



# All India Yuva Computer Saksharata Mission

**APPLICATION FORM FOR THE CREATION OF NEW STUDY CENTRE**  
**(This form must be filled in CAPITAL LETTERS only)**

1 Name of the Institute / Centre: \_\_\_\_\_

2. Postal Address with Pin Code (Kindly mention the nearest land mark also)

\_\_\_\_\_

City / Town: \_\_\_\_\_

State: \_\_\_\_\_ Pin Code: \_\_\_\_\_ TM \_\_\_\_\_

3. Telephone Nos. Office

Land line : \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email id: \_\_\_\_\_

Website: \_\_\_\_\_

4. Pan No: \_\_\_\_\_

5. Name of the Registered Society / Trust (Enclose copy of registration)

\_\_\_\_\_

6. Address:

\_\_\_\_\_

City / Town: \_\_\_\_\_

State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

7. Name of President / Chairman/ Trustee/ Proprietor of the Society Trust / Centre:

\_\_\_\_\_

8. Profile and educational details of the individual as stated above:

QUALIFICATION	BOARD/UNIVERSITY	YEAR OF PASSING	Remarks

9. Nominated Coordinator / Representative: \_\_\_\_\_

9a. Telephone Nos. Office of nominee:

Landline : \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email id: \_\_\_\_\_

10. Current Infrastructure details that is available with you for educational purpose

Details of Premises (Attach Relevant Documentary Proof):

S.No.	Type of Facility	No. of Rooms	Area (Sq. Ft.)	Seating Capacity	Count
a	Class Room				
b	Library				
c	Director's Room			TM	
d	Staff Room				
e	Lab				
f	No. of computers				
g	Printer & Scanner				

11. Faculty Details :

Sl. No,	Name	Qualification	Designation	Teaching Experience	Subjects Tought by Him/Her

12. List of Licensed Softwares:

Sl.No.	Name of The Software	Date of Purchase	Date of Expiry	Quantity	Remarks

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

12. Type of Internet Facility :

Broadband  Dialup  Modem

13. (a) Whether the land & building are owned by the Center. Yes No

(b) If the building is rented, enclose the lease deed of the Society / Institution.

14. Whether the premises is ready for use if yes what it is currently used for:

15. If your centre is also associated with any other Institution . (Give Details)

16. Programs applied for authorization:

17. Location of the Centre:

(a) Remote Area: Yes  No

(b) Easily accessible Yes  No

(c) Residential Area Yes  No

(d) Commercial Area Yes  No

(e) Within the City Yes  No

(f) Outskirts of the City Yes  No

(g) Nearest Airport: \_\_\_\_\_ Name of the City: \_\_\_\_\_

(h) Distance from Railway Station: \_\_\_\_\_ Name of the City: \_\_\_\_\_

(i) Distance from Bus Stop: \_\_\_\_\_ Name of the Area: \_\_\_\_\_

18. Latest Stamp Size  
Photograph of Chairman

Latest Stamp Size  
Photograph of the Director

19. Signature & Seal of  
President of Society / Trust

Signature & seal of  
Director/Proprietor of Institute



## DECLARATION :

1. I / we hereby declare that the details provided by me / us herein above are true to best of my / our Knowledge and the Softwares that are used in my Training Centre are all licensed.
2. I / We declare that our institute will abide by all the rules and directions of AIYCSM 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 our institute may be derecognized and is also open to take 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 AIYCSM.
6. I shall declare about the attendance in Theory and Practical classes of the students to AIYCSM and never allow any student in the evaluation if his / her percentage of attendance is less than 80%.
7. I / We hereby undertake that if it is ever found that Institution is not able to run as per the norms, rules and procedures lay down by AIYCSM, AIYCSM shall be free to withdraw the study centre recognition.
8. I / We shall bound to verify all the original documents of the students and certify that the students who will be registered or will fill the examination form at my/ our study centre for AIYCSM programs are eligible in all respect as per the eligibility norms of AIYCSM. I / We shall produce the original documents of the students as and when required by AIYCSM.
9. I / We understand that AIYCSM reserves the right to terminate the study centre registration if it is found that I / We have knowingly made a false declaration in the form and are using any Pyratd Servr.
10. I / We understand that the approval of my/our institution as Study Centre shall be done as per the Aims & Objectives of AIYCSM.
11. I declare that there will be sufficient arrangement of drinking water, safety from fire, first aid and toilet facility at our Study Centre.
12. I declare that All India Yuva Computer Saksharata Mission can use my Study Centre Premises at any time for the Propagation of Education, Campaigning, Demonstration, Seminar, Tours, Educational Program, Implementation of Government Projects on Literacy.
13. I / We understand that AIYCSM shall be free to reserve the right to reject the application without assigning any reason.

Date : .....

Place : ..... Signature  
Head of the Institution with Seal

Note : Filling up the above application form does not indicate that the applicant has given the authorization to open the AIYCSM Study Centre, its on the sole discretion of AIYCSM after the verification if done by AIYCSM officials.

Please provide the following :

- a. A copy of the Driving License / Voter Id Card / Passport/ PAN Card.
- b. One set of Visiting Card, Letter Head & Profile of your Institute

DD Details:

DD.No.: \_\_\_\_\_ DD. Date: \_\_\_\_\_

Drawn on (Bank and Branch): \_\_\_\_\_

Amount (in figures) Rs: \_\_\_\_\_

Amount (in words) Rs: \_\_\_\_\_

\_\_\_\_\_

Signature & Seal of  
President of the Society / Trust

\_\_\_\_\_

Signature & seal of Director/  
Proprietor of The Institute