



7. Nominate a Coordinator/Representative : .....

Office Landline :.....Mobile :.....

Email id :.....

8. Current Infrastructure details that is available with you for educational purpose.

(a)	Total area of the Institute/Centre(in sq. ft.)		
(b)	Total covered area (in sq. ft.)		
(c)	Number of Floors		
(d)	No. of Rooms Available		
(e)	Power Backup		
(f)	No. of Computer Available		
(g)	Internet Facility		

9. Details of Premises (Attach Relevant Documentary Proof) :

(a) Whether the land & building are owned by the centre.

(b) If the building is rented, enclose the lease deed of the Society/Institution.

10. If you centre is also associated with any other University/Institution (Give Details)

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11. Grade Your Centre :

Perfect

Good

Satisfactory

**Justify :**

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.....

12. Location of the Centre :

- |                           |                              |                             |
|---------------------------|------------------------------|-----------------------------|
| (a) Remote Area           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Easily Accessible     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Residential Area      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) Commercial Area       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) Within the City       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (f) Outskirts of the City | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- (g) Distance From Railway Station..... Name of the City.....
- (h) Distance From Bus Stop.....Name of the Area.....

13. Any other relevant information w.r.t. competitors or market trends/market potential which you wish to disclose/share.

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14. Attach one set of Visiting Card, Letter Head & Profile of your Institute.

**DECLARATION**

We hereby declare that the details provided by me / us here in above are true to best of my / our knowledge.

Date : ..... ..

Place : ..... Signature

**PAYMENT DETAILS**

DD No. : ..... DD Date : .....

Drawn on (Bank Name) ..... Amount (in Figures) Rs .....

Amount (in word) Rs .....



Latest Stamp Size Photograph of the  
Chairman/Secretary/Trustee/Proprietor



Latest Stamp Size Photograph of the  
Director/Proprietor

Signature & Seal or Signature of Society/Trust  
(In original, with date)

Signature & Seal or Director/Proprietor  
of Institute (In original, with date)

**Registered & Corporate Office**

RZ-5, Third Floor, Old Roshan Pura, Najafgarh Delhi - 110043 (INDIA)

Website :- [www.nobse.in](http://www.nobse.in) | E-mails :- [info@nobse.in](mailto:info@nobse.in) | Toll Free : +91- 8810 310 758