



HINDUSTAN SARVA VIDHYAPEETH

HINDUSTAN SARVA VIDHYAPEETH
WE MAXIMIZE YOUR VALUE

An Internationally Reputed And Recognised Autonomous Institution

Run by A Registered Not-For-Profit Autonomous Organisation Under Indian Govt. Act 2 of 1882.

AFFILIATE ASSOCIATE CENTRES PROPOSAL FORM

1. Name of the Applicant : _____
2. Type of AAC : Proprietorship () Partnership () Private Ltd. () Public Ltd. ()
 Tick most appropriate Society () Trust () R&D Organization () Educational Institution ()
 (Enclose the necessary Bank/Insurance Co. () LLP (Limited Liability Partnership) () PSU/Govt. Organization ()
 details and proof) Others : _____
3. Full Postal address : _____

District: _____ State : _____
 Country: _____ Pin Code : _____

4. Official Communication : Phone No.(s) : _____
 Telefax No.(s): _____
 Mobile No. (s): _____
 Email Id. : _____

Fill the following and enclose proper proof:

5. Premises details: Owned () Rented () 6. Ready for Operation: Yes () Not Yet ()
 7. Total carpet Area of Organization (Sq.Ft.) : _____
 8. Total Site Area of Organization (Sq.Ft.) : _____
 9. Internet Connectivity: Leased Line () Broadband () Dial-Up () Speed : _____
 10. Details of Computers (Dedicated earmarked for Training and Research purpose)

| Type | Processor | RAM | HDD | Network(Y/N) | Internet(Y/N) |
|-----------------|-----------|-----|-----|--------------|---------------|
| Server Computer | | | | | |
| Client Computer | | | | | |

11. Infrastructure Details: Generator () LCD Player () FAX () Photo Copier ()

| Sl.No. | Other Infrastructure for Training Program | Units | Area (Sq.Ft.) | Seating capacity |
|--------|--|-------|---------------|------------------|
| 1. | Training Room | | | |
| 2. | Library (Total No. of Books: _____) | | | |
| 3. | Reading Room / Conference Room / Audio Visual Room | | | |
| 4. | Administrative Area | | | |
| 5. | Trainer Room | | | |
| 6. | Service Area – Toilets etc. | | | |
| 7. | Others _____ | | | |

(Use separate sheet, if necessary)

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**INDUSTRY INTEGRATED
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 COLLABRATING JOB AND EDUCATION



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12. Note the Preferred Streams which on much interest to conduct at the Partner Institution (give the choice of order)

| | |
|--|-----|
| FACULTY OF ENGINEERING AND TECHNOLOGY | () |
| FACULTY OF PLANNING AND ARCHITECTURE | () |
| FACULTY OF BUSINESS AND ADMINISTRATION | () |
| FACULTY OF COMMERCE AND FINANCE | () |
| FACULTY OF COMPUTER SCIENCE AND INFORMATION TECHNOLOGY | () |
| FACULTY OF SCIENCE AND TECHNOLOGY | () |
| FACULTY OF ARTS AND HUMANITY | () |
| FACULTY OF FINE ARTS AND CREATIVITY | () |
| FACULTY OF EDUCATION AND TRAINING | () |
| FACULTY OF LAW AND JUDICIAL | () |
| FACULTY OF HOSPITALITY AND TOURISM MANAGEMENT | () |
| FACULTY OF JOURNALISM AND MASS COMMUNICATION | () |
| FACULTY OF TEXTILE, COUSTUME AND FASHION TECHNOLOGY | () |
| FACULTY OF FIRE AND SAFETY MANAGEMENT | () |
| FACULTY OF ALLIED HEALTH AND PARAMEDICAL SCIENCES | () |

13. Detail of courses that you are interested to offer through Affiliate Associate Centres.

| Sl.No. | Proposed Courses | Expected No. of Admissions | Sl.No. | Proposed courses | Expected No. of Admissions |
|--------|------------------|----------------------------|--------|------------------|----------------------------|
| 1 | | | 11 | | |
| 2 | | | 12 | | |
| 3 | | | 13 | | |
| 4 | | | 14 | | |
| 5 | | | 15 | | |
| 6 | | | 16 | | |
| 7 | | | 17 | | |
| 8 | | | 18 | | |
| 9 | | | 19 | | |
| 10 | | | 20 | | |

(Use separate sheet, if necessary)

14 Trainer and other staff Training Department Details: (Enclose separate List of all Trainers and other Staff Members in following format:

