# MADHYAMIK SHIKSHA PARISHAD DELHI

GOVT.OF NCT OF DELHI

# APPLICATION FOR REGIONAL / ACADEMIC CENTER

### **ORGANIZATION PROFILE**

1. Name	of the Organization:							
	of Establishment: (Please attach proof)	» <u> </u>						-
	of Organization: (Tick most appropriate)	Trust	Sc	ciety		Educationa	l Institut	ion
		LLP	1 SP	vt. Ltd		Bank / Ir	nsurance	Co.
	(Enclose the necessary details and proofs)	Ltd	R & D Organi	zation	97	PSU/Govt. C	)rganizati	on
		Others				LW.		
4. Full Po	ostal Address:	K /A		1				
	// /	2°/-			40	1 20	1	
	- //	District:		16	State		- 1	
	11			11			100	
- Off:-:-	10	Country:	77	Pin Co	ode: L			
5. Officia	al Communication:	> 1		150				
	Phone N	(Country Cod	(STD/	Local Code)				
	Tele fax							
		(Country Cod	le) (STD/	Local Code)		1/2	1	
	Mobile N	No.: +91				A	/	
	email:	/ 1/3/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/				A .	7	
Fill the fo	ollowing and enclose	prop <u>er P</u> roof:		-	-86		1	
6. Premi	ses Details: Owr	ned Rented	7. Read	y for Opera	ations:	Yes	Not	Yet
8. Total	Carpet Area of Organ	ization (Sq. Ft.):	ATT .	THE !	110			
9. Total	Site Area of Organiza	tion (Sq. Ft.):	71	-		== 7		
10. Inter	net Connectivity:	100	Dial-Up	Spe	ed			
		S 11	दिए	ला				
12. Infrastructure Details: Generator LCD Player				F/	AX	Photo C	opier	
Sr. No.	Other Infrastructure	for Training Prog	ram	Units	Area	(Sq. Ft.)	Seating	g Capacity
1	Class Rooms							
2	Library (Total Books:	)						
3	Reading Room/ Confere	ence Room / Audio	Visual Room					
4	Administrative Area							
5	Trainer Room							

(Use separate sheet, if necessary)

### 11. Teachers and other Staff Teaching Department Details:

Enclosed separate List of all Trainers and other Staff Members in following format:

Name | Father's Name | Date of Birth | Sex | Academic Qualification | Professional Qualification | Experience (Teaching & Non-Teaching both) | Level of Association (Full Time/ Part Time/ Visiting Faculty) | Key Skills

		<b>DIREC</b>	TOR PROFIL	<u>E</u>		3
1. Name:						Latest Colour
2. Designation:						Photograph in Passport Size of the Proposed
3. Sex:	M F	4. Quali	fication:			Principal/Director
5. Experience :	_flex	(a) 1	<16/7			20
<b>6. Photo ID Proof</b> : D (Kindly enclose the copy)	riving License	Passpo	ort Voter	ID PA	N Card	
	8/	DEC	LARATION		201	V.
	rections of Made	vamik Shiksha P	7.00 K K K K K K K K K K K K K K K K K K	staff etc. We o	100 AV -	e to time. In case of an
information furnished by MSP DELHI. I hereby co will be received by me femail. Therefore, only I I have carefully read and Website www.mspdelh specifications and other and all other concerned its nomenclature at any whenever deemed nece	y us is found wronfirm that I will recommended with above website will be responsibled understood all tile. I agree that the time without assary.	ong or incomplete egularly visit/logi ite. Further, I will e for all types of c the guidelines, spe any disputes or ished by the MSP MSP DELHI reserv signing any reaso	arishad Delhi(Me in any regard, we never claim any onsequences, if ecifications and of for any unfores DELHI, the decises the right to we need to make resident and to make resid	SP DELHI) give we shall be the ly www.mspde information of I don't visit/log other informati een issue(s) or ion of the MSP vithdraw any lo modifications in	en from time e responsible elhi.ac.in and fficially or ur in the websi- ion published r issues not e DELHI shall ecation or and n any inform	d by the MSP DELHI on th covered in the guidelines be final and binding on m y Discipline/Programme o ation published anywher
information furnished by MSP DELHI. I hereby co will be received by me femail. Therefore, only I I have carefully read and Website www.mspdelh specifications and other and all other concerned its nomenclature at any whenever deemed necessity.	y us is found wronfirm that I will recommended with above website will be responsibled understood all tile. I agree that the time without assary.	ong or incomplete egularly visit/logi ite. Further, I will e for all types of c the guidelines, spe any disputes or ished by the MSP MSP DELHI reserv signing any reaso	arishad Delhi(Me in any regard, we never claim any onsequences, if ecifications and of for any unfores DELHI, the decises the right to we need to make resident and to make resid	SP DELHI) give we shall be the ly www.mspde information of I don't visit/log other informati een issue(s) or ion of the MSP vithdraw any lo modifications in	en from time e responsible elhi.ac.in and fficially or ur in the websi- ion published r issues not e DELHI shall ecation or and n any inform	of for any decision taken be did any information relevant nofficially in hard copy and te. If by the MSP DELHI on the covered in the guidelines be final and binding on may Discipline/Programme of

Specimen Signature of the Proposed Principal/Director

Seal & Signature of the Head of the Organization

## FOR RC USE ONLY

Allotment Fee of Rs. 25	,000/- (Non-Ketundable an	id Non-Adjustable) in favor of "MSP DELHI"	payable at "Delhi"			
Demand Draft No.	Date	Bank	Issuing Branch			
Kindly allot me the fo	ollowing selected Progra	mmers':				
1) High School Examin	ation	2) Intermediate Examination				
PHOTOS TO BE PA	ASTED:					
'WIDE	RANGE PHOTOGRAP	SPACE FOR AFFIXING PH SHOWING THE LOCALITY	OF THE ORGAN			
		UNDERTAKING				
for Regional Coordina	ator then MSP DELHI hav	to our Organization. I also underta e the right to transfer all our enroll to complete their course.				
of inspection, for gra once paid, will be no	nt of approval of my appon-refundable. Withdraw	with the application form or on accoplication or any other fee or charge val of my proposal or rejection by many amount or compensation from	es, as prescribed for Study Center the MSP DELHI at any stages for			

KINDLY SUBMIT REGIONAL COORDINATOR FORM AT: Madhyamik Shiksha Parishad Delhi (MSP DELHI)

Seal & Signature of the Head

Signature of the Proposed Principal/Director