



ग्रामीण मुक्त विद्यालयी शिक्षा संस्थान  
Grameen Mukta Vidhyalaya Shiksha Sansthan

Working as an Autonomous body [State Govt. Notified/Approved/Recognized by an executive Order]

**APPLICATION FOR DIVISIONAL DIRECTOR**

विभागीय निदेशक के लिए आवेदन

**ORGANIZATION/INSTITUTION PROFILE**

संगठन/संस्था की रूपरेखा

01. Name of the Organization/Institution:

संगठन/संस्था का नाम

\_\_\_\_\_

\_\_\_\_\_

02. Year of Establishment: (Please Attach Proof)

स्थापना वर्ष (प्रमाण संलग्न करें)

\_\_\_\_\_

03. Type of Organization/Institution: (Please Attach Proof)

संगठन/संस्था का प्रकार (प्रमाण संलग्न करें)

Trust

ट्रस्ट

Society

संस्था

04. Full Postal Address:

पुर्ण डाक पता

\_\_\_\_\_

\_\_\_\_\_

District:

जिला

\_\_\_\_\_

State:

राज्य

\_\_\_\_\_

Country:

देश

\_\_\_\_\_

Pin Code:

पिन कोड

\_\_\_\_\_

05. Official Communication:

आधिकारिक संचार

Phone No:

फोन नं.

(Country Code)

(STD/Local Code)

06. Mobile No:

मोबाइल नंबर

Email:

ईमेल

\_\_\_\_\_

Fill the Following and Enclosed Proper Proof:

07. Premises Details:

परिसर विवरण

Owned

स्वामित्व

Rented

किराए पर

08. Total Carpet Area of Organization/Institution (Sq. Ft):

संगठन/संस्था का कुल बना हुआ क्षेत्र (Sq.Ft)

\_\_\_\_\_

09. Total Site Area of Organization/Institution (Sq. Ft):

संगठन/संस्था का कुल स्थल क्षेत्र (Sq. Ft)

\_\_\_\_\_

10. Internet Connectivity:

इंटरनेट कनेक्टिविटी

Yes

हाँ

No

नहीं

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

कम्प्यूटर का विवरण (प्रशिक्षण और अनुसंधान के उद्देश्य के लिए निर्धारित समर्पित)।

Type प्रकार	Processor प्रोसेसर	Ram रेम	HDD एच डी डी	Network(Y/N) नेटवर्क	Internet(Y/N) इंटरनेट
Server Computer सर्वर कंप्यूटर					
Client Computer क्लाइंट कंप्यूटर					

12. Infrastructure Details:

इंफ्रास्ट्रक्चर

Generator

जनरेटर

LCD Player

एलसीडी प्लेयर

Fax

फैक्स

Photocopier

फोटोकॉपियर

S.No स.न.	Other Infrastructure for Training प्रशिक्षण के लिए अन्य बुनियादी ढांचे।	Units यूनिट्स	Area (Sq. Ft) क्षेत्र (Sq.Ft)	Seating Capacity बैठने की क्षमता
1.	Class Rooms क्लास रूम			
2.	Library (Total Books:) लाइब्रेरी (कुल पुस्तकें:)			
3.	Reading Room /Conference Room/Audio Visual Room वाचनालय / सम्मेलन कक्ष / ऑडियो विजुअल रूम			
4.	Administrative Area प्रशासनिक क्षेत्र			
5.	Trainer Room ट्रेनर कक्ष			
6.	Service Area-Toilets etc. सेवा क्षेत्र शौचालयों आदि			
7.	Other: अन्य			

13. Details of Courses that you are Interested to offer through GMVSS:(Use Separate Sheet, If Necessary)

पाठ्यक्रम की जानकारी जो आप GMVSS के माध्यम से कराने के इच्छुक हैं। (अलग शीट का प्रयोग करें, यदि आवश्यक हो तो)

Sr.No स.न.	Proposed Course प्रस्तावित पाठ्यक्रम	Expected No. Of Admission उम्मीद प्रवेश की संख्या	Sr.No स.न.	Proposed Course प्रस्तावित पाठ्यक्रम	Expected No. Of Admission उम्मीद प्रवेश की संख्या
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 other Staff Members in following Format)

शिक्षक एवं शिक्षण विभाग के स्टाफ का विवरण। (निम्न स्वरूप में अन्य सभी स्टाफ सदस्यों की अलग सूची संलग्न करें।)

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

### निदेशक शख्सियत

1. Name:

नाम

\_\_\_\_\_

2. Designation:

पद

\_\_\_\_\_

3. Gender:

लिंग

Male

पुरुष

Female

महिला

4. Qualification:

योग्यता:

\_\_\_\_\_

5. Experience:

अनुभव:

\_\_\_\_\_

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

फोटो आईडी प्रूफ (प्रमाण संलग्न करें)

डाइविंग लाइसेंस

पासपोर्ट

वोटर आईडी

पैन कार्ड

7. Aadhar No.

आधार संख्या

\_\_\_\_\_

Latest Color  
Photograph In  
Passport Size Of  
The Proposed  
Principal/  
Director

## DECLARATION

In support of the application, I certify 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 Divisional Director, 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 Grameen Mukta Vidhyalayi Shiksha Sansthan (GMVSS) 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 Grameen Mukta Vidhyalayi Shiksha Sansthan (GMVSS). 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 GMVSS, the decision of the GMVSS shall be final and binding on me and all other concerned.

I agree that the Grameen Mukta Vidhyalayi Shiksha Sansthan (GMVSS) 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 e whenever deemed necessary.

