

Form A1

# Rabindra Nath National Youth Centre

Affiliated by NCT Delhi, Govt. of India (Regd. No. 2501)  
An ISO 9001:2008 Certified Institution

## APPLICATION FOR NEW STUDY CENTRE

Dated:

Place:

To,  
The CMD,  
Rabindra Nath National Youth Centre,  
Rabindra Pally, Krishnapur,  
Kolkata 700101

Sub: Application for new franchisee at \_\_\_\_\_

Respected Sir,

I, Director of \_\_\_\_\_ interested to be a franchisee member of the Education & Training Programs of RNNYC at, \_\_\_\_\_ District \_\_\_\_\_

IN THE STATE OF \_\_\_\_\_ I am submitting my personal & centre profile in Form A2 along with this letter.

We will abide by the rules and regulations laid down by your organization (RNNYC). Also we will invite you for inspection and verification of our centre. We pay the necessary charges for the inspection.

I request you to grant me a franchisee after going through necessary formalities.

Thanking You,

Yours faithfully,

Signature with Seal

**DIRECTOR**

NAME

# Rabindra Nath National Youth Centre

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## APPLICATION FOR NEW STUDY CENTRE

PERSONAL PROFILE			
NAME			<b>Photo</b>
RESIDENTIAL ADDRESS			
CONTACT NO.	Tele phone No.		
	Mobile No		
LAST ACADEMIC QUALIFICATION			AGE
EXPERIENCE DETAILS			

STUDY CENTRE PROFILE												
NAME OF THE STUDY CENTRE												
OFFICE ADDRESS												
CONTACT NO.	Tele phone No.											
	Mobile No											
EMAIL ID								YEAR OF ESTABLISH				
TYPE OF INSTITUTION	Proprietorship or Partnership	NAME OF PARTNER		Necessary for Partnership								
IF ANY OTHER AFFILIATION												
Near RNNYC Study Centre within 10 or 5 KM(If any)												

APPLY FOR			
SL. NO	FRANCHISEE TYPE	SL. NO.	FRANCHISEE TYPE

I declare that the information given above is true to the best of my Knowledge and I am willing to abide by the rules and regulations set by RNNYC.

Signature with Seal  
**DIRECTOR**

**RABINDRA NATH NATIONAL YOUTH CENTRE**

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<b>Director's Name</b>			<b>Director's Photo</b>
<b>Office Address</b>			
<b>Contact No</b>			
<b>Email ID</b>			
<b>Year of Establishment</b>		<b>Present Total Student</b>	
<b>INSTITUTION'S STUDENT DETAILS ( ONLY FOR EXISTING CENTRE )</b>			
<b>Present Running Student</b>	<b>Course Completed but Exam pending student</b>		<b>Dropout student</b>

**6. Details of Accommodation at the Institute**

<b>No(s) of Office room (Mention area in sq. ft.)</b>	<b>No(s) of Practical class room (Mention area in sq. ft.)</b>	<b>No(s) of Theory Class Room (Mention area in sq. ft.)</b>
<b>a. Rented Building OR Own Building ( If Rented, Supporting document require )</b>	Own Building / Rented Building	
<b>b. Date of Expiry of Lease (dd/mm/yyyy)</b>		
<b>c. Duration of Lease</b>		

*[ please strike out which are not applicable ]*

<b>7. a ) Power Supply facilities</b>	Yes / No
<b>b) Name of Supply</b>	CESC / WBSEDCL / if others , specify
<b>c) Type of Meter</b>	Domestic / Commercial
<b>d) Name of Meter Owner</b>	
<b>e) Generator / Invertors facilities</b>	Yes / No

*[ please strike out which are not applicable ]*

**Form A4**

<b>DOCUMENT DESCRIPTION</b>	<b>YES/NO</b>	<b>REMARKS</b>
<b>Copy of valid permanent I.T. A/c no. or service tax registration no. or PAN proof</b>		
<b>Electricity Bill / Telephone Bill</b>		
<b>Trade License</b>		
<b>Copy of deed between landlord and Centre Director , if Rented</b>		
<b>Broadband connectivity proof</b>		
<b>License Software purchasing proof</b>		
<b>Fixed asset (Tools and equipment) purchasing Bill</b>		

**Tools & Equipments:**

<b>NAME OF TOOLS, EQUIPMENT AND MACHINERY</b>	<b>YES / NO</b>	<b>QUANTITY</b>	<b>DESCRIBE</b>
Computer			
Printer (Desk Jet Printer / Laser / Dot Matrix)			
Scanner			
CD Writer (Internal / External)			
Microsoft Windows			
Microsoft Office			
Tally 9 Single / Multi User Package or latest			
Antivirus Software (Popular Brand)			

**Remarks :**

Signature with Seal  
**DIRECTOR**