



INDIRA GANDHI RURAL EDUCATIONAL INSTITUTIONS (R)

Reg under : Govt of Karnataka, NCT Govt of India, NITI Aayog, MSME Govt of India,
NCS Ministry of Labour and Employment Govt of India, An ISO Certified 9001-2015 Institution.

APPLICATION FOR DISTRICT COORDINATOR

DISTRICT :

ORGANIZATION/INSTITUTION PROFILE :

1. Name of the Organization: _____

2. Year of Establishment: _____

(Please attach RC)

3. Type of Organization:

(Tick most appropriate)

(Enclose the necessary details and proofs)

Trust

☐

Society

☐

Educational Institution

☐

Others

☐

4. Full Postal Address: _____

District: _____

State: _____

Country: _____

Pin Code: _____

5. Official Communication:

Phone No:

(Country Code) (STD/Local Code)

Mobile No.: +91

Email: _____

Fill the following and enclose proper Proof:

6. Premises Details:

Owned

☐

Rented

☐

7. Ready for Operations: Yes

☐

Not Yet

☐

8. Total Carpet Area of Organization (Sq. Ft.): _____

9. Total Site Area of Organization (Sq. Ft.): _____

10. Internet Connectivity:

Yes

☐

No

☐

11. Details of Computers (Dedicated Earmarked for Training and Research Purpose)

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

12. Infrastructure Details:

Generator

☐

LCD Player

☐

FAX

☐

Photo Copier

☐

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

13. Detail of Courses that you are interested to offer through IGREI :

SL. No.	Proposed Course	Expected No. Of Admissions	SL. No.	Proposed Course	Expected No. of Admissions
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

14. Teachers and other Staff Teaching Department Details:

(Enclosed 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

DIRECTOR PROFILE

1. Name: _____

2. Designation: _____

3. Sex: Male ☐ Female ☐

4. Qualification: _____

5. Experience : _____

6. Photo ID Proof : Driving ☐ License ☐ Passport ☐ Voter ID ☐ PAN Card ☐ Aadhar ☐
(Kindly enclose the copy)

Latest Colour
Photograph in
Passport
Size of the Proposed
Principal/Director

DECLARATION

In support of application, I certified that, having read the norms and procedure for accreditation of institutions, I undertake to ensure that the institution will abide by the rules and regulations and terms and conditions, as are made applicable to the District Coordinator, from time to time. I further affirm that accreditation, if granted to the institution, will not be used for commercial purpose, rather will be used to serve the needs of the Indira Gandhi Rural Educational Institutions(IGREI) students. I shall do what is in my power to ensure the smooth and proper functioning of the institution.

I have carefully read and understood all the guidelines, specifications and other information published by the INDIRA GANDHI RURAL EDUCATIONAL INSTITUTIONS (IGREI). In case of any disputes or for any unforeseen issue(s) or issues not covered in the guidelines, specifications and other information published by the IGREI, the decision of the IGREI shall be final and binding on me and all other concerned.

I agree that the Indira Gandhi Rural Educational Institutions, 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 any where whenever deemed necessary.

In the event of any disputes between the parties, which are not covered at the arbitration clause, the courts of Karnataka shall have exclusive jurisdiction.

Date:

Specimen Signature of the Proposed Principal/Director

Seal & Signature of the Head of the Organization

FOR SC USE ONLY

Allotment Fee of _____/- (Non-Refundable and Non-Adjustable) in favour of "INDIRA GANDHI RURAL EDUCATIONAL INSTITUTIONS" payable at "Karnataka"

Demand Draft No.	Date	Bank	Issuing Branch

‘WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE ORGANISATION’

UNDERTAKING

The above pasted photographs are belonging to our Organization. I also undertake that if I fail to pay renewal fee For District Coordinator then INDIRA GANDHI RURAL EDUCATIONAL INSTITUTIONS (IGREI) have the right to transfer all our enrolled Students to any other District Coordinator or treat 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 Study Center once paid, will be non-refundable. Withdrawal of my proposal or rejection by the INDIRA GANDHI RURAL EDUCATIONAL INSTITUTIONS (IGREI) at any stages for reason whatsoever shall not entitle me to claim any amount or compensation from the INDIRA GANDHI RURAL EDUCATIONAL INSTITUTIONS (IGREI).

Signature of the Proposed Principal/Director

Seal & Signature of the Head

KINDLY SUBMIT SC FORM AT:

INDIRAGANDHI RURAL EDUCATIONAL INSTITUTIONS (IGREI)

Administrative Office: Old income tax office road, near ganapati temple, vijaya buildind, vidyanagar, Hubli, Karnataka-580021.



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INFORMATION OF ORGANISATION

Name of the Organisation _____

Type of Organisation _____

Registered Address _____

Date of Registration _____

Registration Number _____

Pan card No _____

Proposed Office Address _____

List of Office Bearers

President/Chairman _____

Mobile No _____

Authorised Person _____

Phone No. with STD Code _____

E-mail Address _____

Fax _____

DOCUMENTS TO BE ATTACHED

- | | |
|--|--------------------------|
| ☐ Organization Registration Certificate Copy | ☐ |
| ☐ Organization PAN Copy | ☐ |
| ☐ Organization Head PAN Copy | ☐ |
| ☐ Organization Head Id Proof Copy | ☐ |
| ☐ Organization Building Ownership Proof/Rent Deed | ☐ |
| ☐ Organization Building Photograph. | ☐ |
| ☐ Organization Building Map | ☐ |
| ☐ List of Staff members | ☐ |

ORGANIZATION AFFIDAVIT
INDIAN Non-Judicial Paper Rs. 50/-

I (Chairman/Head Name) s/o (Father Name) is the President/Chairman of (Organization Name) situated at (Address) Reg. No. (Registration Number of Society/Trust) do solemnly declare that, we are conducting the courses of INDIRA GANDHI RURAL EDUCATIONAL INSTITUTIONS(IGREI) in (Name of State) State, motive of our educational Charity/Trust/Organization is to spread education to the empowerment of children youth & women through Skill Development and Open & distance Education. We assure you that we will keep all and every principle of your Institution/Organization in our proceedings.

AFFIDAVIT OF ORGANIZATION HEAD

INDIAN Non-Judicial Paper Rs. 50/-

I (Name of Chairman/Head of Organization) s/o (Father Name of Chairman/Head of Organization) ID Card No. (of Chairman/Head of Organization) and Aadhar Card No. (of Chairman/Head of Organization) Pan Card No. (of Chairman/Head of Organization) Residing at (Correspondence Address of Chairman/Head of Organization) do herewith solemnly declare in this affidavit that, I am the Chairman/Head of (Name of Organization) Reg. No. (of Trust/Society) dated at (DD/MM/YYYY) running educational welfare & empowerment schemes for children, youth & women. Our Society/Trust would like to run the courses of INDIRA GANDHI RURAL EDUCATIONAL INSTITUTIONS(IGREI) in (District & State Name) as (Academic/Regional/District) Coordinator.