Name|Father's Name|Date of Birth|Sex|Academic Qualification|Professional Qualification|Experience (Teaching&Non-Teaching both)
| Level of Association (Full Time/ Part Time/ Visiting Faculty) |Key Skills

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PROFILE OF COORDINATOR OF AFFILIATE ASSOCIATE CENTRES

(Proposed Authorized Person to lead the Institution and Head of Institution may be an appointed person or a part of management. But he/she must be a qualified person)

1 Name : _____

2. Designation : _____

3. Sex: : M () F ()

4. Qualification: _____

5. Photo ID Proof: Driving License () Passport ()

Voter ID () PAN Card ()

Please affix a Passport
size
Photo with Attested
by
Head of Management

(Kindly enclose the copy along with detailed RESUME)

DECLARATION

We certify that the particulars furnished above or in the proceeding pages are true to our best of our knowledge and express our willingness for an inspection to assess the infrastructural facilities, qualified staff etc. We declare that the Organization will abide by all the rules and directions of HSV given from time to time. In case of any information furnished by us is found wrong or incomplete in any regard, we shall be the responsible for any decision taken by you. I hereby confirm that I will regularly visit / login www.hsv.org.in and any information relevant will be received by me from above-said website.

Further, I will never claim any information officially or unofficially in hard copy and email. Therefore, only I will be responsible for all types of consequences, if I don't visit/login the said website.

I have carefully read and understood all the guidelines, specifications and other information given by HSV. In case of any disputes or for any unforeseen issue(s) or issues not covered in the guidelines, specifications and other information given by HSV, the decision of HSV shall be final and binding on me and all other concerned. I agree that the HSV and Resource IIEEdPm reserves the right to withdraw any location or any Discipline/Programme or its nomenclature at any time without assigning any reason and to make modifications in any information published anywhere whenever deemed necessary.

According to the IIEEdPm, In the event of any disputes between the parties, which are not covered but the arbitration clause, the courts of Erode shall have exclusive jurisdiction.

Date: _____

Specimen Signature of the Proposed Institution

Seal & Signature of the Head of the Affiliate
Associate Centres

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FOR AFFILIATE ASSOCIATE CENTRES USE ONLY

Payment details of Affiliate Associate Centres, according to their partnership status (Application, Allotment, Affiliation, Registration, Certification, Inspection, Processing and Incidental Fee) should be in the form of DD in favour of Hindustan Sarva Vidhyapeeth, payable at Perundurai / Erode.

| Demand Draft No. | Date | Bank | Issuing Branch |
|------------------|------|------|----------------|
| | | | |

PHOTOS TO BE PASTED:

Space for Affixing

'WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE ORGANISATION'

HEIT
Career Development Services

UNDERTAKING

The above pasted photographs are belonging to our Institution. I also undertake that if I fail to pay renewal fee for Affiliate Associate Centres then well HSV have the right to transfer all our enrolled Students to any other Affiliate Associate Centres treats them as Direct Students to complete their course.

I understand and agree that fees paid by me with the application form or on account of processing fee, for conduct of inspection, for grant of approval of my application or any other fee or charges, as prescribed for Affiliate Associate Centres once paid, will be non-refundable. Withdrawal of my proposal or rejection by the HSV at any stages for reason whatsoever shall not entitle me to claim any amount or compensation from the HSV.

Specimen Signature of the Proposed Institution

Seal & Signature of the Head of the
Affiliate Associate Centre / Organization / Management

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Space for Affixing
'PHOTOGRAPH OF LIBRARY'

Space for Affixing
'PHOTOGRAPH OF COMPUTER LAB EARMARKED FOR TRAINING PURPOSE'



Space for Affixing
'PHOTOGRAPH OF TRAINING ROOM OF THE ORGANISATION'

Initiated For



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LIST OF TEACHING AND NON-TEACHING STAFF

HEDTA
Career Development Services

Date:

Initiated For





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(ON INDIAN NON-JUDICIAL STAMP PAPER OF RS.100/-)

SELF DECLARATION FORM

I..... S/o, D/o, W/o Sh., Director /Proprietor /Partner or Managing Partner / Trustee / President /Secretary /Chairman of _____

(Firm/Trust / Company / Society) situated at _____
hereby apply for Affiliate

Associate Centres for session 2015-2016, of IIEPm. I hereby undertake as under:

