Proposal for Study Cente

ALL VOCATIONAL AND TECHNICAL TRAINING PROGRAMME

MAHARASHTRA STATE
OPEN EDUCATION BOARD

Constituted by under Indian Govt. S.R. Act 1882.

NITI AAYOG / DARPAN ID – MH/2024/0381259

UDYAM Registration No. – UDYAM-MH-04-0182862.

DIC (A Govt. of India Society Under Ministry of MSME Govt. of India)

MAHARASHTRA STATE OPEN EDUCATION BOARD

APPLICATION FORM FOR STUDY CENTRE

A. COURSE APPLIED FOR :

Certificate Course	(3 / 6 Month Program)	☐
Diploma Course	(One Year Program)	☐
Advance Diploma	(Two year Program)	☐
School Education		☐

B. Details of the Institution :

Name of the Institution		
Name of the Parent Body (Trust / Society / etc.)		
Year of Establishment	Registration No.	District & State
Head of Institution	Name	Designation
Email ID		
Website Address		
Telephone Numbers		
Mobile Numbers		

C. Are you associated with any University / Institution for Distance or Regular Education? If so, given Details.

Sr. No.	Name of the Institution	Name of the University/Institute	Associated Since (yyyy)	Mode (Regular/Distance)	Programs being offered	No. Of Students

D. About the proposed institution:

Head	Particulars	
Regd. Address (With Pin Code)		
Address for Correspondence (with Pin Code)		
E-mail ID :		
Tel. No. :		
Mobile No. :		
Name of the nearest prime location/Road of your Town/City		
Parking Space Available		
Is property Commercial or Residential?		
Is Property Owned or Rented?		
Total Carpet Area (In Sq. ft.)		

E. Connectivity

Nearest Air port (Name & Distance)	
Nearest Railway Station (Name & Distance)	
Nearest Bus Stand (Name & Distance)	

F. Faculty and Staff Details :

Sr. No.	Name	Deptt.*	Designation	Qualification	Exp. In yrs.	Full Time/ Part Time

* Departments : Academics, Administration, Accounts, Database, Support

G. Details of the Project Coordinator

Name	Qualification	Exp. (In Years)	Appointed Since	Mobile No.
E – mail ID :				

H. Library Details :

Sr. No.	Category	Count
1.	Reference Books	
2.	Text & Subjects Books	
3.	Journals Subscribed	
4.	Newspaper Subscribed	
5.	Course CDs	

Date : _____

_____

Authorized Signatory (With Name)

Checklist for Submission of Application Form

Sr. No.	Particulars	Yes	No
1.	Memorandum / Details of Society, Trust or Company		
2.	Resolution of Society, Trust or Company for becoming Study Center		
3.	Address proof of institution (Lease Deed/ Rent Agreement/Sale Deed / Ownership Documents)		
4.	Audited Balance Sheet of previous two years		
5.	Floor Plan/Layout Map of the Institution		
6.	Photograph of the institution, Classrooms, Lab, Library, Reception		
7.	PAN Number of Head of Management		
8.	One Colored photograph of head of Management		
9.	List of computers with configuration Details		
10.	Bio-Data of study center coordinator		
11.	Bio-Data of Academic Faculties along with the copy of their self attested Educational certificates		
12.	Self Declaration Form (To be typed in Rs. 100/- Indian Non-Judicial Stamp paper) duly signed by Notary.		

PROFILE

Head of the Institute

1. Name : ----------

2. Designation : ----------

3. Sex : ----------

4. Qualification : ----------

5 Photo ID Proof : ----------
(Kindly enclose the copy)

DECLARATION

We certify that the particular furnished above or in the preceding page are true to our best of our knowledge and express our willingness for an inspection to assess the infra structural facilities, qualified staff etc. We declare that the organization will able by all the rules and directions of council given from time to time. In case of any information furnished by us is found wrong or incomplete in any regard, we shall be responsible for any decision taken by MSOEB. I hereby conform that I will regularly visit website and any information relevant will be received by me from website. Further, I will never claim any information officially or unofficially in hard copy and email. Therefore, only I will be responsible for all types of consequences.

Date : ----------

Specimen Signature of the Proposed Head of the Institution

Seal & Signature of the Proposed Head of the Trust/ Society etc.