

G.S.ACCOUNTS

Lower Moti Bazar, Parade, Jammu. 180001 (India)

www.gsaccounts.net

APPLICATION FOR THE COORDINATOR

(Important Note: Kindly provide all the details as stated in the application form. Kindly put your signature on each page)

PERSONAL PROFILE:

1. Name of the Applicant:

2. Father Name:

3. Date of Birth:

4. Sex :

5. Nationality:

6. Full postal address with Pin code:

Latest
Photograph
of the
Coordinator

District:

State:

Pin Code:

STD Code:

7. Communications Connectivity:

Telephone No. :

Fax:

Mobile No.:

Email:

8. Educational qualification:
(Kindly enclose the copy)

| Degree | Subject | University | Division |
|--------|---------|------------|----------|
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9. Experience:

10. PAN Number (Kindly enclose the copy):

Certified that all the information given above and in the preceding pages signed by me is complete and correct. I declare that I will abide by all the rules of G.S.Accounts and the direction given under it.

Date:

Signature of the Applicant

INSTITUTION PROFILE

1. NAME OF THE INSTITUTION:

2. TYPE OF INSTITUTION:

Trust Society Proprietor Partnership Firm Company Other

Institution includes both aided and unaided. Select the appropriate box. Kindly enclose Registration Certificate And Resolution along with the Memorandum and Rules & Regulations of the Society / Trust / Company.

3. LOCATION OF THE INSTITUTE (Pls. tick which ever is applicable)

Metro State Capital | | Distt. HQ | Town | Semi@Urban
Rural Backward Area Remote Hilly Region Tribal Area

4. FULL POSTAL ADDRESS WITH PIN CODE:

STD Code

Numbers

5. COMMUNICATIONS CONNECTIVITY:

Phones

Fax

Email:

6. INSTITUTION IS RECOGNIZED BY:

(Please enclose proof)

DETAILS OF THE HEAD OF INSTITUTION

1. Name of person who is the Head of the Management:

2. Designation of the Head:

3. Full Postal address with pin code:

STD Code

Landline Numbers: Office:

Residence:

4. Communications connectivity of Head:

Phone

Mobile No.

Fax

Email:

5. Date of Birth of Head of Institution:

6. Educational qualification:

7. Profession and experience:

8. PAN Number (Kindly enclose the copy)

9. Residence Proof (Kindly enclose the copy)

8. Library:

| SL. NO. | TYPE OF BOOK | NUMBERS |
|---------|----------------------------------|---------|
| 1. | Reference books | |
| 2. | Text/subject books | |
| 3. | Periodicals subscribed | |
| 4. | Journals subscribed | |
| 5. | Newspapers subscribed | |
| 6. | Course CDs | |
| 7. | Course Audio/Video Cassettes | |
| 8. | Books other than IT course books | |

TIEUP INSTITUTION

1. Name of the Institution:
2. Address of the Institution:
3. Course Offered:
4. Recognized / Approved by:
5. Distance from eLearning Point:
6. Name of the Principal:

HUMAN RESOURCE DETAILS

| S. NO. | NAME | Department* | Designation | QUALIFICATION | EXPERIENCE IN YEARS | WOULD BE INVOLVED IN G.S.ACCOUNTS OPERATIONS (YES/NO) |
|--------|------|-------------|-------------|---------------|---------------------|---|
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PROPOSED APPOINTMENTS FOR G.S.ACCOUNTS PROJECT IF ANY:

| S. NO. | Department* | Designation | QUALIFICATION | TARGET WORK EXPERIENCE | FULL TIME / PART TIME |
|--------|-------------|-------------|---------------|------------------------|-----------------------|
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*Departments: Academics, Administrative, Accounts, Database, Support

IS THE INSTITUTION RECOGNISED AS LEARNING CENTRE OF ANY OTHER UNIVERSITY?

IF ANSWER IS YES, THEN GIVE FOLLOWING DETAILS:

| SL. NO. | NAME AND ADDRESS OF RECOGNIZING UNIVERSITY | RECOGNIZED AS |
|---------|--|---------------|
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DETAILS OF REMITTANCE OF AUTHORIZATION FEE

Processing Fee (One Time): Rs. 5000/- in favour of "G.S.ACCOUNTS" PAYABLE AT Jammu

| DD No. | Date | Bank | Payable at |
|--------|------|------|------------|
| | | | |

Certified that all the information given above and in the preceding pages signed by me is complete and correct. I declare that the institute will abide by all the rules of G.S.ACCOUNTS and the direction given under it. I am ready to work under the supervision of the Learning Resource Provider of the G.S.ACCOUNTS and their Regional Coordinator. In case of any information furnished by me is found wrong or incomplete, I declare that the institute may be derecognized and is also open to any action as per law.

Signature of the Proposed Coordinator

Name:

Designation:

Address:

Date:

Seal & Signature of Head of Management

Name:

Designation:

Address:

Date:

PHOTOS TO BE PASTED:

Space for Affixing
'FRONT PHOTOGRAPH OF THE CENTER'

Space for Affixing
'WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE CENTER'

Space for Affixing
'PHOTOGRAPH OF RECEPTION AREA OF THE CENTER'

Space for Affixing
'PHOTOGRAPH OF LECTURE ROOM OF THE CENTER'

Space for Affixing
'PHOTOGRAPH OF COMPUTER LAB OF THE CENTER'

Space for Affixing
'PHOTOGRAPH OF LIBRARY'