



Fire Safety Arrangement: Yes / No

Institute Area (sq. ft.): \_\_\_\_\_

**Clause 3: List of Owners / Partners**

The details of all owners/partners of the organization are provided in Schedule–A, which shall be treated as an integral part of this declaration.

**(Additional pages may be attached if required)**

Schedule – A

Details of Owners / Partner’s

| <b>Sl. No.</b> | <b>Name</b> | <b>Father’s Name</b> | <b>Permanent Address</b> | <b>Mobile</b> | <b>Signature</b> |
|----------------|-------------|----------------------|--------------------------|---------------|------------------|
|                |             |                      |                          |               |                  |
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|                |             |                      |                          |               |                  |
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|                |             |                      |                          |               |                  |
|                |             |                      |                          |               |                  |

**Clause 4: Details of Proposed Center**

Proposed Center Name: \_\_\_\_\_

Location/Area: \_\_\_\_\_

Center Size (Square Feet): \_\_\_\_\_

Number of Computers: \_\_\_\_\_

Internet Facility: Available / Not Available

Number of Classrooms: \_\_\_\_\_

Number of Staff: \_\_\_\_\_

### ***Clause 5: Appointment of Authorized Representative***

We, all owners/partners listed in Schedule–A, jointly declare that the following person is unanimously appointed as our sole Authorized Representative:

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address:

\_\_\_\_\_

Mobile Number: \_\_\_\_\_

The above person is fully empowered to operate the center, manage administrative functions, process certificates, conduct official communication, and perform all formal dealings with the Institute.

All actions taken by the Authorized Representative shall be legally binding upon all partners.

### ***Clause6: Legal Declaration***

We jointly declare that —

All information provided is true and correct.

Submission of false information shall result in cancellation of the application.

All partners shall be jointly responsible for the activities of the center.

Compliance with institutional rules and policies is mandatory.

Any change of Authorized Representative requires written approval.

This declaration is legally binding upon all partners.

### ***Clause7: Joint Signatures***

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

*Signatures of all partners as listed in Schedule–A are attached.*

*Signature of Authorized Representative:*

For Office Use Only

Application Received By: \_\_\_\_\_

Signature & Seal: \_\_\_\_\_