



विक्रमशिला स्वास्थ्य एवं तकनीकी शिक्षा परिषद

VIKRAMSHILA HEALTH AND TECHNICAL EDUCATION COUNCIL



Skill India
कौशल भारत - कुशल भारत

AN AUTONOMOUS ORGANISATION, REGD. BY GOVT. OF BIHAR UNDER ITA 1882 GOVT. OF INDIA
REGD. UNDER CR ACT-1957, MHRD GOVT. OF INDIA (DEPT. OF SECONDARY AND HIGHER EDUCATION)
REGD. BY NCS-MINISTRY OF LABOUR AND EMPLOYMENT GOVT. OF INDIA
REGD. BY MINISTRY OF MICRO, SMALL AND MEDIUM ENTERPRISES, GOVT. OF INDIA
MEMBER QUALITY COUNCIL OF INDIA (QCI)
REGD. BY NITI AYOJ, GOVT. OF INDIA
(AN ISO 9001:2015 CERTIFIED ORGANISATION)

APPLICATION FORM FOR NEW FRANCHISE

(KINDLY FILL IN ENGLISH BLOCK LETTER)

TO,
THE SECRETARY
VIKRAMSHILA HEALTH AND TECHNICAL EDUCATION COUNCIL
BIHAR.

PASS PORT
SIZE PHOTO

SIR

I/We have taken note of all the rules & regulation of the VHTEC, Bihar. I will abide by the rules in the future.

I/Weam/are presenting the application form for the establishment of a Study centers of VHTEC Academy of..... (Regular / Correspondence) Courses.

Name of Applicant(s): Designation:

Male/Female: Nationality:

Father's / Husband's Name:

Name of Institute:

Correspondence Address:

E-Mail ID:

PAN CARD: ADHAR NO:

Contact No: Pin Code :

Name of Study Centre:

Address of study Centre:

Centre Establishment Fees

Amount (Rs) :

Name of Bank: Place:

Bank Draft No.: Date:

AN ISO 9001: 2015 CERTIFIED ORGANIZATION

DECLARATION

The Chairman/Secretary

VIKRAMSHILA HEALTH AND TECHNICAL EDUCATION COUNCIL, BIHAR

I, S/O Sh. Age.....
Resident of
District: State: Pin No:
Phone No: Office: E-Mail ID:

Declare as Under:

1. Our Institute will work as an Authorized study center of VHTEC, Bihar.
2. 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.
3. That our institute will work according to the rules & regulation of the organization & I agreed with all the rules & regulation of the organization.
4. In no circumstances the enrollment number or exam result will be asked for in the event of the does not being paid to the VHTEC, Bihar.
5. Franchisee Fee is nonrefundable.
6. It's my responsibility to submit quarterly progress report to the Organization.
7. 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 VIKRAMSHILA HEALTH AND TECHNICAL EDUCATION COUNCIL, BIHAR, 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

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

OFFICE USE ONLY

AUTHORIZED CENTER CODE:

DATE OF ISSUE:

R.R. NO:

V.H.T.E.C.

★ AUTHORIZED SIGNATORY