



Shree Guru Dev Maharshi Dayanand Nursery Teachers Training & Education

(An ISO 9001 : 2008 Certified)

Regd. No. S/1877 N.C.T. Govt. of Delhi (India)

website : <http://sdmdntt.com/>, mail.: info@sdmdntt.com

APPLICATION FORM FOR ESTABLISHMENT OF STUDY CENTRE

Serial No.

To,

Secretary

Shree Guru Dev Maharshi Dayanand Nursery Teachers Training & Education
New Delhi.

Kindly Affix
Your Latest
Photograph

Sir,

1. I/We have taken note of all the rules & regulation of the S.G.D.M.D.T.T.E. New Delhi. I will abide by the rules in the future.
2. I/We.....am/are presenting the application form for the establishment of an study centre of Nursery Teacher Training (Regular/Correspondance) course.
3. Name of Applicant(s) Designation.....
4. Father's/Husband Name
5. Name of Institute
6. Corresponding Address Ph. :
7. Name Study Centre
8. Address of Study centre
9. **CENTRE ESTABLISHMENT FEES**
Rs.....
Name of Bank Place

DECLARATION BY THE APPLICANT

I hereby declare that I have read and considered the condition of eligibility for the Establishment of the study centre & I fulfill the condition. I have furnished about the necessary information in this regard. 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. Intheevent of any dispute it shall be resolved through the mediation of the chairman or a committee constituted under the constitution/Arbitration Act and its decision shall be binding on all concerned & I will liable the expenses.

Date

Signature of Applicant

- Encl. : 1. Copy of Photo I.D.
2. Copy of Address Verification
3. Deceleration on Rs. 10/- Non Judicial Stamp Paper

FOR OFFICE USE ONLY

Authorised Centre Code :

	S.G.D.M.D.T.T.E.		150/-
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Date of Issue

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R.R. No.:

Date :

Authorised Signatory

DECLARATION

Before the Chairman/Secretary

Shree Guru Dev Maharshi Dayanand Nursery Teachers Training & Education

New Delhi.

I/Shri.....Father's Name

AgeResident ofDist.....Pin.....

Phone No.OfficeFax.....STD.....

Declare as Under :

1. Our Institute will work as a Authorised study centre of S.G.D.M.D.T.T.E. New Delhi.
2. All the Admission/Examination documents collected from the sansthan will be kept safely/Confidentially by me & it will be my responsibility for its timely distribution in the centre.
3. That our Institute will work according to the Rules & Regulation of by sansthan & I agreed with all the rules & Regulation of the Sansthan.
4. In no circumstances the enrollment number or exam result will be asked for in the even of the dues not being paid to the S.G.D.M.D.T.T.E.
5. In any case I will not receive examination Fees in case from students and Examination fees will be excepted by Bank Draft in favour of RDL Info Solutions payable at New Delhi only.
6. That I have read and understand the rules & regulation of the Sansthan and only after complete satisfaction this declaration is being made which when necessary can be made use of for legal purpose. In the evgent of an dispute will be settled by the committee appointed by the **SHREE GURU DEV MAHARISHI DAYANAND NURSERY TEACHERS TRAINING & EDUCATION NEW DELHI**, under the provisions of 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 this form and the information furnished in the form for establishment of centre are true to the best of my knowledge and belief and will remain in force and be binding on me and my successor for the period of the centre's association with santhan.

Place :

Dated

Signature of the declarant

Attested

Notary/Gazetted Officer