

BHARAT SEVAK SAMAJ



National Development Agency, Promoted by Government of India

CENTRAL PROGRAMME OFFICE

Satbhavana Bhavan, Kowdiar P.O., Thiruvananthapuram 695 003, Kerala, India

Phone: 0471-243345, Fax : 0471 - 2431664, website: www.bharatsevaksamaj.org

www.bsscommunitycollege.in E-mail : info@bharatsevaksamaj.org

APPLICATION FOR AFFILIATION AS THE TRAINING CENTRE OF BSS

Date:

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1. Name of the organisation : _____
2. Address of the organisation : _____

3. Telephone & Fax. No : _____
4. Year of establishment, : _____
Registration No. & Date
5. Nature of the organisation : _____ Charitable Society/Trust/
Proprietary concern
6. Name and Address of the : _____
chief functionary of the _____
organisation _____

7. Telephone & Fax. No. : _____
8. Do you have own building : _____
for the organisation _____
- *9. Details regarding the class : _____
room facilities in your _____
organisation _____
- *10. Does the organisation has : _____
any experience in the field _____
of education and training _____
- *11. Name of the course /courses : _____
for which the organisation _____
needs affiliation _____
- *12. Details regarding the teaching : _____
faculty (Academic and _____
professional experience) _____
- *13. Any other relevant information : _____

*If necessary use additional pages for entering details.

Place:

Date:

Name, Designation and Signature of the Chief functionary.