1. To pay all the outstanding dues and pay all the fees as per the Trust / Organization Norms.
 2. I will charge fee and other dues from the students as per the norms prescribed/notified by the HSV, from time to time.
 3. To have the format of my/our advertisements approved by HSV before I/We release it to the media.
 4. To submit all the admission and examination forms to the HSV through Resource Office IIEPm within the prescribed time limit.
 5. To individually verify signature of the students and all the documents enclosed with the student forms with the originals.
 6. Not to indulge into any sort of criminal / immoral / illegal activity.
 7. To provide Postal Address, Email ID and Mobile Number belongs to Student only. In case Student takes any legal action due to miscommunication, I will be responsible for all type of consequences and compensations, if I provide any other Postal Address, Mobile number and Email ID for communication and alert messages.
 8. I will enroll students, only as per the admission guidelines issued/to be issued by the HSV from time to time, for the courses which have been allotted to me by HSV.
 9. I may be held responsible for the acts committed by me or by Affiliate Associate Centres or by any of the employees of mine which are con-tarry to the provisions of the HSV rules/regulations/Act/Statutes etc.
 10. I will operate only at location(s) which has been approved by HSV and in no case I will change the location without the permission of the HSV.
 11. I will regularly visit Email Id and websites to gather any information relevant to my Institution. Further, I will never claim any information officially or unofficially in hard copy format / by email / by SMS. Therefore, only I will be responsible for all types of consequences, if I fail to get information due to not visit / login the websites.
 12. I Undertake that no existing AFFILIATE ASSOCIATE CENTRES for the same courses in radius of 5 Kms in metro cities / 7 Kms in District Headquarter / 10 Kms in towns from my proposed Affiliate Associate Centres.
 13. I undertake that if I fail to pay renewal fee for Affiliate Associate Centres then HSV have the right to transfer all our enrolled Students to any other Affiliate Associate Centres or treat them as Direct Students to complete their course
 14. I, further declare that I will submit all the required and necessary information or statistics, in the manner and schedule as the HSV may decide and I shall personally be responsible for the acts of omission and commission on my part or on the part of my Affiliate Associate Centres and HSV or Resource Office of IIEPm will not be liable / responsible towards any commitment(s) made by anyone at Affiliate Associate Centres
 15. I have noted that the permission to open Affiliate Associate Centres has been granted to me provisionally and the final approval of the same will be given only after the visit of the Visiting Team of the HSV.
- I further acknowledge that if at any point of time the HSV finds any deficiency in my infrastructure or in the support services to the students or if I am found involved in any sort of unlawful activities, then the HSV and Resource Office if IIEPm will have the full right to terminate my Affiliate Associate Centres authorization without seeking my clarification.

For
Signature of the Head OF AAC (with seal of Institution)

ATTESTED BY NOTARY WITH SEAL

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(ON THE LETTER HEAD OF THE ORGANISATION)

DECLARATION FOR ON SITE TRAINING AND EXAMINATION FACILITIES

To

REGISTRAR,
HINDUSTAN SARVA VIDHYAPEETH,
9/5, FIRST FLOOR, CD COMPLEX,
BHAVANI MAIN ROAD, PERUNDURAI,
ERODE—638052, TAMILNADU.

Dear Sir,

After careful analysis of HSV minimum norms, I assure you that we have all facilities for training and examination as per the requirement of the HSV Programs for the students enrolled in the courses which will be proposed to conduct in my Institution.

And we have no objection for the premises being used by the AFFILIATE ASSOCIATE CENTRES. The HSV inspection team can visit / inspect the below mentioned premises at any working day without notice.

Address: _____

Phone : _____

Fax: _____

Email : _____

Career Development Services

We will be solely responsible to bear all the legal expenses and compensations, if I fail to provide services like Internet, Library, training classes and transmit fee and answer sheet to the HSV. We will be also responsible for issuing soft copy of syllabus & course material, Identity card, Examination hall tickets, results, Marks Sheet, Diploma & Degree and other Certificates to students after receiving from HSV.

We declare that the Organization will abide all the rules and directions of HSV given from time to time.

Signature of Head of AAC with Seal / Stamp

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(ON THE LETTER HEAD OF THE ORGANISATION)

ADDRESS DECLARATION

In case the Affiliate Associate Centres Premises is rented

I, do hereby declare that I have acquired the under mentioned premises on rent/hire/lease & license which complies with the AFFILIATE ASSOCIATE CENTRES requirement and wherein I intend to run the AFFILIATE ASSOCIATE CENTRES.

