



JNICSR

Jawaharlal Nehru Institute
of Corporate Social Responsibility

Franchise Partnership Form

Franchise Partnership Form

- Important Note:** 1. Kindly tick on the appropriate Program for which you want to take up the study center.
2. Kindly provide all the details / documents as stated in the application form and norms for becoming study center.

Application for Registering as Study Center for JNICSR

Distance Mode

A.

INSTITUTION PROFILE

1. Name of the Institution:

2. Type of Institution (Tick on appropriate option):

- | | |
|---------------------------|--------------------------|
| ! Trust | <input type="checkbox"/> |
| ! Society | <input type="checkbox"/> |
| ! Co-operative Society | <input type="checkbox"/> |
| ! Limited Company | <input type="checkbox"/> |
| ! Private Limited Company | <input type="checkbox"/> |
| ! Under Graduate College | <input type="checkbox"/> |
| ! Post Graduate College | <input type="checkbox"/> |
| ! Autonomous College | <input type="checkbox"/> |
| ! Others | <input type="checkbox"/> |

College includes aided and unaided both. Select the appropriate option. Kindly enclose all the necessary documents. Kindly enclose attested Deeds, Memorandum and Rules / Regulations (as applicable)

3. Name of Trust / Society / Company / College running the Institution:

4. Date and Number of Registration of Trust / Society / Company / College:

(Please attach proof)

5. Institution Full Postal Address:

City:

State:

Pin code:

6. Communications Details:

STD Code :
Contact Number :
Fax Number :
Mobile Number :
Email Address :
Website Address :

7. PAN Number of the Institution (Kindly enclose the copy)

- | | |
|--|--------------------------------|
| 8. Audited Balance Sheet of past Two Years
If not Enclosed, reasons for non inclusion | Enclosed / Not Enclosed |
| 9. Document relating to address proof of the Institution
(Lease Deed / Rent Agreement / Sale Deed / Ownership Document) | Enclosed / Not Enclosed |
| 10. Floor Plan / Layout Map of the Institution | Enclosed / Not Enclosed |
| 11. Photograph of Institution, Classrooms,
Computer Lab Library, Reception etc | Enclosed / Not Enclosed |

B.

DETAILS OF MANAGEMENT / HEAD OF INSTITUTION

- 1. Name of the Head of Management:**
- 2. Designation of the Head of Management:**
- 3. Postal address of Head of Management:**

City:	State:	Pin code:
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- 4. Communications connectivity of Head of Management:**

STD Code	:
Phone Number	:
Fax Number	:
Mobile Number	:
Residence Number	:
Email Address	:

- 5. Date of Birth of Head of Management:**
- 6. Educational qualification of Head of Management:**
- 7. Profession and Experience of Head of Management:**
- 8. Photo ID Proof of Head of Management (Kindly enclose the copy)**
- 9. PAN Number of Head of Management (Kindly enclose the copy)**
- 10. One Coloured Photograph of Head of Management**

Enclosed / Not Enclosed

C.

INFRASTRUCTURAL FACILITIES

- 1. Type of Area (Kindly tick whichever is applicable)**

Metro	<input type="checkbox"/>	State Capital	<input type="checkbox"/>	District HQ	<input type="checkbox"/>
Town	<input type="checkbox"/>	Rural	<input type="checkbox"/>	Hilly Region	<input type="checkbox"/>

- 2. Total Carpet area of Institution (in Sq. ft):**

3. Total Site area of Institution (in Sq. ft):

4. Type of Flooring of Institution:

5. Institution Facilities available:

S. No.	Type of Facility	No. of Rooms	Area (in Sq. ft)	Seating Capacity
1.	Class room			
2.	Computer Laboratory			
3.	Library			
4.	Reading room			
5.	Conference room			
6.	Auditorium			
7.	Staff Room			

6. Facilities in the laboratory:

S. No.	Type of Facility	Count
1.	Server Computer	
2.	Client Computer	
3.	Printer	
4.	Scanner	
5.	UPS	
6.	CD / DVD Writer	

7. Type of Internet Facility

Leased Line Broad Band Dialup Others

Mention the Speed of Internet:

8. Details of Computers

Type	Processor	RAM	HDD	Network (Y/N)	Internet (Y/N)
Server Computer					
Client Computer					

(Attach list as per the above stated format for Details of Computers)

