardian / Visitors waiting hall				
(k)	Other's any				

20. Faculty Details :

SL No	Name of Faculty	Designation	Qualification	Teaching Experience (in Year)	Subjects Taught by Him / Her

Kindly enclose the detailed Bio Data and Self Attested copies of education certificates of the Faculties. The Board may insist on meeting any / all Faculty member and / or inspection of their appointment / contact / engagement orders.

21. Type of Internet Facility :

22. (a) Whether the Land & Building are owned by the centre : Yes \_\_\_\_ . No \_\_\_\_.

(b) If the building is rented, enclosed the lease deed of the society / institution.

23. Whether the premises is ready for use if yes what it is currently used for :

24. If Your centre is also associated with any other University / Board. (Give details)

\_\_\_\_\_.

25. Programs applied for authorization : \_\_\_\_\_.

26. Medium of Study : \_\_\_\_\_.

27. Location of the Centre :

(a) Remote Area : Yes \_\_\_\_ . No \_\_\_\_.

(b) Easily accessible : Yes \_\_\_\_ . No \_\_\_\_.

(c) Residential Area : Yes \_\_\_\_ . No \_\_\_\_.

(d) Commercial Area : Yes \_\_\_\_ . No \_\_\_\_.

(e) Within the City : Yes \_\_\_\_ . No \_\_\_\_.

(f) Outskirts of the City : Yes \_\_\_\_ . No \_\_\_\_.

(g) Nearest Airport : \_\_\_\_\_ . Name of the City : \_\_\_\_\_.

(h) Distance from Railway Station : \_\_\_\_\_ . Name of the City : \_\_\_\_\_ .

(i) Distance from Bus Stop : \_\_\_\_\_ . Name of the City : \_\_\_\_\_ .

(j) Distance from Nearest School : \_\_\_\_\_ . Name of the City : \_\_\_\_\_ .

(k) Distance from Nearest Post Office : \_\_\_\_\_ .

(l) Distance from Nearest Police Station : \_\_\_\_\_ .

28. Bank Account Details of the Institution :

Bank Name : \_\_\_\_\_ . Branch : \_\_\_\_\_ .

Account Number : \_\_\_\_\_ . IFSC Code : \_\_\_\_\_ .

29. Seal with Signature of Chairman

Seal with Signature of Director's / Secretary

**DECLARATION AND FORWARDING BY THE REGIONAL CENTRE**

I have read & fully understood the rules & regulations of Swami Vivekananda Secondary & Sr. Secondary Open Education, Delhi. I have verified the documents produced by the student for admission purpose. The study centre has signed the form in my presence. I have conveyed all the necessary and correct information to the study centre regarding the Recognition Status of the Board and also the acceptability of the courses run by the Board. I am fully responsible for any discrepancies of the details given above by the study centre. I undertake to follow the rules & regulation framed by the Board. In the event of any dispute / disputes, it shall be resolved through the Board's own Arbitrator constituted by it under its constitution and the decision of the Arbitrator shall be final and binding on all concerned. In case of any dispute / disputes, the Jurisdiction shall be at Delhi only.

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

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

Place : \_\_\_\_\_ .

\_\_\_\_\_ .

**(SIGNATURE OF THE REGIONAL CENTRE WITH SEAL)**