



**DETAILS ABOUT Proprietor / Director(s) / Functionary(s):**

Sr. No.	Name	Designation	Educational Qualifications	Professional Experience in Yrs.
1.				
2.				
3.				
4.				
5.				
6.				

**TYPE OF AREA (Tick whichever is applicable)**

Metro  State Capital  Distt. HQ  Town  Rural

**PREMISES STATUS:**

Owned  Rented  Leased

**INFRASTRUCTURE DETAILS: Total Area (in sq. Ft.): .....**

Description	Units	Total Area	Description	Units	Total Area
Class Rooms			Library		
Labs			Counseling / Reception		

Nearest Airport:.....

Nearest Railway station: .....

Distance from Railway Station: .....

Distance from Bus Stop: .....

**ARE YOU ASSOCIATED WITH ANY UNIVERSITY/INSTITUTE FOR DISTANCE OF REGULAR EDUCATION?**

**IF SO, GIVE DETAILS:**

S. No.	Name of the University / Institute	Associated since	Mode (Regular/Distance)	Programmes being offered
1				
2				
3				

**DOCUMENTS ATTACHED WITH THE APPLICATION FORM:**

- Identity Proof
- Residential Proof
- Copy of PAN Card
- Copy of Documents of Trust / Society / Firm / Company
- Two recent passport size photographs
- Documents of Qualification
- Any other


---

**UNDERTAKING**

I \_\_\_ S/o \_\_\_ R/o \_\_\_\_\_ Submitting the application for establishing an Study Centre of **SWAMI VIVEKANAND EDUCATION ACADEMY NAGPUR, MAHARASHTRA**  
in the capacity of \_\_\_\_\_ (Designation)  
of \_\_\_\_\_ (Name of the Institution)  
hereby declare and solemnly-affirm that: \_\_\_\_\_

I have carefully read and understood all the guidelines, specification(s) and other information to establish Study Centre of **SWAMI VIVEKANAND EDUCATION ACADEMY NAGPUR, MAHARASHTRA**

I agree to adhere to all the norms, guidelines etc. and to fulfill all the formalities and submit the documents as prescribed from time to time by the **SWAMI VIVEKANAND EDUCATION ACADEMY NAGPUR, MAHARASHTRA**

Date: \_\_\_\_\_

Signature \_\_\_\_\_

---

**DECLARATION**

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

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature \_\_\_\_\_

**Photograph of the Institute:**

**Photograph of Class Room:**

**FINANCIAL DETAILS:**

Demand Draft No.: .....

Dated: .....

Drawn on (Bank): .....

Amount Rs.: ..... (In figures): .....

**SWAMI VIVEKANAND EDUCATION ACADEMY NAGPUR, MAHARASHTRA**

and Payable at

(Note: Demand Draft must be in favour

Nagpur only)

**For Official use Only:**

1. Study Centre Code: .....

2. Authorization Certificate issued on: .....

3. Authorized for Session: .....

Authorized signatory

**For SWAMI VIVEKANAND EDUCATION ACADEMY  
NAGPUR, MAHARASHTRA**