**KARNATAKA STATE OPEN EDUCATION EXAMINATION BOARD (KSOEEB)**

Under registration act XXI of 1960 GOVT.OF KARNATAKA.

**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)

Trust

LLP

Society

Pvt. Ltd

R & D Organization

Educational Institution

Bank / Insurance Co.

PSU/Govt. Organization

(Enclose the necessary

 details and proofs)

Ltd

Others

4. Full Postal Address:

District:

Country:

5. Official Communication:

Phone No:

(Country Code)

(STD/Local Code)

State:

Pin Code:

Tele fax:

(Country Code)

(STD/Local Code)

Mobile No.: +91

 email:

Fill the following and enclose prop er 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:

Type

Server Computer

Client Computer

12. Infrastructure Details:

Generator

LCD Player

Units

FAX

Photo Copier

Area (Sq. Ft.)

Seating Capacity

Leased Line

Processor

Broadband

RAM

HDD

Dial-Up

Network (Y/N)

Speed

Internet (Y/N)

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

Sr. No. Other Infrastructure for Training Program

 1 Class Rooms

 2 Library (Total Books: \_\_\_\_\_\_\_\_\_\_\_\_)

3

4

5

6

7

 Reading Room/ Conference Room / Audio Visual Room

 Administrative Area

 Trainer Room

 Service Area - Toilets etc.

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Sr. No. Proposed Course

1

2

3

4

5

6

(Use separate sheet, if necessary)

Expected No. of Sr. No. Proposed Course

Admissions

Expected No. of

Admissions

7

8

9

10

11

12

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

DIRECTOR PROFILE

1. Name:

2. Designation:

3. Sex:

5. Experience :

6. Photo ID Proof : Driving License

(Kindly enclose the copy)

 Latest Colour

Photograph in Passport

 Size of the Proposed

 Principal/Director

M

F

4. Qualification:

Passport

Voter ID

PAN Card

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 infrastructural facilities, qualified staff etc. We declare that the Organization will abide by all the rules and directions of Karnataka State Open Education Examination Board (KSOEEB) 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 KSOEEB. I hereby confirm that I will regularly visit/login website namely www.ksoeeb.com 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 I 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 KSOEEB on the Website [www.ksoeeb.com](http://www.ksoeeb.com) 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 KSOEEB, the decision of the KSOEEB shall be final and binding on me and all other concerned. I agree that the KSOEEB 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 Karnataka shall have exclusive jurisdiction.

Date:

Specimen Signature of the Proposed Principal/Director

Seal & Signature of the Head of the Organization

FOR STUDY CENTRE USE ONLY

Allotment Fee of Rs. 25,000/-

 (Non-Refundable and Non-Adjustable) in favour of "KARNATAKA STATE OPEN EDUCATION EXAMINATION BOARD" payable at Bangalore

Demand Draft No.

Date

Bank

Issuing Branch

Kindly allot me the following selected Progammes :

1) 10TH (Equalant to SSLC)

2) 12th Standard (Equalant to PUC-II)

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 Study Centre/Coordinator then KSOEEB 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 KSOEEB at any stages for reason whatsoever shall not entitle me to claim any amount or compensation from the KSOEEB.

Signature of the Proposed Principal/Director

Seal & Signature of the Head

KINDLY SUBMIT ACADEMIC/STUDY CENTER FORM TO :

KARNATAKA STATE OPEN EDUCATION EXAMINATION BOARD (KSOEEB)

2nd Floor, Oswal Tower, Jubilee Circle Dharwad - 580001

Contact : **08362740620 / 8453482436**

**KARNATAKA STATE OPEN EDUCATION EXAMINATION BOARD (KSOEEB)**

UNDER REGISTRATION ACT XXI OF 1960 (GOVT.OF NCT OF KARNATAKA)

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

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DOCUMENTS TO BE ATTACHED

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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