Application form for AREA/DISTRICT COORDINATOR for the Creation of New Study Centre/ Upgradation of the existing Study Centres

Affix your Passport Size RECENT PHOTOGRAPH

1. **Study Centre Information:**

   i)   Name of Applicant:_____

   ii)   Name of Study Centre:_____

   iii)   Location Area: Rural or Urban:_____

   iv)   Address:_____

   _____Pin Code:_____

   Sub district (Tehsil/Mandal):_____District/City:_____State/UT:_____

   v)   Landmark:_____

   vi)   Parliamentary Constituency::_____

   vii)   Contact No. : Phone (With STD code)_____ Mobile _____

   E-Mail:_____ FAX _____ Website: www._____

   viii) Study Centre operates in: Own/Rented building _____

   ix)   Courses to be Started: _____ Session: _____

   x)   Study Centre Code (if already approved by the KIPS):_____

2. **Owner/Proprietor Details:**

   i)   Name of the Owner/Proprietor:_____

   ii)   Address (Correspondence):_____

   _____

   (Permanent):_____

   _____

   iii)   Category/Status: Male/Female_____ Ex-Serviceman _____ SC/ST_____

   iv)   Contact No. : Phone (With STD code)_____ Mobile _____

   E-Mail:_____ FAX _____ Website: www._____

3. **Bank and other relevant Details of Study Centre:**

    i)   Name of the Bank:_____ Branch:_____ (Branch Code):_____

    ii)   IFSC Code:_____   Bank Account No._____

    iii)   PAN No.:_____ TAN No. (if any): _____

4. **Faculty Members:** Lecturer : (Regular)_____ (Part-time) _____

    (Visiting)_____   (Guest-Faculty)_____.

5. **Infrastructure:**

    (i) Covered area_____ sft   (ii) No. of Class rooms _____ sft

    (iii) Computer Rooms_____ sft   (iv) Library _____ sft

    (v) Faculty Rooms_____ sft   (vi) Computer Lab._____ sft

    (vii) Office _____ sft   (viii) Director's office_____ sft

    (ix) Public Convenience _____ sft   (x) Any other, specify: _____

6. **STAFF MEMBERS DETAILS:**

NAME OF STAFF MEMBERS	DESIGNATION	EDUCATIONAL QUALIFICATION	WORKING EXPERIENCE

7. No. Of Computers: _____Printers_____ Generator Set/Inverters _____
    Xerox Machine_____ Softwares (Licensed) _____Internet Facility _____

8. Distance from nearby Study Centre of KIPS running proposed course:_____

9. Details of Coordinator Fee: Registration Fee Rs_____ Security Rs._____
    D.D. No._____ dated _____Amount Rs. _____
    Drawn on Bank _____.
    Any other relevant information: _____

Signature of Proprietor/Head of the Institution with
Rubber Stamp

Check List for Centre

Address Proof* (One proof needed)

1. Incorporation certificate of centre
2. Service tax letter
3. Rent agreement
4. Electricity bill/tele phone bill of the name of company/trust/society
(One proof needed)

Check List for Centre

Sr. No.	List of Documents
1	Registration Certificate of Firm/ Company /Trust/ Society or any other
2	Address Proof (Rent Agreement/Electricity Bill, etc.)
3	CVs of the Teaching/Training Staff with Latest Photographs
4	Centre Photographs (Outer Area, Entrance, Classrooms, Labs, Front Office/Reception & Toilets)
5	Cancel Cheque
6	PAN Card
7	Site plan/Blueprint of Training Centre
8	Identity Proof of Centre Owners & Centre Head
9	Address Proof of Centre Owners & Centre Head