# On Applicant(Society) Letter Head

With Ref. No\_\_\_\_\_

On Dated: \_\_\_\_\_

To,

The Secretary

Sub :- Application for Appointment as Accredited Institute (AI) Regional Centre/State Coordinator

Respected Sir/Madam,

The	was established under the vide Registration No	, Registration		
Date:	the registered office of society/Trust is at			
The	seeks appointment of Accredited Institute (AI) Regional	Centre/State Coordinator from		
Jharkha	and State Open University, PUC programs, Kindly let us know the procedure and ter	ms and conditions for		
appoint	tment as Accredited Institute (AI) Regional Centre/State Coordinator			
	undertakes to follow and abide by such procee	lures and rules and regulations as		
may pr	escribed by Jharkhand State Open University, PUC programs, from time to time			
We are	enclosing following documents:-			
	Application for Appointment as Accredited Institute (AI) Regional Centre/State Ce	oordinator on the letter head of society/Trust/Pvt. Lt		
	Copy of the Registration Certificate of Society/Trust/Pvt. Ltd.			
	List of the Members (With Address & Phone No.) of the management Committee.			
Copy of MOA/AOA/Byelaws of Society/Trust/Pvt. Ltd.				
	Address proof of Society/Trust/Pvt. Ltd			
	Bank Account Details of trust/Pvt. Ltd. (Copy of Pass Book/Statement)			
	Photographs of the Institute (Including exterior view of Building, Classroom, Libra	ary, Computer, Labs, Reception etc.)		
	Receipt of registration Fee.			
	Following Proofs of Applicant			
	Two latest Passport Size Color Photos.			
	Copy of PAN Card.			
	Copy of AADHAR Card.			
Ma cont	ify that the photo conice of the documents submitted to Ibarkhand State Open Unive	ersity, are according to the original ones		

We certify that the photo copies of the documents submitted to Jharkhand State Open University are according to the original ones.

I shall be glad to provide any such and further information that may be required by your good self, and I shall be highly obliged for a meeting on a convenient date and time to work out further details. Thanking you in anticipation,

(Name of Representer) Designation and Address



### ORGANIZATION/INSTITUTION PROFILE

1.	Name of the organization/Institution:					
2.	Year of Establishment: (Please Attach Proof)					
3.	Type of Organization/Institution: (Please Attach Proof) Trust Society			Society		
4.	Full postal A	Address:				
5.	Official Co	mmunication	:			
	Phone No:					
	Mobile No:	+91			]	
	Email:					
	Fill the Follo	owing and En	closed Prop	er Proof:		
6.	Premises De	etails:	Owned	Ren	ted	
7.	Total carpet Area of Organization/Inst itution (Sq. Ft.):					
8.						
9.						
10.	10. Details of computer (Dedicated Earmarked for Training and Research Purpose)					
	Туре	Processor	Ram	HDD	Network(Y/N)	Internet(Y/N)
	Server					
	computer					
	Client					
	computer					

### 11 Infrastructure Details:

Generator LCD Player Fax Photocopier				
S.No.	Other Infrastructure for Training	Units	Area (Sq.Ft.)	Seating Capacity
1.	Class Rooms			
2.	Library (Total Books)			
3.	Reading Room/Conference			
	Room/Audio Visual Room			
4.	Administrative Area			
5.	Trainer Room			
6.	Service Area-Toilets etc.			
7.	Other:			

## 12. Details of Courses that you are Interested to offer through JSOU: (Use Separate

### Sheet, If Necessary)

S.No.	Proposed Course	Expected No. Of	S.no.	Proposed Course	Expected No. Of
		Admission			Admission
1.			7.		
2.			8.		
3.			9.		
4.			10.		
5.			11.		
6.			12.		

13. Teachers and other staff teaching department details: (Enclosed separate list of all other staff members in following format.

