



# AYUSH VOCATIONAL TRAINING & EDUCATION INSTITUTE NEW DELHI

A Venture of JKAGZONE Education Pvt. Ltd.  
Regd. By Ministry of Corporate Affairs  
Under CR Act. 18, 2013 Govt of INDIA

An ISO 9001:2015 And ISO 29990:2010 Certified Institute



## APPLICATION FORM FOR AFFILIATION

*For Head Office Use Only*

Form Receiving Date

ASC Code

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Authorised Signatory

Total Affiliation Fees..... Amount Received.....  
Receipt/Cheque/Draft No..... Date.....

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Remarks

### 1. Information About The Institution

Name of the Institution \_\_\_\_\_

Postal Address \_\_\_\_\_

Pin \_\_\_\_\_

Phone/Fax/Mobile No. \_\_\_\_\_ E-mail \_\_\_\_\_

Status of the Institution : Trust  Regd. Society  Other  Year of Establishment 

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### 2. Information About the Chief Executive/Director of the Institute.

Name : \_\_\_\_\_

Designation/ Position held : \_\_\_\_\_

Education Qualification : \_\_\_\_\_

Professional Experience : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Mobile No. : \_\_\_\_\_ E-mail \_\_\_\_\_

Postal Address \_\_\_\_\_

Pin \_\_\_\_\_



Photograph of the  
head of Institute/  
Chief executive/  
Director

Seal

Signature Head of the Institute

### 3- Infrastructure Facility :

#### 3.1 Facilities Available :

PARTICULARS	NO. OF ROOMS	SEATING CAPACITY	TOTAL AREA (SQ. FT.)
Staff Room			
Class Room			
Laboratory			
Reception			
Toilets			
Any Other			

### 4- Details of Laboratory Facilities Available :

(If Necessary additional sheets may be used)

#### 4.1 COMPUTER FACILITIES

SI NO.	Computer with Type	No. of Terminals	Year of Purchase	Cost	Software Facilities	Other Facilities

### 5- Details of Faculty :

(As on date of proposal)

SI NO.	Name	Designation	Qualification	Teaching Experience	Date of Appointment	Status Full Time/ Part Time

### Declaration

**Before The Director/Managing Director**

**AYUSH VOCATIONAL TRAINING & EDUCATION INSTITUTE  
New Delhi (India)**

I/Shri \_\_\_\_\_ Father's Name \_\_\_\_\_  
Dob \_\_\_\_\_ Resident of \_\_\_\_\_ Distt. \_\_\_\_\_  
Pin. \_\_\_\_\_ Phone/ Mobile No. \_\_\_\_\_ E-mail \_\_\_\_\_

### Declare as Under

1. All the Information provided by me is correct and best of my knowledge, if at any stage any information will find incorrect, my affiliation should be cancelled.
2. My institute will work as an Authorized Study Centre of AVTEI, Ned Delhi.
3. All Admission/Examination documents collected from AVTEI will kept safely/confidentially be me & its will be my responsibility for its timely Distribute in the Center.
4. That my Institute will work according to the rules and regulations I agree with all reules and regulations of AVTEI.
5. In no circuntances the enrollment number or exam result will be asked for in the even of the does not being paid to the AVTEI.
6. In case I will not received Examination fee in cash from the Students, I will Pay Examination fee to AVTEI.
7. All Autonomous courses run by AVTEI are only for self employment. There is no commitment for Govt Job in any Condition.
8. That, I have read and Understood the rules and regulations of the organization and only after complete satisfaction, this declaration is being made which may be used for legal purpose whenever required. In the event of an dispute will be settled bye the committee appointed bye the AVTEI, Ned Delhi, Under the provision of the Indian Attribution Act 1940 and its decision will be binding on all concerned & I will liable to all expense.

Therefore I \_\_\_\_\_ declare that time the information furnished in the form for Establishment of Centre are true to the best of my knowledge and belief and will remain in force and binding on me and my successor for the Centre's association with the organization.

**Place:**

**Signature of Center Owner with Seal**

**Signature of Declaring Person**

Center Photo- From Outer Side

Center Photo- IT Lab

**Attached Documents:**

1. Proof of ID
2. Proof of Address
3. PAN Card
4. Notarized Stamp Paper
5. Center Colored Photograph

Place:

Signature of Center Owner with Seal

Authorized Signatory-AVTEI