SRI YOGA & NATUROPATHY INSTITUTE

AKHNORUSHIO MINA

(A Venture of Sri Educational Group & Sri Educational Society)

(An ISO 9001: 2008/2015 Certified Organization)
Member of QCI-(Quality Council Of India)
Registered By Govt. of NCT, New Delhi & Govt. of U.P.
Affiliated By Akhil Bhartiya Prakartik Chikitsa Parishad
New Delhi Regd.By MHRD(Dept. of Education), New Delhi 7
Visit us: - www.syecce.com
Email: syecce@gmail.com



Application Form for Franchise/ Study Centre

Note: (Kindly fill in English – BLOC LETTER

- 1-Applicant Photo Attested by Gazetted officer/ M.L.A. / M.P. or Self Attested.
- 2-Last Qualification Marksheet & Certificates /Diploma/Society/Trust/Company Registrations etc.
- 3-One ID Proof Like as- Voter ID, Adhar Card, Pancard, Ration Card, Others.
- 4-Minimum 1000sqft. Area with 3 Computers ,1 Scanner, 1 Printer Etc.

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Managing Director

Sri Educational Society-(SES) & Sri Educational Group-(SEG)

Lakhimpur Kheri, U.P. (India)-262701

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I/We have taken note of all the ru	<mark>les & regulation</mark> of the SES <mark>& SEG & Operate</mark>	d By Under of Sri Yoga &
Early Childhood Care Education.	I will abide by the rules and Regulation in the	e future.
I/We	am/are presenting the application fo	rm for the establishment of a
Franchise of Nursery Teachers Tr	r <mark>aining (NTT)Primary Teachers Training (PT</mark>	Γ) Nursery Primary Teachers
Training(NPTT) /IGD Bombay A	<mark>rt /Computer</mark> Course/ <mark>Di</mark> ploma <mark>in Yoga Traini</mark> n	ng(DYT).
Name of Applicant(s):	Design	nation:
Father's / Husband's Name:		
Name of Institute:		
Correspondence Address:		
Pin Code:	Contact No:e-mail	ID:
Name of Franchise /Study Cen	tre:	

DECLARATION BY THE APPLICANT

I hereby declare that I have read & considered the condition of the eligibility for the study centre & I fulfill the condition. I have furnished about the necessary information in this record. In the event of any information found incorrect or misleading my candidature shall be liable to cancellation any and I shall not be entitled to get refund any amount paid by me to the Institute. In the event of any dispute it shall be resolved through the mediation of the chairman or a committee constituted under the constitution/ Arbitration Act and its decision shall be binding on all concerned & I will liable the expenses.

Date: / /	Signature of Applican

DECLARATION

	or/Secretary of SRI YOGA & EARLY CHILDHOOD CARE
	roup-(SEG) & Sri Educational Society-(SES).
	Father's Name
AgeResident of	Distt
Pin	
Phone No	Office
E-mail Id	Website
	:Declare as Under:
1. Our Organization will work as an FRANCH <mark>IS</mark> E	ER of SYECCE & Sri Educational Society-(SES)Lakhimpur Kheri U.P. INDIA
2. All the Admission/Examination documents col	llected from the organization will be kept safely/ confidentially be me & its will
be my responsibility for its timely distribution i	in the centre.
3. That our institute will work according to the rule.	les & regulation of the organization & I agreed with all the rules & regulation
of the organization.	
4. In no circumstances the enrollment number or e	exam result will be asked for in the even of the does not being paid to the
S.E.G. NEW DELHI & S.E.S. or S.Y.E.C.C.E	. Lakhimpur Kheri , U.P.(India).
5. That I have read and understand the rules & reg	gulation of the Organization and only after complete satisfaction this
declaration is being made which when necessar	ry can be made use of for legal purpose. In the event of an dispute will
be settled by the committee appointed by the Sl	RI EDUCATIONAL SOCEITY SES/SRI COMPUTER EDUCATION
SRI YOGA & EARLY CHILDHOOD CARE	& EDUCATION or SRI EDUCATIONAL GROUP, NEW DELHI, &
SRI INSTITUTE OF MANAGEMENT & TEC	CHNOLOGY under the provisions of the Indian Attribution Act 1940 of SEG
Or Act 1860 of S.E.S. and its decision will be b	oinding on all concerned & I/ we will Liable to all the expense.
Therefore, I	declare that time the information furnished in the form for
Establishment of centre are true to the best of i	my knowledge and belief and will remain in force and binding on me and my
successor for the Center's association with the	
Diago	Stomp & Signature of the Analysis
Place:	Stamp & Signature of the declarant