



JEEVAK RASHTRIYA VIDHYAPEETH

A Govt. Authorized Institution
Reg No: 163/2011 Hrdr
Govt. of India Reg. A-9755/2013

NEW CENTRE APPLICATION FORM

General Instructions

1. Use CAPITAL LETTERS and blue/black ink. Strike out whichever is not applicable.
2. Enclose self-attested copies of all required documents as per the checklist.
3. Submission does not guarantee appointment. JRV reserves the right to accept or reject any application without assigning reasons.
4. Any false information or forged documents shall lead to immediate cancellation of the appointment.
5. Any dispute will be subject to the jurisdiction of JRV Head Office only.

1. APPLICANT'S ORGANISATION DETAILS:

1.1	Name of the Institution / Organisation	
1.2	Status (Individual / Proprietor / Society / Trust / Company)	
1.3	Year of Establishment	
1.4	Registration No. & Year (if applicable)	
1.5	Validity of Registration (Permanent/Temporary)	
1.6	PAN No.	
1.7	GST No. (if any)	
1.8	Office Address	
	District	
1.9	Premises Ownership	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Leased
1.10	Office Area (sq. ft.)	_____ sq. ft.

1.11	Facilities Available	<input type="checkbox"/> Computers <input type="checkbox"/> Internet <input type="checkbox"/> Furniture <input type="checkbox"/> Signboard <input type="checkbox"/> Conference Room <input type="checkbox"/> Vehicles <input type="checkbox"/> Security <input type="checkbox"/> CCTV <input type="checkbox"/> Waiting Area <input type="checkbox"/> Class Rooms <input type="checkbox"/> Wash rooms <input type="checkbox"/> Faculties
1.12	Landline Number	
1.13	Mobile Number (Primary)	
1.14	Alternate Mobile	
1.15	WhatsApp Number	
1.16	Email ID	
1.17	Website / Social Media Links	

2. APPLICANT PERSONAL DETAILS:

2.1	Name of the Applicant	
2.2	Designation	
2.3	Date of Birth	____ / ____ / ____
2.4	Age	____ Years
2.5	Office Address	
	District	
2.6	Highest Qualification	
2.7	Professional Background	
2.8	Total Years of Relevant Experience	____ Years
2.9	Key Projects /Assignments Handled	
2.10	ID Proof Submitted (Aadhaar / PAN / Passport)	
2.11	ID Proof Number	

3. DETAILS OF PROPOSED CENTRE (fill for each centre you wish to handle)

3.1 EDUCATIONAL CENTRE –

S1.1	CENTRE Name	
S1.2	State Officer Name	
S1.3	Zonal Officer Name	

S1.4		
S1.5	Student Enrolment Target (Per Year)	
S1.6	Will you allow periodic inspections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
S1.7	Promotion Strategy for this Centre (Attach separate sheet)	

3. FINANCIAL CAPACITY

3.1	Average Annual Turnover (last 3 years)	Rs.
3.2	Source of Funds for Operations	
3.3	Can you deposit Security Deposit if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.4	Bank Name & Branch	
3.5	Account Number	
3.6	IFSC Code	

4. PAST EXPERIENCE & CONFLICT OF INTEREST

4.1	Have you been a Co-ordinator for any other board before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	If Yes, Board Name & Duration	
4.3	Have you ever been blacklisted or terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4	If Yes, explain	
4.5	Any ongoing legal disputes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.6	If Yes, provide details	
4.7	Will you work exclusively for JRV during your tenure?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. MONITORING & REPORTING COMMITMENT

5.1	Will you submit monthly progress reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5.2	Will you host review meetings as directed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.3	Will you support online reporting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.4	Do you have a plan for grievance redressal?	

6. TERMS OF AGREEMENT & CODE OF CONDUCT

Agreement Points	Accept (✓)
1. This affiliation is for 1 years, renewable on performance	<input type="checkbox"/>
2. No study centres can be opened without JRV approval	<input type="checkbox"/>
3. No direct exam control; all exams managed by JRV HQ	<input type="checkbox"/>
4. No unauthorized fee collection from students	<input type="checkbox"/>
5. Surprise audits & inspections by JRV allowed	<input type="checkbox"/>
6. Misuse of JRV name will result in termination	<input type="checkbox"/>
7. Any conflict will be resolved at JRV HQ jurisdiction	<input type="checkbox"/>

DECLARATION

I declare that all information provided is true and correct. I shall follow all rules & instructions of JRV. IN. If any information is found false, my appointment shall be cancelled immediately.

Date:/...../.....

Place:

Signature of Applicant:

Name:

Name of the Organisation.....

Designation:

Official Seal / Stamp:

7. CHECKLIST OF DOCUMENTS

Sl. No	Document	Tick (✓)
1	ID Proof (Aadhaar + PAN + Voter Id)	<input type="checkbox"/>
2	Registration Certificate (if applicable)	<input type="checkbox"/>
3	MOA & Rules (if applicable)	<input type="checkbox"/>
4	Office Address Proof (for this centre)	<input type="checkbox"/>
5	Latest Utility Bill (each office)	<input type="checkbox"/>
6	2 Passport Size Photos	<input type="checkbox"/>
7	PAN Card Copy	<input type="checkbox"/>
8	GST Certificate (if any)	<input type="checkbox"/>
9	Last 3 Months Bank Statement	<input type="checkbox"/>
10	Detailed Promotion Plan (this centre)	<input type="checkbox"/>

NOTE: All the above-cited documents must be submitted along with the application otherwise the application may not be considered.

OFFICE USE ONLY

Application Received On	/ /
Serial Number	
Processing Fee	Rs. _____ Receipt No. _____
Verified By	Date: _____
Approved / Rejected	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Remarks	

CERTIFICATE OF ENDORSEMENT

(To be completed by the President / Chairman / Proprietor / Manager of the Institution / Society / Organisation applying as Centre Owner)

I, _____, serving as the _____
(Designation) of _____ (Name of Institution / Society / Organisation), hereby certify that I have thoroughly read and understood all the **Norms, Rules, and Procedures** prescribed by the **JEEVAK RASHTRIYA VIDHYAPEETH (JRV)** for the appointment and functioning of a **Study Centre**. I solemnly undertake that the Institution / Society / Organisation shall fully comply with all rules, regulations, terms, and conditions laid down by JRV from time to time. I further affirm that, if appointed as Study Centre, we shall:

- ♣ **Work with complete transparency, accountability, and integrity** to develop, manage, and monitor Study Centres within the approved territory.
- ♣ **Not misuse the JRV name, logo, or any official resources** for any unauthorized or commercial purpose beyond the agreed scope.
- ♣ **Not interfere with the examination, certification, or result process**, which shall remain exclusively under JRV Head Office control.
- ♣ **Ensure fair grievance redressal and periodic reporting**, and cooperate with any inspections or audits conducted by JRV.
- ♣ **Uphold the educational standards, objectives, and reputation** of the **JEEVAK RASHTRIYA VIDHYAPEETH** in all activities.

I hereby assure that our Institution / Society / Organisation shall make every possible effort to maintain a high level of trust and deliver quality service to the students and stakeholders, in strict accordance with the objectives and standards of JRV.

Date: ____ / ____ / ____

Place: _____

Signature: _____

Name: _____

Designation: _____

Seal/Stamp of the Institution

Note: This certificate must be typed on the official letterhead of the Institution / Society / Organisation and must bear the authorized signature along with the official seal/stamp.