



# National Professional Academy

Recognized By Youth Affairs and Human Resource Development Society

(Registered By, Govt. of Rajasthan)

Application to establish Distance Knowledge Center DKC

[www.npacademy.in](http://www.npacademy.in) mail at [npakota@gmail.com](mailto:npakota@gmail.com)

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## Annexure-1

### CheckList (Tick against each item)

1. Registration / Recognition / Affiliation of the Trust / Educational institution.
2. List of equipments
3. List of teachers (attach details).
4. List of Non-teaching staff.
5. Infrastructure facilities as per the program selected.
6. Computer facilities.
7. DD of Rs. 9000/- + 1000/- (PROCESSING FEE) - in favor of  
"Youth Affairs and Human Resource Development Society" **pavable at Kota Rajasthan**

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### Address for Correspondence

**National Professional Academy**

10-D Panjwani Complex, 2<sup>nd</sup> Floor, Opp. Multi Purpose School Gumanpura Kota Rajasthan



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## Distance Knowledge Center DKC

### APPLICATION FOR DISTANCE KNOWLEDGE CENTER

STREAM: MANAGEMENT & COMPUTER SCIENCES

1. Name of the Registered Society/Trust/Company  
(With Registration no.) \_\_\_\_\_

2. Do you want approval in name of Trust/Society

Yes:

No:

3. Name of Proposed Distance Knowledge Center - DKC \_\_\_\_\_

4. Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. City: \_\_\_\_\_

Pin Code: \_\_\_\_\_

6. State: \_\_\_\_\_

7. Contact Details:

A) Landline No with STD code:

B) Mobile No:

C) Fax No:

Yes

No

Number

D) Email Id:

Yes

No

Id

8. Name of Head of the Distance Knowledge Center - DKC  
(Educational qualification, occupation): \_\_\_\_\_

9. Contact No of the Centre Head: \_\_\_\_\_

10. Name of the Centre coordinator: \_\_\_\_\_

11. Contact No of the Centre coordinator: \_\_\_\_\_

12. Details of affiliation and recognition by the  
Local University/ Board/ Government along  
With the certificate (copy) \_\_\_\_\_

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13. Type of Organization: (Put Tick Mark):

Trust:

Society:

Company:

Partnership Firm:

Proprietor Firm:

14. Type of Area: (Put Tick Mark):

Metro:  State Capital:  Dist HQ:  Town:  Semi Urban

Rural:  Backward Area:  Remote:  Hilly Region:  Tribal Area:

15. GLRC Location: Commercial  Semi-Commercial  Residential

16. Premises: Owned  Rented  Leased

17. Distance from Bus Stand (in km) \_\_\_\_\_

18. Distance from Railway Station (in km) \_\_\_\_\_

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## INFRASTRUCTURE DETAILS

(To be filled by the Applicant)

DKC at \_\_\_\_\_ (Road Map to be attached)

1. Building (Owned/Rented): \_\_\_\_\_

(i) Total Area (Sq. Ft): \_\_\_\_\_ (ii) Build up area (Sq. Ft): \_\_\_\_\_

Photograph to be pasted here

Front view photograph of the building

2. Front Office Details :

A. Counselor's Room

(i) Dimension: \_\_\_\_\_ (ii) Area: \_\_\_\_\_

Photograph to be pasted here

Counselor Room Photograph

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B. Coordinator's Room

(i) Dimension: \_\_\_\_\_ (ii) Area: \_\_\_\_\_

Photograph to be pasted here

Coordinator's Room Photograph

C. Name the Laboratories (for practical training of students)

(i). Dimension: \_\_\_\_\_ (ii) Area: \_\_\_\_\_

Photograph to be pasted here

Laboratories Photographs

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D. Name the Laboratories (for practical training of students)

(I)Dimension: \_\_\_\_\_ (ii) Area: \_\_\_\_\_

Photograph to be pasted here

Laboratories Photographs

- If there are more laboratories please attach photographs on a separate sheet.

