

# UCCHTAR MADHYAMIK SIKSHA MANDAL

APPLICATION FOR INFORMATION AND GUIDANCE CENTER

(This form must be deposited in triplicate and must be filled in CAPITAL LETTERS only)

1. Name of the Institute / Centre:

2. Postal Address with Pin Code (Kindly mention the nearest land mark also)

City / Town:

State:\_\_\_\_\_

Pin Code:

3. Telephone Nos. Office

Landline :

Fax:

Website:

Mobile:

Email id:

4. Pan No:

5. Name of the Registered Society / Trust (Enclose copy of registration)

(Copy of Registration Certificate Enclosed)

6. Centre Co-ordinator / Representative:

Telephone Nos. Office

Landline :

Mobile:

Fax:\_\_\_\_\_ Email id:\_\_\_\_\_

7. Current Infrastructure details that is available with you for educational purpose

Details of Premises (Attach Relevant Documentary Proof):

(a)	Total area of the Institute / Centre (in sq.ft.)		
(b)	Total covered area (in sq.ft.)	APPROXIMATE	
(c)	Number of floors		
(d)	No. of rooms available		

(e)	Power Backup		
(f)	No. of computers available		
(g)	Internet facility available		

(a) Whether the land & building are owned by the Center.

(b) If the building is rented, enclose the lease deed of the Society / Institution.

8. Whether the premises is ready for use if yes what it is currently used for: NGO Activities.

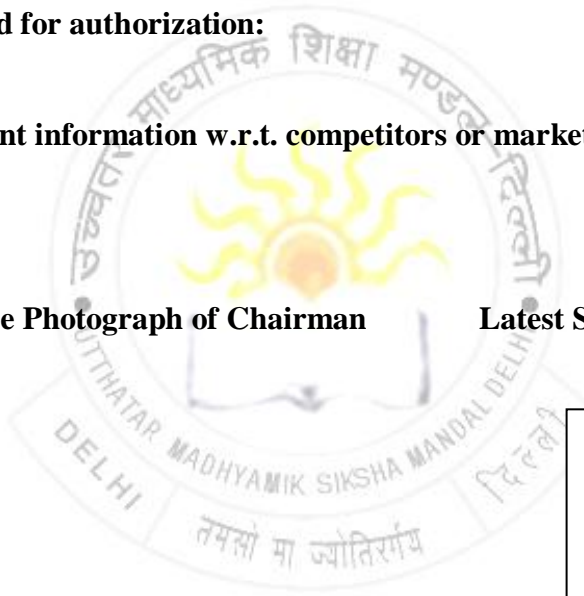
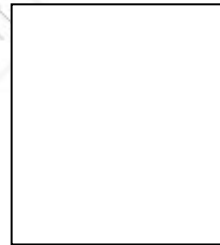
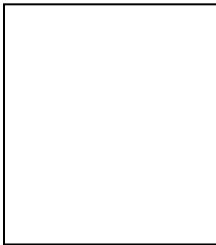
9. If your centre is also associated with any other university / institution. (Give Details)

10. Programs applied for authorization:

11. Any other relevant information w.r.t. competitors or market trends/market potential which you wish to disclose/share:

12. Latest Stamp Size Photograph of Chairman  
the Co-ordinator

Latest Stamp Size Photograph of



13. Signature & Seal of President of Society / Trust Signature & seal of Director/Proprietor of Institute  
(In original, with date)

**DECLARATION**

I/we hereby declare that the details provided by me/us herein above are true to best of my/our knowledge.

Date : .....

Signature

Place : .....