

## **SARASWATI INSTITUTE OF TECH & MGMT**

An ISO 9001: 2015 Certified Organization

### **Application Form for Study Center**

To, The Secretar Saraswati In Managemen	stitu	te C	Of T	ech	nol	ogy	· &									Pho	oto gra p h	s		
Name of the l	nstit	tutio	n C	)wn	er/	Dire	ecto	or												
Name of the Institution																				
Permanent Address of Study Centre																				
Mobile No.												В	INI (	Cod						
MODILE NO.												_	IIN (	Jou	E					
Email ID :																				
Space Availab	ole (i	n sq	ı. Fe	et/n	nete	er)														
No. of Rooms Available																				
Rented /Owned																				
Experience in the Field Year																				
The period of contract with us Year																				
Center Est	abli	shn	ner	nt F	ees	S:														
Name of the l	Bank	( <u> </u>																		
Place:										_ Pla	ace:									
Place: Place: Bank Draft No Amount:																				
Data:											i Inc									

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 refund of any payment submitted by me.

Date	Signature & Full Name of Applicant

#### **Details of documents enclosed:**

- 1. Copy of I.D. Proof (Driving License, Passport, Voter ID card, & Pan Card) any one.
- 2. Copy of Address Proof (Rashan card, voter card, electricity bill, Land line phone bill, Domicile) any one.
- 3. Affidavit on Rs. 10/- Non Judicial Stamp Paper.
- 4. 4 Colored Photo of Center Holder (Passport Size).
- 5. Copy of Bio Data & Educational Certificates of Centre Holder
- 6. Two Photographs of Building Front.

### **AFFIDAVIT**

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The Secretary Saraswati Institute Of Technology & Ma	nagement	
I/We	D/O, S/O	
Full Address of the Institution		
	PIN Code	
District	Contact No	Hereby
<ol> <li>All the Admission cum Examir &amp; confidently by me in person</li> <li>That our institute will work a</li> <li>I know that I can not claim for</li> <li>That we are fully understop</li> </ol>	tution will work as an authorized study nation documents collected from the SIT & I shall be responsible for the timely disaccording to the rules & regulation of the the Enrollment Number for the exams, ur nood the rules & regulation of SITM wit is made. I know that the same of in this affidavit.	M shall be kept safely stribution in the centre. The in SITM. The in SITM are paid by me. The and after complete
Date :	Signature & full name of 0	Center holder Attested
Place :	Notary/Gazet	ted Officer

# Saraswati Institute Of Technology & Management

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