

युवा-कौशल शिक्षा एवं स्वास्थ्य प्रशिक्षण परिषद (नई दिल्ली) YUVA-SKILL EDUCATION & HEALTH TRAINING COUNCIL (YSEHTC)

(NEW DELHI)

(MANAGED BY NOOTAN PRABHAT FOUNDATION)

AN AUTONOMOUS ORGANISATION REGD. BY MINISTRY OF CORPORATE AFFAIRS, GOV. OF INDIA
REGD. UNDER CR ACT-1957, MHRD GOVT. OF INDIA (DEPT. OF SECONDARY AND HIGHER EDUCATION)
REGD. BY MINISTRY OF MICRO, SMALL & MEDIUM ENTERPRISES (MSME), GOVT. OF INDIA, UDYAM-DL, 11-0008636
REGS. BY NCS-MINISTRY OF LABOUR AND EMPLOYMENT, GOVT. OF INDIA
REGD. BY NATIONAL INSTITUTION OF TRANSFORMING INDIA (NITI AYOG/ DAPAN ID-DL/2021/0281112)
(AN ISO 9001 :2015 CERTIFIED ORGANISATION)



FRANCHISE APPLICATION FORM

TO,
THE DIRECTOR/SECRETARY
YUVA-SKILL EDUCATION AND HEALTH TRAINING
COUNCIL (NEW DELHI).

PASS PORT
SIZE PHOTO

Sir,

I/We have taken note of all the rules & regulation of the YSEHTC - New Delhi. I will abide by the rules in the future.

I/We _____ am/are presenting the application form for the establishment of a Study centers of YSEHTC Academy of _____ (Regular / Correspondence) Courses.

1. Name of the Institute / Center: _____

2. Postal Address (Kindly mention the nearest Land Mark also): _____

_____ City / Town _____

3. State _____ Pin Code _____

4. Telephone No./ Office Landline _____ Mobile _____

Fax. _____ Email _____

5. Name of the Registered Society / Trust (Enclose Copy of Registration

_____ Address (with Pin Code & Nearest Landmark)

6. Attach a copy of the Driving License / Voter ID Card / Passport

7. Name of the President / Chairman / Trustee / Proprietor of the Society Trust / Centre
(Please Fill up the following Details) :

Degree/Diploma	University/ Institution	Subjects	Year of Passing

Name of Organisation	Nature of Business	Year From	Year To	Annual Turnover (in Rs.)	No. of Employees in Organisation

8. Nominate a Co-ordinator / Representative: _____

Office Landline _____ Mobile: _____ E-mail: _____

9. Current Infrastructure that is available with you for educational purpose:

(a) Total area of the Institute / Center _____

(b) Total covered area (in sq. ft.) _____

(c) Number of Floors _____

(d) No. of Rooms available _____

(e) Power Backup _____

(f) No. of Computer available _____

(g) Internet Facility available _____

10. Details of Premises (Attach Relevant Proof):

(a) Whether the Land & Building are owned by the Center.

(b) If the building is rented, Enclose the Lease Deed of Society / Institute.

11. Whether the Premises is ready for use if yes what is currently used for:

12. If your Centre is also associated with any other University / Institute (Give Details)

13. Grade your Centre: Perfect Good Satisfactory

- (a) Remote Area
(b) Easily Accessible
(c) Residential Area
(d) Commercial Area
(e) Within the City
(f) Outside of the City

(g) Nearest Airport _____ Name of the City _____

(h) Distance From Railway Station _____ Name of the City _____

(i) Distance from Bus Stop _____ Name of the City _____

15. Attach one set of Visiting Card, Letter Head & Profile of your Institute:

16. Programme Applied for Authorization:

Centre Establishment Fees

Amount (Rs) : _____

Name of Bank: _____ Place: _____

Bank Draft No.: _____ Date: _____

DECLARATION BY THE APPLICANT

I hereby declare that I have read & considered the condition of the eligibility for the study center & I fulfill the condition. I have furnished about the necessary information in this record. In the event of any information found incorrect or misleading my candidature shall be liable to cancellation any and I shall not be entitled to get refund any amount paid by me to the Institute. In the event of any dispute it shall be resolved through the mediation of the chairman or a committee constituted under the constitution/ Attribution Act and its decision shall be binding on all concerned & I will liable the expenses.

Date: _____

Signature: _____

ENCL.:

1. Copy of Photo ID
2. Copy of Address Verification
3. Declaration on Rs. 100/- Non Judicial Stamp Paper

FOR OFFICE USE ONLY

AUTHORIZED CENTER CODE: _____

DATE OF ISSUE: _____

R.R. NO: _____ AUTHORIZED SIGNATORY

DECLARATION

The Director/Secretary

YUVA-SKILL EDUCATION AND HEALTH TRAINING COUNCIL, New Delhi

I, _____ S/O Sh. _____ Age _____

Resident of _____

District: _____ State: _____ Pin Code: _____

Phone No: _____ Office: _____ E-Mail ID: _____

Declare as Under:

- Our Institute will work as an Authorized study center of YSEHTC, New Delhi.
- All the Admission/ Examination documents collected from the organization will be kept safely/ confidentially by me & it will be my responsibility for its timely distribution in the center.
- That our institute will work according to the rules & regulation of the organization & I agreed with all the rules & regulation of the organization.
- In no circumstances the enrollment number or exam result will be asked for in the event of the does not being paid to the YSEHTC, New Delhi.
- Franchisee Fee is nonrefundable.
- It's my responsibility to submit quarterly progress report to the Organization.
- That I have read and understand the rules & regulation of the Organization and only after complete satisfaction this declaration is being made which when necessary can be made use of for legal purpose. In the event of an dispute will be settled by the committee appointed by the YUVA-SKILL EDUCATION AND HEALTH TRAINING COUNCIL, NEW DELHI, under the provisions of the Indian Attribution Act 1940 and its decision will be binding on all concerned & I/ We will Liable to all the expense.

Therefore, I _____ declare that time the information furnished in the form for establishment of center are true to the best of my knowledge and belief and will remain in force and binding on me and my successor for the Center's association with the organization.

PLACE

NOTRY/ GAZETTED OFFICE

SIGNATURE OF DECLARANT