



RGCSM Skills®

• Website : www.rgcsms.co.in,
www.rgcsms.org
 • E-mail: director@rgcsms.org

APPLICATION FORM FOR AFFILIATION

For Head Office Use Only

Form Receiving Date	ASC Code	<div style="border: 1px solid black; padding: 5px; min-height: 30px;"> Authorised Signatory </div>																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%; height: 20px;"> </td><td style="width:10%; height: 20px;"> </td><td style="width:10%; height: 20px;"> </td><td style="width:10%; height: 20px;"> </td><td style="width:10%; height: 20px;"> </td><td style="width:10%; height: 20px;"> </td><td style="width:10%; height: 20px;"> </td><td style="width:10%; height: 20px;"> </td><td style="width:10%; height: 20px;"> </td><td style="width:10%; height: 20px;"> </td></tr> </table>											<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%; height: 20px;"> </td><td style="width:10%; height: 20px;"> </td><td style="width:10%; height: 20px;"> </td><td style="width:10%; height: 20px;"> </td><td style="width:10%; height: 20px;"> </td><td style="width:10%; height: 20px;"> </td><td style="width:10%; height: 20px;"> </td><td style="width:10%; height: 20px;"> </td><td style="width:10%; height: 20px;"> </td><td style="width:10%; height: 20px;"> </td></tr> </table>											<div style="border: 1px solid black; padding: 5px; min-height: 30px;"> Remarks </div>
Total Franchisee FeesAmount Received.....																						
Receipt/Cheque/Draft No..... Date																						

1. Information About The Institution

Name & Postal Address of the Institution (Use Block Letters only) :

															PIN					

Mobile No. :

Whatsapp No.:

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E-mail Address :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

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2. Information about the Chief Executive/ Principal/ Director of the Institute.

Name :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Designation/Position held :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Qualifications Details :

Class	Name of Board/University	Passing Year	%

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

Professional Experience :

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Date of Birth :

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 Aadhar No. :

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Postal Address (Home) : PAN :

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															PIN					

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

Sl. No.	Computer with Type	No. of terminals Available	Year of Purchase	Cost	Software Facilities	Other Facilities

5-Information about Faculty

(As on date of proposal)

Sl. No.	Name	Designation	Qualification	Teaching Experience	Date of Appointment	Status Full Time/ Part Time

6- Library Facilities :

No. of Text / Subject Books	
No. of Reference Books	
No. of Periodicals	
No. of Journals	
No. of CD's	
Total cost invested on library	

Other (Specify) _____

Centre's Address (In Hindi) :

.....

.....

.....Pin Code.....

Phone/Mobile.....

Residential Address (In Hindi) :

.....

.....

.....Pin Code.....

Phone/Mobile.....

The above information given by is true to best my knowledge & believe.

SEAL OF THE INSTITUTE

SIGNATURE HEAD OF THE INSTITUTE



RGCSM Skills®

Form to be filled by study centre data sheet for website

1. Study Centre Name

2. Centre's Director Name

3. Location

4. City

5. District

6. Pin Code

7. State

8. Phone (O)

Phone (R)

Mobile

Fax

9. E-mail :

I here by declare that the above information given by is true to best my knowledge & believe.

Signature
Centre Director