



DIVYA COUNCIL

OF VOCATIONAL EDUCATION INSTITUTE, RATANGARH

An ISO 9001:2015 Certified Education Organization

New Study Center/Franchise Form

 Near Ghantaghar,
Ratangarh 331022 (Raj.)

 www.dcveinstitute.com
 dmbvsrtgh@gmail.com



दिव्या काउंसिल ऑफ वॉकेशनल एज्युकेशन इन्स्टिट्यूट

DIVYA COUNCIL OF VOCATIONAL EDUCATION INSTITUTE

Yoga & Naturopathy Recognized By The Government Of India
Operated by Society Registration Act Rajasthan Act No. 28, 1958 Govt. of Rajasthan

(S. No. COOP/2018/CHURU/100033)

Affiliate To India Yoga Association & Q.C.I.

MSME Registration No:-RJ-11-0030087

NITI AAYOG Registration No:-RJ-20230343228

ISO 9001:2015 Certified Education Organization

Affiliate N.C.T. Govt. OF INDIA - Reg. No.- 2023122019

FOR OFFICE USE ONLY

Authorized Center Code :

Date Of Issue

Authorized Signature

NEW STUDY CENTER / FRANCHISE FORM

Note : Please Fill Up The Following Form and Attach Suporting Documents along with This Form

To

The Chairman/Director/secretary

DCVE INSTITUTE RATANGARH

SUB:- Application for Becoming New Study Center

Dear Sir,

IWish to Formlize My intrest & Indense to Pursue

Franchise Application Form. My details Are Give Below

1. Authorize Course

Yoga Course Computer Course Other Vocational Course Skill Course

2. Name Of Center Director

3. Name Of The Turst/Society/Regd. Institute (Plz Attach Deed)

4. Name Of The Study Center

5. Address Of The Study Center

City

State

Pin Code

6. Postal Address: As In Study Central

City State Pin Code

7. Mobile Number/ Telephone Number With STD Code

A. Office

B. Residence

8. Aadhar Number

9. E-mail Address

10. Assessment Of the Center With Respect to Location

A. Location/ Road

B. (i) Commercial (ii) Residential

C. Owned (ii) On Lease (iii) Rent (Attach Lease/Rent Deed)

11. How your Reach Use : Website Google Social Media
Print Media Any Other

12. I/we Inclosed Her With Copies Of Followings Documents For Your Record & Reference.

Proof Of Residence Aadhar Voter Id
Pan Card Driving Licence All Education & Diploma

13. Staff Details (Total Member) (Attach Document Staff)

Pr. / Director Qualification Mob.....

Teacher Qualification Mob.....

Teacher Qualification Mob.....

Ot. Staff Qualification Mob.....

COLOURED PHOTO OF STABLE STUDY CENTER

OFFICE

STAFF ROOM

CLASS ROOM/ LAB

CLASS ROOM/ LAB

Remark's :

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DECLARATION

On Behalf Of Educational Agency Managing

I.....(S/o ya D/o) Mr..... Do Here by Declare That The Particulars
Furnished above Are Correct to the Best Of my Knowledge & Belief And That I am Prepared to undergo any punishment imposed
on me if any of the particular furnished are found to be false & misleading. I also further declare that I shall abide by the condition,
rules and regulations measures imposed by DCVE INSTITUTE, RATANGARH from time to time for granting permission to
established and run this institution.

Place :

Date :

**Sign of Center Director
With Seal**