

**AKHIL BHARTI INSTITUTE OF OPEN SCHOOLING**  
 UNDER SOCIETIES REGISTRATION ACT XXI OF 1860  
 GOVT.OF NCT OF DELHI.

**APPLICATION FOR ACADEMIC / STUDY CENTER**

ORGANIZATION PROFILE

1. Name of the Organization: \_\_\_\_\_

2. Year of Establishment: \_\_\_\_\_  
 (Please attach proof)

3. Type of Organization: (Tick most appropriate)  
 (Enclose the necessary details and proofs)

Trust	<input type="checkbox"/>	Society	<input type="checkbox"/>	Educational Institution	<input type="checkbox"/>
LLP	<input type="checkbox"/>	Pvt. Ltd	<input type="checkbox"/>	Bank / Insurance Co.	<input type="checkbox"/>
Ltd	<input type="checkbox"/>	R & D Organization	<input type="checkbox"/>	PSU/Govt. Organization	<input type="checkbox"/>
Others	_____				

4. Full Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 District: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Pin Code:

5. Official Communication:

Phone No:

(Country Code) (STD/Local Code)

Tele fax:

(Country Code) (STD/Local Code)

Mobile No.: +91

email: \_\_\_\_\_

Fill the following and enclose proper Proof:

6. Premises Details: Owned  Rented  7. Ready for Operations: Yes  Not Yet

8. Total Carpet Area of Organization (Sq. Ft.): \_\_\_\_\_

9. Total Site Area of Organization (Sq. Ft.): \_\_\_\_\_

10. Internet Connectivity: Leased Line  Broadband  Dial-Up  Speed \_\_\_\_\_

11. Details of Computers (Dedicated earmarked for Training and Research Purpose)

Type	Processor	RAM	HDD	Network (Y/N)	Internet (Y/N)
Server Computer					
Client Computer					

12. Infrastructure Details: Generator  LCD Player  FAX  Photo Copier

Sr. No.	Other Infrastructure for Training Program	Units	Area (Sq. Ft.)	Seating Capacity
1	Class Rooms			
2	Library (Total Books: _____)			
3	Reading Room/ Conference Room / Audio Visual Room			
4	Administrative Area			
5	Trainer Room			
6	Service Area - Toilets etc.			
7	Other _____			

**13. Detail of Courses that you are interested to offer through ABIOS :**

Sr. No.	Proposed Course	Expected No. of Admissions	Sr. No.	Proposed Course	Expected No. of Admissions
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

(Use separate sheet, if necessary)

**14. Teachers and other Staff Teaching Department Details:**

Enclosed separate List of all Trainers and other Staff Members in following format:

Name   Father's Name   Date of Birth   Sex   Academic Qualification   Professional Qualification   Experience (Teaching & Non-Teaching both)   Level of Association (Full Time/ Part Time/ Visiting Faculty)   Key Skills
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**DIRECTOR PROFILE**

**1. Name:** \_\_\_\_\_

**2. Designation:** \_\_\_\_\_

**3. Sex:** M  F  **4. Qualification:** \_\_\_\_\_

**5. Experience :** \_\_\_\_\_

**6. Photo ID Proof :** Driving License  Passport  Voter ID  PAN Card

(Kindly enclose the copy)

Latest Colour  
Photograph in Passport  
Size of the Proposed  
Principal/Director

**DECLARATION**

We certify that the particulars furnished above or in the preceding pages are true to our best of our knowledge and express our willingness for an inspection to assess the infra structural facilities, qualified staff etc. We declare that the Organization will abide by all the rules and directions of Akhil Bharti Institute of Open Schooling (ABIOS) given from time to time. In case of any information furnished by us is found wrong or incomplete in any regard, we shall be the responsible for any decision taken by ABIOS. I hereby confirm that I will regularly visit/login website namely www.abios.co.in and any information relevant will be received by me from above- said website. Further, I will never claim any information officially or unofficially in hard copy and email. Therefore, only will be responsible for all types of consequences, if I don't visit/login the said website.

I have carefully read and understood all the guidelines, specifications and other information published by the ABIOS on the Website www.abios.co.in In case of any disputes or for any unforeseen issue(s) or issues not covered in the guidelines, specifications and other information published by the ABIOS, the decision of the ABIOS shall be final and binding on me and all other concerned. I agree that the ABIOS reserves the right to withdraw any location or any Discipline/Programme or its nomenclature at any time without assigning any reason and to make modifications in any information published anywhere whenever deemed necessary.

In the event of any disputes between the parties, which are not covered at the arbitration clause, the courts of Delhi shall have exclusive jurisdiction.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
*Specimen Signature of the Proposed Principal/Director*

\_\_\_\_\_  
*Seal & Signature of the Head of the Organization*

**FOR RC USE ONLY**

Allotment Fee of Rs. 51,000/- (Non-Refundable and Non-Adjustable) in favour of "AKHIL BHARTI INSTITUTE OF OPEN SCHOOLING" payable at "Delhi"

Demand Draft No.	Date	Bank	Issuing Branch

Kindly allot me the following selected Programmes :

1) High School Examination

2) Intermediate Examination

**PHOTOS TO BE PASTED:**

**SPACE FOR AFFIXING**

**'WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE ORGANISATION'**

**UNDERTAKING**

The above pasted photographs are belonging to our Organization. I also undertake that if I fail to pay renewal fee for Regional Coordinator then ABIOS have the right to transfer all our enrolled Students to any other Regional Coordinator or treat them as Direct Students to complete their course.

I understand and agree that fees paid by me with the application form or on account of processing fee, for conduct of inspection, for grant of approval of my application or any other fee or charges, as prescribed for Study Center once paid, will be non refundable. Withdrawal of my proposal or rejection by the ABIOS at any stages for reason whatsoever shall not entitle me to claim any amount or compensation from the ABIOS

\_\_\_\_\_  
*Signature of the Proposed Principal/Director*

\_\_\_\_\_  
*Seal & Signature of the Head*

**KINDLY SUBMIT ACADEMIC/STUDY CENTER FORM AT: Akhil Bharti Institute of Open Schooling (ABIOS)**  
Administrative Office: Noida, Delhi-92.

# AKHIL BHARTI INSTITUTE OF OPEN SCHOOLING

UNDER SOCIETIES REGISTRATION ACT XXI OF 1860 (GOVT.OF NCT OF DELHI)

## INFORMATION OF ORGANISATION

Name of the Organisation .....

Type of Organisation .....

Registered Address .....

Date of Registration .....

Registration Number .....

Pan card No .....

Proposed Office Address .....

**List of Office Bearers**

President/Chairman .....

Mobile No .....

Authorised Person .....

Phone No. with STD Code .....

E-mail Address .....

Fax .....

## DOCUMENTS TO BE ATTACHED

Organization Registration Certificate Copy  
Organization PAN Copy  
Organization Head PAN Copy  
Organization Head Id Proof Copy  
Organization Building Ownership Proof/Rent Deed  
Organization Building Photograph.  
Organization Building Map  
List of Staff members