

E-MAIL ID

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SPACE AVAILABLE (IN SQ. FEET/METER)

TOTAL ROOMS

--

RENTED / OWNED

--

EXPERIENCE IN THE FIELD

	YEAR
--	------

THE PERIOD OF CONTRACT WITH US

	YEAR
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CENTRE ESTABLISHMENT FEES:

NAME OF THE BANK.....

PLACE:.....

BANK DRAFT NO.....AMOUNT.....

DATE:.....

IN FAVOR OF GLOBAL SKILL DEVELOPMENT AND VOCATIONAL TRAINING CENTRE PAYABLE AT
NEW DELHI

I HAVE CAREFULLY GONE THROUGH THE TERMS & CONDITIONS FOR THE
ELIGIBILITY OF THE STUDY CENTRE AND AGREE WITH THE SAME.

THE INFORMATION SUBMITTED BY ME ABOVE IN THE APPLICATION FORM ARE TRUE TO THE
BEST OF MY KNOWLEDGE.

I KNOW THAT IN CASE OF ANY DISCREPANCIES FOUND IN THE INFORMATION SUBMITTED BY ME,
MY CENTRE IS LIABLE TO BE CANCELLED & I KNOW THAT I CAN NOT CLAIM ANY PAYMENT
SUBMITTED BY ME.

DATE

SIGNATURE OF CENTRE OWNER

Enclosure:

- 1** COPY OF ADAHAR CARD, & ADDRESS PROOF (DRIVING LICENSE, PASSPORT, VOTER ID CARD, AND PAN CARD, RASHAN CARD, ELECTRICITY BILL, PHONE BILL, DOMICILE) ANY ONE
- 2.** AFFIDAVIT ON RS. 10/- NON - JUDICIAL STAMP PAPER
- 3.** 4 COLORED PHOTO PASSPORT SIZE
- 4.** COPY OF BIO - DATA & EDUCATIONAL CERTIFICATES
- 5.** ONE PHOTOGRAPHS FRONT OF BUILDING
- 6.** COPY OF SOCIETY/TRUST REGISTRATION

AFFIDAVIT

TO,
THE CHAIRMAN
GLOBAL SKILL DEVELOPMENT AND VOCATIONAL TRAINING CENTRE
NEW DELHI



I/WED/O, S/O.....

FULL ADDRESS OF THE INSTITUTION

.....PIN CODE

DISTRICT.....CONTACT NOHEREBY

1. DECLARE THAT OUR ABOVE INSTITUTION WILL WORK AS AN AUTHORIZED STUDY CENTRE OF G. S. D. V. T. , NEW DELHI.
2. ALL THE ADMISSION / EXAMINATION DOCUMENTS COLLECTED FROM THE GSDVT SHALL BE KEPT SAFELY/CONFIDENTLY BY ME IN PERSON & I SHALL BE RESPONSIBLE FOR THE TIMELY DISTRIBUTION IN THE CENTRE.
3. THAT OUR INSTITUTE WILL WORK ACCORDING TO THE RULES & REGULATION OF THE GSDVT.
4. I KNOW THAT I CANNOT CLAIM FOR THE ENROLLMENT NUMBER FOR THE EXAMS, UNLESS ALL DUES ARE PAID BY ME.
5. THAT WE ARE FULLY UNDERSTOOD THE RULES & REGULATION OF GSDVT AND AFTER COMPLETE SATISFACTION ONLY THIS AFFIDAVIT IS MADE. I KNOW THAT THE SAME CAN BE USED FOR LEGAL PURPOSES IF NECESSITY ARISES IN THIS AFFIDAVIT.
6. I KNOW THAT THE RENEWAL OF THE CENTRE WILL BE DONE AFTER EVERY 4 YEARS.

PLACE.....

SIGNATURE OF CENTRE OWNER

DATE.....

ATTESTED

NOTARY / GAZETTED OFFICER
