

Application for Affiliation

To

The Director
Eva Skill Development
Institute
Admin office:-Shimla

Sub. Regarding Affiliation

Sir,

We want affiliation / information center for our institute. We understood and read carefully all rules and regulations, terms and conditions and we accept them. The details of our institute / academy as under:-

1. Name of the institute / Academy

2. Regd. No. if registered:
(Copy attached)

3.Full Address:.....

.....

Dist.....State.....

Phone.....Mobile.....

Pin.....

Email.....website.....

Nearest Bus Stand.....

Nearest Railway Station.....

Nearest Airport.....

4. Detail of members if society / trust / firms:

I

II

III

IV

V

VI

VII

VIII

IX

5 Bank Detail of the institute:

- I. Name of the Bank.....
- II. Branch
- III. IFSC code:
- IV. Account No
- V. Name of Signatory Person

6 Detail of Staff:

- I. Computer Teacher.....
- II. Developer.....
- III. Accountant.....
- IV. Lab Attendant
- V. Project Manager.....
- VI.
- VII.....
- VIII.....
- IX.....
- X.....

7 Detail of Building:

- I. Total Class Room.....
- II. Water arrangement.....
- III. Toilet facility.....
- IV. Play ground.....
- V. Computer facility.....
- VI. Internet facility.....

8 Detail of the Authorized person of institute / college / academy

who will work with the Board on the behalf of the institute/school/College:

Name:

Father name:

Mother name:

Date of birth.....

Full Address:

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Mobile.....email.....

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(Copy attached any identity as a proof of address)

9. Is your institute/school/colleges affiliated with any other educational Board / University give detail? If yes copy attached.

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9. Other Details:

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I here by declare that the above information is true.

Dated.....

Signature

Place: Name.....

Designation.....

Stamp.....