Name| Father's Name| Date of Birth| Sex| Academic Qualification| Professional Qualification| Experience(Teaching & Non-Teaching Both)| Level of Association(Full Time/Part Time/Visiting Faculty)| Key Skills

### **DIRECTOR PROFILE**

		<u>Photo</u>
1.	Name:	
2.	Designation:	
3.	Gender: Male Female	
4.	Qualification:	
5.	Experience:	
6.	Photo ID Proof: (Kindly enclose the copy)	
	Driving License Passport Voter ID PAN Card	
7.	Aadhar Card No:	

#### DECLARATION

In Support of the application, I certify that, having read the Norms and Procedure for accreditation of institution, I undertake to ensure that the Institution will abide by the

Rules and Regulations and terms and conditions, as are made applicable to the Ac ademic Director, from time to time. I further affirm that accreditation, if granted to the Institution, will not be used for commercial purpose, rather will be used to serve the needs of the JSOU students.

I have carefully read and understood all the guideline, specifications and other information published by the Jharkhand State Open University. In case of any disputes or for any unforeseen issue(s) or issues not covered in the guidelines, specification and other information published by the JSOU, the decision of the JSOU shall be final and binding on me and all other concerned.

I agree that the Jharkhand State Open University reserves the right to withdraw any location or

any Discipline/Programme or its nomenclature at any time without assigning any reason and to make modification in any information published anywhere whenever deemed necessary.

In any dispute the courts of Jharkhand shall have exclusive jurisdiction.

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

Specimen Signature of the Proposed Principle/Director

Seal & Signature of the Head of the Organization

#### FOR AD USE ONLY

Allotment Fee of Rs.\_\_\_\_\_/-(Non-Refundable and Non-Adjustable) in favour of "Jharkhand State Open University" payable at "Ranchi"

Demand Draft	Date	Bank	Issuing Branch

Kindly allot me the following selected Programmes:

1) PUC-I (10th)	[	2) PUC-II (12th)	
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#### 'WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE ORGANIZATION'

#### UNDERTAKING

The above pasted photographs are belonging to our Organization. I also undertake that if I fail to pay renewal fee for Acade mic Director the Jharkhand State Open University, have the right to transfer all our enrolled

Students to any other AI or treat them as Direct Students to complete their course.

I understand and agree that fees paid by me with the application form or on account of processing fee, for conduct of inspect ion,

for grant of approval of my application or any other fee or charges, as prescribed for Study Centre once paid, will be non-

refundable. Withdrawal of my proposal or rejection by the Jharkhand State Open University

at any stages for reason whatsoever shall not entitle me to claim any am ont or compensation from the Jharkhand State Open University

Signature of the Proposed principle/Director

Seal & Signature of the Head

### **INFORMATION OF ORGANIZATION**

Name of Organization:
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Type of Organization:
Registered Address:
Date of Registration:
Registration Number:
PAN Card No:
Proposed Office Address:

### LIST OF OFFICE BEARER

President/Chairman:
Mobile No:
Authorized Person:
Phone No. With STD Code:
E-mail Address:
Fax:

### DOCUMENTS TO BE ATTACHED

An Application For Requesting Academic Director.

Organization Registration Certificate Copy.

Resolution of Society/Trust/Pvt. Ltd. For Coordinator.

Copy of MOA/AOA/Byelaws of Society/Trust/Pvt. Ltd.

**Organization PAN Copy.** 

Organization Head PAN Copy.

Aadhar Card Copy of Organization head.

Organization Building Ownership Proof/Rent Deed.

Bank Account Details of Organization.

Organization Building Photograph.

Organization Building Map.

List of Staff Members.

Affidavit of Organization (Rs. 10/-).

### **ORGANIZATION AFFIDAVIT**

### INDIAN Non-Judicial Paper Rs.10/-

Ι	_ S/o
is the President/Chairman of	
Reg. No	do solemnly declare that, we are conducting the
course of Jharkhand State Open Univers	ity
State, motive of our educational Charity/	/Trust/Organization is to spread education to the
empowerment of children youth & wome	en through Online/Open & Distance Education. We assure
you that we will keep all and every princ	iple of your Institution/Organization in our
proceedings.	

\*NOTE:- Only Print On Affidavit.

\*NOTE:- Sample Only(Not For Use)