

An ISO 9001 : 2015 Certified

For Head Office Use Only

Authorised Study Centre Code

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[illegible]

Date :



Authorised Signatory with seal

1. Name Of The Organisation / Institute / N.G.O. / Trust (Use Block Letters Only) :

[illegible][illegible][illegible][illegible]

Trust

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Information About Centre Head

7. Name of the Centre Head (Block Letter Only) :

[illegible]

Photograph of the
head of the Institute/
Chief Executive/
Principal/
Director

8. Designing / Position Hold of the Centre :

[illegible]

9. Postal Address of the Centre Head (Block Letter Only) :

[illegible]

10. Contact No. of the Centre Head :

[illegible]

11. E-mail Address of the Centre Head :

[illegible]

12. Date Of Birth :

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13. Nationality :

14. Sex : 15. Religion :

M	F	
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16. Educational Qualification :



DECLARATION

I hereby certify that the context started above are correct and true to my knowledge and belief and hereby confirm that our Organization / Society / Trust is free any legal / official disputes whatsoever. I accept that any facts started above. If found incorrect will automatically result in cancellation for nominations associate. However I will no right whatsoever to fight / challenge legally against the judgement in any court of low. All disputes are subject to Barasat Jurisdiction only.

Membership Fees once paid will not be refunded in any circumstances.

Date :

Signature Head of the Organization with Seal

Available Infrastructure Facility of the Centre

PARTICULAR	NO. OF ROOMS	SEATING CAPACITY	TOTAL AREA (SQ. FT.)
Office Room			
Theory Room			
Practical Room			
Staff Room			
Library			
Reception			
Toilet			
Waiting Room			
Any Other			

CAREER MAKES HERE

Date :

Place :

Signature Head of the Centre with Seal

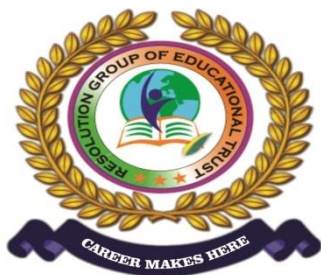
Details of Available Facilities of the Centre

No. of Computer	
No. of Reference Books	
Licensed Software	
No. of Journal	
No. of CD's	
No. of Projector / LED	
Internet Facility with Speed	
Inverter / Generator Facility	
Drinking Water Facility	

Date :

Place :

Signature Head of the Centre with Seal



RESOLUTION GROUP OF EDUCATIONAL TRUST

FORM TO BE FILLED BY STUDY CENTRE FOR WEBSITE

STUDY CENTRE CODE	
STUDY CENTRE NAME	
STUDY CENTRE DIRECTOR'S NAME	
LOCATION	
CITY	
DISTRICT	
STATE	
PHONE OFFICE	
MOBILE NO.	
ADDRESS	

SIGNATURE OF STUDY CENTRE DIRECTOR

TERM & CONDITION/SELF DECLARATION OF BRANCH DIRECTOR

- **I DECLARE THAT I HAVE READ ALL DOCUMENTS & RECOGNITION OF RESOLUTION GROUP OF EDUCATIONAL TRUST (RGET).I HAVE NO OBLIGATION IN THIS MATTER.**
- **I ONLY TAKE ADMISSION & PROVIDE CLASS IN MY CLASSROOM & RGET IS LIABLE TO PROVIDE MATERIAL (IF NEEDED), STUDENT ID CARD , MARK SHEET & CERTIFICATE IN THE NAME OF RGET.**
- **I WANT TO START THE INSTITUTE IN THE NAME OF RGET WITH MY OWN INTEREST AT MY AREA.**
- **IF I PROVIDE ANY FEES REGARDING MEMBERSHIP OR STUDENT REGISTRATION TO RGET THAT WILL BE NOT RETURNED IN ANY CIRCUMSTANCES.**
- **RGET IS NOT PROVIDING ANY TYPE OF JOB GUARANTY TO THE STUDENTS. RGET IS ONLY PROVIDING QUALITY OF EDUCATION TO STUDENTS.**
- **I ADMIT THAT AS A DIRECTOR , CENTRE ADMINISTRATION(ADMISSION, CLASS PROVIDATION, SOFTWARE MAINTENANCE ETC) IS TOTAL LIABILITY OF ME.**
- **THERE ARE A PROVISION FROM RGET TO HELP IN EDUCATION OF BACKWARD, MINORITY &NEEDY STUDENTS.**
- **SYLLABUS & COURSE CONTENT OF ALL COURSES HAVE TO MAINTAIN WHICH IS PROVIDED BY RGET. IF ANY CORRUPTION OR ILLEGAL ISSUES OCCUR IN MY INSTITUTE THEN RGET HAS TOTAL RIGHT TO CANCEL THE INSTITUTE ACCORDING TO EVIDENCE & PROOF.**
- **IF I PROVIDE ANY TYPE OF WRONG INFORMATION , THE APPLICATION WILL BE REJECTED.**

DATE:

PLACE:

SIGNATURE OF CENTRE DIRECTOR