Class Room Photograph

A Class Room No. 1

(i)Dimension: \_\_\_\_\_ (ii) Area: \_\_\_\_\_ (iii) Seating Capacity: \_\_\_\_\_

Photograph to be pasted here

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(B) Class Room No. 2

(I) Dimension: \_\_\_\_\_ (ii) Area: \_\_\_\_\_ (iii) Seating Capacity: \_\_\_\_\_

Photograph to be pasted here

Classroom Photograph

- If there are more classrooms please attach photographs on a separate sheet.

### 3 Computer Lab Details

- (i) Dimension : \_\_\_\_\_ (ii) Area: \_\_\_\_\_
- (ii) Number of Computers : \_\_\_\_\_ (Independent/LAN)
- (iii) Number of printers : \_\_\_\_\_
- Type: (a) Laser: \_\_\_\_\_ (b) Inkjet: \_\_\_\_\_ (c) Dot Matrix: \_\_\_\_\_
- (iv) Internet connection (Yes/No) : \_\_\_\_\_

Photograph to be pasted here

Computer Lab Photograph

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4 Library Details (Attach a separate list with details of library books with name)

Total Number of Books: \_\_\_\_\_

No. of Journals: (I) National \_\_\_\_\_ (ii) International \_\_\_\_\_

Photograph to be pasted here

Library photograph

5 Faculty Details

A. Regular Faculties( Programme Wise)

S.NO	Name	Educational Qualification	Experience

• If there are more regular faculties please attach a separate sheet.

B. Visiting Faculties (Programme Wise)

S.NO	Name	Educational Qualification	Experience

• If there are more visiting faculties please attach a separate sheet

6 Audio-Visual facilities – specify: \_\_\_\_\_

Place :

Date:

Signature of Coordinator with Centre Seal

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## INSTITUTION AREA

S.No.	Particulars	Areas in Sq. Ft.
1.	Administrative Area	
2.	Reception Area	
3.	Counseling Room	
4.	Library	
5.	Computer LAB Area	
6.	Class Room 2(50- 60 students)	
	Total	

**Note:** Computer Laboratories should be equipped with latest configuration with 160 GB HDD,2 GB RAM,TFT Monitor, Optical Mouse, Keyboard, 2 serial and 1 parallel port. All net work facilities may be provided. Printers, Scanners, Fax with latest facilities must be available.

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***NP ACADEMY – An ISO 9001:2008 Certified Organization***

**DECLARATION BY THE APPLICANT**

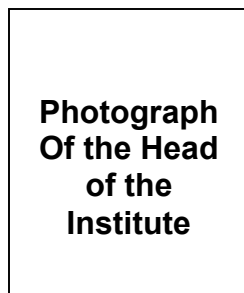
I hereby certify that all the particulars stated in this application are to the best of my knowledge and belief and in case of suppression or distortion of any fact made in my application form, I understand that my affiliation is liable to be cancelled.

I understand that NP ACADEMY has the right to add / delete / change the syllabus, course structure, rules & regulations.

**Place**

**Seal & Signature Of the  
Institute Head / Co-Ordinator**

**Date**



## **UNDERTAKING**

(Format to be printed on the letterhead of the Institute or on Rs.10 stamp paper)

I \_\_\_\_\_  
(Name & Designation)

Partner / Proprietor / Owner of \_\_\_\_\_  
(Name & address of the Institute)

Understood the RULES & REGULATIONS as on now & amended in future applicable to the Institute conducting NP ACADEMY's Courses, courses explained in the Prospectus for Affiliation and agreed to abide by the same.

- 1.** I certify that I am the competent authority, by virtue of the administrative and financial powers vested in me some on being owner / authorized administrative of the above mentioned Institute / organization to furnish the above information and to undertake the above stated commitment on behalf of my / our Institution.
- 2.** I am aware that in case any information given by me is false or misleading, NP Academy may in its sole discretion to take whatever actions or measures it deems necessary and appropriate and the Institute would be debarred from the Affiliation for any or all from Two years from the date of debarring.
- 3.** I agree to abide rules & regulations by the decisions of the NP ACADEMY or its designated agencies in respect of my application for Affiliation IT courses under the above scheme.
- 4.** I further understand that, In case at least 120 numbers of candidates in the duration of one year period of Affiliation, is not sent, NP ACADEMY is liable to be withdrawn or canceled.

Seal & Signature of Center Head

Signature of Witness

- Name :
- Designation :