

On Applicant(Society) Letter Head

With Ref. No _____

On Dated: _____

To,

The Secretary

Grameen Mukta Vidhyalaya Shiksha Sansthan(GMVSS)

1/95, Indraprastha Bhawan, Opposite- Shahdara

Bus Stand Depot. G.T. Road, Shahdara. Delhi-32.

Sub :- Application for Appointment as Academic Director/Divisional Director/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 Academic Director/Divisional Director/State Coordinator from Grameen Mukta Vidhyalaya Shiksha Sansthan(Gmvss). Kindly let us know the procedure and terms and conditions for appointment as Academic Director/Divisional Director/State Coordinator.

The _____ undertakes to follow and abide by such procedures and rules and regulations as may prescribed by Grameen Mukta Vidhyalaya Shiksha Sansthan (GMVSS) from time to time.

We are enclosing following documents:-

- Application for Appointment as Regional Coordinator on the letter pas of society/Trust/Pvt. Ltd
- 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.
- Copy of PAN Card 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, Library, 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.

We certify that the photo copies of the documents submitted to Grameen Mukta Vidhyalaya Shiksha Sansthan(GMVSS) 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



ग्रामीण मुक्त विद्यालयी शिक्षा संस्थान
Grameen Mukta Vidhyalayi Shiksha Sansthan
Working as an Autonomous body(State Govt. Notified/Approved/Recognized by an Executive Order)

APPLICATION FOR ACADEMIC DIRECTOR

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 ☐
4. Full postal Address: _____

5. Official Communication:

Phone No:

(Country Code)

(STD/Local Code)

Mobile No: +91

Email: _____

Fill the Following and Enclosed Proper Proof:

6. Premises Details: ☐ Owned ☐ Rented
7. Total carpet Area of Organization/Institution (Sq. Ft.): _____
8. Total Site Area of Organization/Institution (Sq. Ft.): _____
9. Internet Connectivity: ☐ Yes ☐ No
10. Details of computer (Dedicated Earmarked for Training and Research Purpose)

Type	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 GMVSS: (Use Separate Sheet, If Necessary)

S.No.	Proposed Course	Expected No. Of Admission	S.no.	Proposed Course	Expected No. Of 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
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DIRECTOR PROFILE

Photo

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 Academic 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 Grameen Mukta Vidhyalaya Shiksha Sansthan(GMVSS) students. I shall do what is in my power to ensure the smooth and proper functioning of the Institution.

I have carefully read and understood all the guideline, specifications and other information published by the Grameen Mukta Vidhyalaya Shiksha Sansthan(GMVSS). 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 GMVSS, the decision of the GMVSS shall be final and binding on me and all other concerned.

I agree that the Grameen Mukta Vidhyalaya Shiksha Sansthan (GMVSS) 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 Delhi shall have exclusive jurisdiction.

किसी भी विवाद में दिल्ली की अदालतों अनन्य अधिकार क्षेत्र होगा।

Date: _____

दिनांक

Specimen Signature of the Proposed Principle/Director
प्रस्तावित प्रधानाचार्या /निदेशक के विशेष हस्ताक्षर

Seal & Signature of the Head of the Organization
संगठन के प्रमुख की मुहर और हस्ताक्षर

FOR AD USE ONLY

शैक्षिक निदेशक के लिए

Allotment Fee of Rs. _____ /-(Non-Refundable and Non-Adjustable) in favour of “GRAMEEN MukT VIDHYALAYI SHIKSHA SANSTHAN” payable at “Delhi”
आवंटन शुल्क रु. _____ / - (गैर-वापसी योग्य और गैर-समायोज्य) “GRAMEEN MukT VIDHYALAYI SHIKSHA SANSTHAN” के पक्ष में दिल्ली में देय

Demand Draft	Date	Bank	Issuing Branch

Kindly allot me the following selected Programmes:

1) High School Examination ☐ 2) Intermediate Examination ☐

‘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 Academic Director the GRAMEEN MukT VIDHYALAYI SHIKSHA SANSTHAN (GMVSS) have the right to transfer all our enrolled Students to any other Academic Director 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 inspection, 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 GRAMEEN MukT VIDHYALAYI SHIKSHA SANSTHAN (GMVSS) at any stages for reason whatsoever shall not entitle me to claim any amount or compensation from the GRAMEEN MukT VIDHYALAYI SHIKSHA SANSTHAN (GMVSS).

Signature of the Proposed principle/Director

Seal & Signature of the Head

INFORMATION OF ORGANIZATION

संगठन की जानकारी

Name of Organization: _____

Type of Organization: _____

Registered Address: _____

Date of Registration: _____

Registration Number: _____

PAN Card No: _____

Proposed Office Address: _____

LIST OF OFFICE BEARER

पदाधिकारियों की सूची

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. 50/-).
- ✓ Affidavit of Organization Head (Rs. 50/-).

ORGANIZATION AFFIDAVIT

INDIAN Non-Judicial Paper Rs.50/-

I _____ S/o _____
is the President/Chairman of _____ situated at _____
Reg. No. _____ do solemnly declare that, we are conducting the
course of Grameen Mukta Vidhyalaya Shiksha Sansthan (GMVSS) in _____
State, motive of our educational Charity/Trust/Organization is to spread education to the
empowerment of children youth & women through Open & Distance Education. We assure
you that we will keep all and every principle of your Institution/Organization in our
proceedings.

***NOTE:- Only Print On Affidavit.**

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

AFFIDAVIT OF ORGANIZATION HEAD

INDIAN Non-Judicial paper Rs.50/-

I _____ S/o _____
ID Card No. _____ and Aadhar Card No. _____
PAN Card No. _____ Residence at _____

do here with solemnly declare in this affidavit that, I am the Chairman/Head of _____
_____ Reg. No. _____ dated at _____
running educational welfare & empowerment schemes for children, youth & women. Our
Society/Trust would like to run the courses of Grameen Mukht Vidhyalayi Shiksha Sansthan
(GMVSS) in _____ as _____ Coordinator.

***NOTE:- Only Print On Affidavit.**

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