Complete Postal Address of the Premises:

I submit to you the following documents as address proof of the proposed Affiliate Associate Centres Premises:

1. Lease & License Agreement OR NOC from owner.
2. Latest Electricity Bill of the Premises.
3. Land-line Telephone Bill with same address

I will be solely responsible for all types of consequences if I change my premises without the permission of HSV.

For
Signature of Head of AAC with Seal/Stamp

Career Development Services

In case the Affiliate Associate Centres Premises is owned

I, do hereby that I own the under mentioned premised which complies with the AFFILIATE ASSOCIATE CENTRES requirements and wherein I intend to run the AFFILIATE ASSOCIATE CENTRES.

Complete Postal Address of the Premises:

I submit to you the following documents as address proof of the proposed Affiliate Associate Centres Premises:

1. Copy of Purchase Agreements.
2. Latest Electricity Bill of the Premises
3. Land-line Telephone Bill with same address

I will be solely responsible for all types of consequences if I change my premises without the permission of HSV.

For
Signature of Head of AAC with Seal/Stamp

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Annexure- A

It is necessary if the concern consists of more the one member or partners. To be printed on the Letter Head of the Trust/Society/Company/Firm)

RESOLUTION NO. _____

TRUE COPY OF THE RESOLUTION PASSED IN THE GOVERNING BODY / BOARD OF DIRECTORS / BOARD OF TRUSTEES MEETING OF AT HELD ON

By Present:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Resolved unanimously that:

As provided under Rules of Memorandum of the Trust / Society / Company / Firm, the Trust / Society / Company / Firm shall establish a **IIEdPm AFFILIATE ASSOCIATE CENTRES** at

Further resolved that **Dr./Mr./Ms./Prof.**.....

Designation as, be and is hereby appointed **as HEAD of AAC** of the above mentioned

AFFILIATE ASSOCIATE CENTRES to forward and recommended students admission for various Programs of **IIEdPm** and he/she is authorized to sign all documents and do all things necessary and incidental there-to, for establishing the said **AFFILIATE ASSOCIATE CENTRES**. He / She would be fully responsible for running the day to day affairs of the said **AFFILIATE ASSOCIATE CENTRES**.

It is certified that the above resolution has been passed at the duly convened Governing Body / Board of Directors / Board of Trustees Meeting of the Trust/Society/Company/Firm and has been recorded in the Minute's Book.

Seal of the Trust/Society /Company /Firm

For (name of trust /Society /Company /Firm)
(Signature of Chairperson)

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SELECTION CRITERIA

(Head of AAC must have minimum 60 points to apply)

| Sl. No. | Standard | Point | Self Assessment |
|---------|---|-------|-----------------|
| 1. | Office in the good populated Town | 20 | |
| 2. | Infrastructure of Existing Institute (One Point for each availability of facility, maximum 20 Point) | 20 | |
| 3. | Experience and Qualification of Branch Manager (Five point for each year of experience, maximum 3 years and two point for bachelor degree, three point for master degree and five point for Doctorate) | 20 | |
| 4. | Working Capital (One point for each Fifty thousand, maximum 20 Point) | 20 | |
| 5. | Turn over (Five point for every 2 lakhs, maximum 20 Point) | 20 | |
| | Total Points | 100 | |

CHECK LIST FOR SUBMISSION OF AFFILIATE ASSOCIATE CENTRES PROPOSAL FORM

| Sl.No. | Particulars | Yes | No | If not enclose mention the reason | Remarks |
|--------|--|-----|----|-----------------------------------|---------|
| 1. | Registration Certificate and Memorandum of Association of Society, or Company or Trust or proprietorship Deed | | | | |
| 2. | Resolution of Society or Trust or Company for becoming AFFILIATE ASSOCIATE CENTRE to promote various University programs as per Annexure A | | | | |
| 3. | Audited Balance Sheet of previous two years | | | | |
| 4. | Photograph of the Organization, Training Rooms, Lab, Library, Reception | | | | |
| 5. | One Photograph and Copy of the PAN Card of the HEAD OF AAC | | | | |
| 6. | Detailed Bio data of HEAD OF AAC along with photograph | | | | |
| 7. | List of Trainer and other staff members working for AFFILIATE ASSOCIATE CENTRE | | | | |
| 8. | Self-Declaration Form (to be typed in Rs.100/- Indian Non-Judicial paper) duly signed by Notary Public. | | | | |
| 9. | Declaration for Training Facility on letter head of Organization by HEAD OF AAC | | | | |
| 10. | Organization along with Telephone Bill / Electricity Bill / Rent Agreement / Sale Deed. | | | | |

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