In any disputes the courts of Delhi shall have exclusive jurisdiction.  
किसी भी विवाद की स्थिति में, दिल्ली की अदालतों का अनन्य अधिकार क्षेत्र होगा।

DATE: \_\_\_\_\_  
दिनांक \_\_\_\_\_

\_\_\_\_\_  
*Specimen Signature of the Proposed Principal/Director*  
प्रस्तावित प्रधानाचार्य / निदेशक के नमूना हस्ताक्षर।

\_\_\_\_\_  
*Seal & Signature of the Head of the Organization*  
सील एवं संगठन के मुखिया का हस्ताक्षर।

**FOR DD USE ONLY**  
**विभागीय निदेशक के लिए**

Allotment Fee of Rs. ....../- (Non-Refundable and Non-Adjustable) in favour of  
"GRAMEEN MUKT VIDHYALAYI SHIKSHA SANSTHAN" payable at "Delhi"  
आबंटन शुल्क रु......./- (गैर वापस और गैर समायोज्य) "GRAMEEN MUKT VIDHYALAYI  
SHIKSHA SANSTHAN" के पक्ष में "दिल्ली" में देय।

Demand Draft No. डिमांड ड्राफ्ट नं.	Date दिनांक	Bank बैंक	Issuing Branch जारी करने वाले शाखा

Kindly allot me the following selected Programmes:  
कृपया निम्नलिखित कार्यक्रम चयनित करें:

1) High School Examination   
हाई स्कूल परीक्षा

2) Intermediate Examination   
इंटरमीडिएट परीक्षा

**'WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE ORGANISATION'**

विस्तृत रेंज संगठन के इलाके की फोटोग्राफ के लिए ।



**UNDERTAKING**

**दायित्व लेना**

The above pasted photographs are belonging to our Organization. I also undertake that if I fail to pay renewal fee for Divisional Director then GRAMEEN MUKT VIDHYALAYI SHIKSHA SANSTHAN (GMVSS) have the right to transfer all our enrolled Students to any other Divisional Director 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 Grameen Mukta Vidhyalayi Shiksha Sansthan (GMVSS) at any stages for reason whatsoever shall not entitle me to claim any amount or compensation from the Grameen Mukta Vidhyalayi Shiksha Sansthan (GMVSS).

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*Signature of the Proposed Principal/Director*  
प्रस्तावित प्रधानाचार्य / निदेशक के नमूना हस्ताक्षर ।

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*Seal & Signature of the Head*  
सील एवं संगठन के मुखिया का हस्ताक्षर ।

Kindly Submit DD form at:

**GRAMEEN MUKT VIDHYALAYI SHIKSHA SANSTHAN (GMVSS)**

Office: 1/11955, Ground Floor, Muskan Building, Keshav Chowk, Punchsheel Garden, Naveen Shahdara, Delhi-110032

Website: [www.gmvss.ac.in](http://www.gmvss.ac.in) Email ID: [info@gmvss.ac.in](mailto:info@gmvss.ac.in)



ग्रामीण मुक्त विद्यालयी शिक्षा संस्थान  
Grameen Mukta Vidhyalavi Shiksha Sansthan

Working as an Autonomous body [State Govt. Notified/Approved/Recognized by an executive Order]

**INFORMATION OF ORGANIZATION**

**संगठन की जानकारी**

Name of the Organization

संगठन का नाम

.....

Type of Organization

संगठनों के प्रकार

.....

Registered Address

पंजीकृत पता

.....

Date of Registration

पंजीकरण की तिथि

.....

Registration Number

पंजीकरण संख्या

.....

PAN Card No

पैन कार्ड

.....

Proposed Office Address

प्रस्तावित ऑफिस का पता

.....

**List of Office Bearers**

पदाधिकारियों की सूची

President/Chairman

अध्यक्ष/चेयरमैन

.....

Mobile No

मोबाइल नंबर

.....

Authorized Person

अधिकृत व्यक्ति

.....

Phone No. With STD Code

फोन नं. एसटीडी कोड के साथ

.....

E-mail Address

ई-मेल एड्रेस

.....

Fax

फैक्स

.....

## DOCUMENTS TO BE ATTACHED

### दस्तावेज संलग्न करने हैं

- ✓ An Application For Requesting Divisional Director  
शैक्षणिक केंद्र अनुरोध करने के लिए एक आवेदन
- ✓ Organization Registration Certificate Copy  
संगठन पंजीकरण प्रमाण पत्र की प्रतिलिपि
- ✓ Organization PAN Copy  
संगठन पैन कॉपी
- ✓ Organization Head PAN Copy  
संगठन हेड पैन कॉपी
- ✓ ID Proof Copy of Organization Head  
संगठन के प्रमुख का आईडी प्रूफ कॉपी
- ✓ Organization Building Ownership Proof/Rent Deed  
संगठन के निर्माण स्वामित्व प्रमाण / किराया डीड
- ✓ Organization Building Photograph  
संगठन के निर्माण फोटोग्राफ
- ✓ Organization Building Map  
संगठन के निर्माण के मानचित्र
- ✓ List of Staff Members  
स्टाफ सदस्यों की सूची
- ✓ Affidavit of Organization(RS. 50/-)  
संगठन का हलफनामा
- ✓ AFFIDAVIT OF ORGANIZATION HEAD(RS. 50/-)  
संगठन के प्रमुख का हलफनामा

**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 Grameen Mukt Vidhyalayi Shiksha Sansthan (GMVSS) in (Name of State) State, motive of our educational Charity/Trust/Organization is to spread education to the empowerment of children youth & women through 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/ Name)..... dated at ..... (DD/MM/YYYY)..... running educational welfare & empowerment schemes for children, youth & women. Our Society/Trust would like to run the courses of Grameen Mukt Vidhyalayi Shiksha Sansthan (GMVSS) in ..... (District & State Name)..... as ..... (Academic/Regional/State)..... Coordinator.