9. Details of Software available:

S. NO.	OS / COMPILER / PACKAGE / PROGRAMME / RDBMS/ LANGAUAGE / APPLICATION DEVELOPMENT SOFTWARE	VERSION

10. Institution Library:

S. No.	Category	Count
1.	Reference Books	
2.	Text / Subject books	
3.	Periodicals Subscribed	
4.	Journals Subscribed	
5.	Newspapers Subscribed	
6.	Course CDs	
7.	Course Audio / Video cassettes	
8.	Books other than IT course books	

11. Equipments Available

S. No.	Equipment	Count
1.	Generator	
2.	LCD Projector	
3.	OHP	
4.	Fax	
5.	Photocopier	

CONNECTIVITY

1. Nearest Airport:
2. Nearest Railway Station:
3. Nearest Bus Stand / Stop:
4. Distance from Airport:
5. Distance from Railway station:
6. Distance from Nearest national/State highway:

E.

STUDY CENTRE CO-ORDINATOR DETAILS

1. Name of the Study Center Co-ordinator:
2. Designation of Study Center Co-ordinator:
3. Communications connectivity of Study Center Co-ordinator:

STD Code :
Phone Number :
Fax Number :
Mobile Number :
Residence Number :
Email Address :

4. Educational Qualification of Study Center Co-ordinator:
5. Profession and Experience of Study Center Co-ordinator:
(Kindly enclose the detailed Bio data of the Study Center Co-ordinator)

F.

FACULTY DETAILS

S.No.	Name	Designation	Qualification	Teaching Experience (in Years)	Subject Taught By Him/Her

Kindly enclose the detailed Bio-Data and Self Attested copies of educational certificates of the Faculties. The JNICSIR may insist on meeting any/all faculty member and / or inspection of their appointment / contract / engagement orders.

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G.

IS THE INSTITUTION RECOGNISED AS STUDY CENTRE OF ANY

OTHER UNIVERSITY OR EQUIVALENT? -

YES / NO

If Answer to G is YES, Kindly give the following details:

S. NO.	NAME AND ADDRESS OF RECOGNIZING BODY	RECOGNIZED AS	PROGRAMMES UNDERTAKEN

1. I / We certify that all the information given above and in the preceding pages signed by me / us is / are complete and correct.
2. I / We declare that the institute will abide by all the rules and directions of JNICSAR given time to time.
3. I / We declare that I / We am / are authorized to sign on behalf of my organization and that my directors and shareholders / members (where relevant) are in total agreement of my / our application.
4. In case of any information furnished by me / us is found wrong or incomplete, I / We declare that the institute may be derecognized and is also open to any action as per law.
5. I / We undertake not to do any advertisement of our own in print / electronic media without the prior written permission of JNICSAR.
6. I / We hereby undertake that if it is ever found that the Institution is not able to run as per the norms, rules and procedures laid down by JNICSAR, the JNICSAR shall be free to withdraw the study center recognition.
7. I / We shall verify all the original documents of the students and certify that the students registered at my / our study center for JNICSAR programs are eligible in all respect as per the eligibility norms of JNICSAR. I / We shall produce the original documents of the students as and when required by JNICSAR.
8. I / We understand that JNICSAR reserve the right to terminate the study center registration if it is found that I / We have knowingly made a false declaration in the form.
9. I / We understand that the approval of my / our institution as Study Center shall be done as per the norms of the JNICSAR.
10. I / We understand that JNICSAR reserve the right to reject the application without assigning any reason.
11. What ever stated above is true to the best of our knowledge and we are aware any false declaration will automatically terminate appointment by JNICSAR Correspondence Education/ Sarojaz Virtual Vision Pvt. Ltd.

Place:

Date:

(Head of the Institution Signature, Name and Seal)

***Expenses towards startup cost, advertisement and administrative charges**

Checklist for Submission of Application Form:

S. No.	Particulars	Yes	No
1.	Memorandum / Details of Society, Trust or Company		
2.	Resolution of Society, Trust or Company for becoming Study Centre		
3.	Address proof of Institution (Lease Deed / Rent Agreement / Sale Deed / Ownership Documents)		
4.	Audited Balance Sheet of Previous two years		
5.	PAN Number of the Institution		
6.	Floor Plan / Layout Map of the Institution		
7.	Photograph of the Institution, Classrooms, Lab, Library, Reception		
8.	Photo ID Proof of Head of Management		
9.	PAN Number of Head of Management		
10.	One Coloured Photograph of Head of Management		
11.	List of Computers with Configuration Details		
12.	List of Software Available		
13.	List of Books Available in Library		
14.	Bio data of Study Center Co-ordinator		
15.	Bio data of Academic Faculties along with the copy of their self attested educational certificates		
16.	Document pertaining to association with other Universities (if applicable)		