



MANAV BHARTI EDUCATION MISSION

Under the Management of YUVA VIKAS AVM RACHNATMAK KARYALA SAMITI

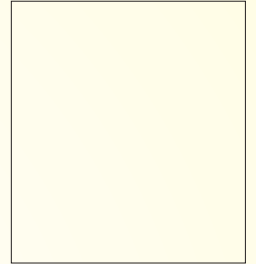
APPROVED BY MHRD, **Registered by NCT DELHI**
Registered under
IP INDIA

(MINISTRY OF COMMERCE AND INSUSTRY)

Application for the Authorization of information and admission center

INSTRUCTIONS : Fill all the sections of form. Incomplete form will be rejected. Administrative Controller must sign every page of the form.

SECTION I



PERSONAL PROFILE OF ADMINISTRATION HEAD :

1. Name : _____

2. Father's Name : _____

3. Date of Birth : _____ - _____ - 19 _____

4. Sex : M F 5. Nationality : _____

6. Full Postal Address : _____

District: _____ State: - _____ Pin Code: _____

7. Official Communication:

Telephone No.(with STD code) : _____ Telefax: _____

Mobile No.: +91 _____ Email: _____

* - Kindly enclose a copy of Photo ID and Address Proof.

I declare that all the information given by me is complete and correct to the best of my knowledge. I further declare that I will abide by all the

Date :

Administration Head Signature & Seal



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SECTION I I

PERSONAL PROFILE OF ACADEMIC HEAD :

1. Name : _____

2. Father's Name : _____

3. Date of Birth : ____ - ____ - 19____

4. Sex : M F 5. Nationality : _____

6. Full Postal Address : _____

District: _____ State: - _____

Pin Code: _____

7. Official Communication:

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CENTER PROFILE AND FACILITIES :

01. Name of the Institution: _____

02. Year of Establishment: _____
(Please attach proof)

03. Type of Institution:
(Tick most appropriate)

Trust

Co-operative Society

College UG

Society

College PG & above

Company/ Firm

04. Full Postal Address : _____

District: _____ State: _____ Pin Code: _____

05. Official Communication:

Telephone No.(with STD code) : _____ Telefax: _____

Mobile No.: +91 _____ Email: _____

06. Name of all the board members with designation : _____

Date :

Administration Head Signature & Seal