

Code No:

Form No:

Member: COABSE

RASHTRIYA SANSKRITI SANSTHAN, New Delhi

Website: www.sanskritii.in, Email: sansthan2013@gmail.com

ACCREDITATION FORM

Name of Institution & Society/Trust : _____
Address : _____
Contact Details : _____
: _____
Name of Coordinator, address & Contact Nos : _____
Staff Details : _____
: _____
Details of Infrastructure : _____
Date of Resolution : _____

Date:

(Sign with Seal & Signature of coordinator)

DECLARATION

I hereby declare that all information furnished by me on behalf of society /institution named above are true and correct to the best of my knowledge and belief and nothing has been concealed in it. If at any stage it will be found wrong, the authorities of RSS shall have right to cancel accreditation of my institution and take appropriate legal action me. I again declare that I know very well that this is Autonomous Organization established under Trust Act and running courses to enhance knowledge and wisdom only which provide no guarantee for further education or Job and No concern with any other similar organization. I will furnish all above information to the student admitted for any course of RSS and I will admit only those students agreed to get admission after knowing the facts of RSS and if any claim/blame will be raised on this ground, only I will be responsible for that and RSS will not be responsible or able to compensate by way.

Date:

(DECLARANT SIGNATURE WITH SEAL)

Please Check and annexures:

1. I.D. Proof of the Coordinator
2. Copy of Regn. Certificate & Bye-laws of Society/Trust

3. Layout plan & photo of the Building of Institute
4. Available infrastructure on Separate sheet.
5. Copy of resolution passed by Executive Committee of society/trust.
6. Staff details of separate sheet.
7. Prescribed fee for accreditation Rs. 25000/-by DD in favor of SHIKSHA VIKALPA payable at Delhi.