

A national level autonomous body for educational empowerment,

Registered Under Government of India

www.tssrcouncil.com

Paste one Photo Here (Head of the Institution)

AFFILIATION APPLICATION FORM

(PLEASE FILL IN BLOCK LETTERS)

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ATC Code OFFICE USEONLY Date of Registration								
Category SKILL HUMEN RESORSE MANAGEMENT AYURVEDA CAL ALTERNATIVE OTHERS TEACHERS TRAINING								
1. Name of Institute/Centre/Organisation								
Short Name								
Year of Establishment Locality/Place								
Whether the institution is existing or new Building (Own or Rental)								
Total Area in Sq. Feet Total Class Rooms - Theory Lab								
Centre Address								
District								
Pin code State								
Office Phone Nos. with STD code								
Email ID Website								

2. N	Name of Authoris	sed Person / Partner							
	Designation (Pri	ncipal/Director/Managing F	Partner)						
	Designation (Principal/Director/Managing Partner)								
	Residence Address								
				_					
	Personal Phone Nos. with STD code								
	r croonar i nonc	1403. Will OTD code							
	Contact Person's	s Name & Phone Nos.							
3. F	Present Strength	of the institute	Working Hours						
4. Number of Systems/Machinery, available in working condition for teaching.									
5. Particulars of teaching staff with Name, Designation & Qualification.									
	SI.No.	Name	Designation	Qualifications					
6. N	Nature of courses	s offered if any, at present.							
	I								

hether the i	nstitute is affiliated with any other certifying	body? (if YES, details in	n brief)
stails of Apr	Propohog (Nama & Addross)		
lans or Am	nexe/Branches (Name & Address)	_	
	ds to be affiliated under TSSR COUNCIL		
SI. No	Course Name	Duration	Eligibility
001			
002			
003			
004			
005			



UNDERTAKING TO BE SIGNED BY THE HEAD

Declarations:

I hereby certify that the context stated above are correct and true to my knowledge and belief and hereby confirm that our institution/centre is free from any legal / official disputes whatsoever. I accept that any facts stated above, If found incorrect will automatically result in cancellation for nominations associate.

- a) We certify that the Executive Head or any of its office bearers is not involved in any criminal case and or no case is pending against him/her.
- b) We undertake to verify and certify the forms of the candidates forwarded by us to the TSSR COUNCIL that they are eligible in all respects as per eligibility conditions laid down by TSSR COUNCIL.
- c) I certify that I am the competent authority, by virtue of the administrative and financial powers vested in me of the above mentioned institute/organization to furnish the above informations and to undertake the above stated commitment on behalf of my/our institution.
- d) Understood rules & regulations as of now & amended in future applicable to the institute conducting TSSR COUNCIL or its collaborative partners courses explained in the franchise proposal for franchise and agreed to abided by the same.
- e) We promise to abide the rules & regulation amended from time to time. We also understand that if we do not abide the norms set by the TSSR COUNCIL, our membership/franchiseeship may be withdrawn and there will be no refunding of processing or other fees.
- f) I am aware that in case any information given by me is false or misleading, TSSR COUNCIL may in its sole discretion can take whatever actions or measures it deems necessary and appropriate and the institute would be debarred from the franchise.
- g) In case of any information furnished by me/us is found wrong or incomplete, I/We declare that the institute may be derecognized and is also open to any action as per law.
- h) I agree to abide the rules & regulations and the decisions taken by the management of TSSR COUNCIL from time to time.
- i) I/We understand that TSSR COUNCIL authority reserve the right to reject the application without assigning any reason.
- j) However I will have no right whatsoever to fight/challenge legally against the judgment in any court of law. All disputes are subject to Calicut jurisdiction only.

		Signature (Head of the Organization)
Dated	Seal	Name

Note:-

Centre is approved for ONE year only, subject to subsequent renewal.

Separate application & processing fee must be used for each institutional branch or centre.

Send all related documents at: TSSR COUNCIL, Central Administrative Office:

TSSR COUNCILTSSR BHAVANTHAMARASSERYCALICUT KERALA673573, Kerala, South India.

Ph: +91 9400867461, 0495 2223606

Email: tssrcouncil@gmail.com, Website: www.tssrcouncil.com

Form downloaded from website, www.tssrcouncil.com