VIDYAGAGENETICATION VIDYAGAGAGAGAGAGAGAGAGAGAGAGAGAGAGAGAGAGAG
For Office Use Only Authorize Center Code Date of issue:
Authorize Signature:
Please fill up the form and attach supporting documents
□Vocational courses □ All courses □ photograph
1. Name of the Center Owner:
2. Name of the Trust/Society/Registred Institute/Others:(Plese attach Deed)
3. Postal Address:
City: State: Pin Code: State
4. Email Address:
5. Mobile Number of the Director: 6. Alternate Number of the Firm:
+ 9 1 + 9 1

7. Name of the Study/Information Center:

8. Address of the Study/ Information Center

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						1											
	City:									Sta	ate):					
Pi	n C	od	e:		/												

9. Assessment of the Center with respect to the location :

a) Commercial/ Residential:

b) Owned/On lease/ Rent etc: (Attach Lease/Rent deed if any)

Declaration:

Place: Date:

Signature of Center Owner with Seal



VIDYASAGAR EDUCATIONAL INSTITUTE

EDUCATION REASEARCH & TRAINING INSTITUTE



Regd.with ministry of Micro , small and Medium Enterprises Regd. with Govt. of India New Delhi & WB State Govt. Regd. with the Ministry of Labour & Employment Regd. with CR ACT 1957 MEMBER OF AICTE

Norms for creation of Admission Center:

The following infrastructure is the guideline principal for approval of the Admission center:

(1)Location of Center.

(2)Carpet area of at least 400-800 sq.ft suitable modified for labs

and classrooms.

(3)Kindly enclose the following documents along with the application

from for becoming the Admission Center.

Memorandum/ Details of Society, Trust or Limited company. Also include the resolution for becoming the Admission center.

One colored Photograph of Director.

Photo ID proof in form of Driving Licence ,Passport ,Voter ID card etc.

Copy of PAN card

IDYASAGAR EDUCATIONAL INSTITUTE

WEBSITE:<u>WWW.VIDYASAGAREDU.COM</u> CONTACT:- 8348127899 / 7501472168 HEAD OFFICE:-SILIGURI SHIVMANDIR, NEAR NORTH BENGAL UNIVERSITY GATE NO 3 DISTRICT:-DARJEELING ,WB,734013