



SHRI JAGDISHPRASAD JHABARMAL TIBREWALA UNIVERSITY

श्री जगदीशप्रसाद झाबरमल टिबडेवाला विश्वविद्यालय

(Conducted by Shri Rajasthani Seva Sangh Mumbai)

Vidyanagari Jhunjhunu - Churu Road, Dist. - Jhunjhunu, Rajasthan - 333010

(Established U/S 2(f) of UGC Act, 1956 vide Act No. F.2(5) Vidhi/2/2009 of 5-2-2009, Govt. of Rajasthan)

Mob.: 9084 75 9084 / Web: www.vocational.jjtu.in

## INSTITUTE OF WILP ACADEMIC PARTNER

### APPLICATION FOR WILP ACADEMIC PARTNER

#### Proposed WILP Profile

1. Name of Institution	
2. Type of Institution: (Tick on appropriate option) (Select the appropriate option. Kindly enclose all the necessary documents. Kindly enclose attested Deeds, Memorandum and Rules/Regulations (as applicable)	<input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> Co-operative society <input type="checkbox"/> Limited Company <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Firms/Partnership Firms <input type="checkbox"/> Others
3. Name of the organization running the Institution	
4. Date and Number of organization (Please attach proof):	
5. Postal Address of Institution:	
6. Communication Details:	
a. STD Code:	
b. Contact Number:	
c. Fax Number:	
d. Mobile Number:	
e. E-mail Address:	
f. Website Address:	
7. Pan Number of Institution: (Kindly enclose the copy)	
8. Document relating to address proof of the Institution (Rent Agreement/Ownership Document)	

## Details of Managment/Head of Institution

1. Name of Head of Managment/Co-Coordinator:		Affix recent Colored photograph duly self attested.  Photo Size 3.5cm to 4.5cm
2. Designation:		
3. Postal Address:		
4. Communications Connectivity of :		
a. STD Code:		
b. Contact Number:		
c. Fax Number:		
d. Mobile Number:		
e. Alternate Number:		
f. Email Address:		
5. Educational Qualification:		
6. Profession & Experience: (Kindly enclose the detailed of Bio-Data)		
7. Photo ID Proof: (Kindly Enclose the copy)	8. PAN Number: (Kindly Enclose the copy)	

## Infrastructural Facilities

1. Location of Institution (Kindly tick whichever is applicable)	<input type="checkbox"/> Metro <input type="checkbox"/> District Headquarter <input type="checkbox"/> Rural	<input type="checkbox"/> State Capital <input type="checkbox"/> Town
2. The building of Institution is: (Kindly tick whichever is applicable and Furnish the documents)	<input type="checkbox"/> Own <input type="checkbox"/> Lease	<input type="checkbox"/> Rent <input type="checkbox"/> Other
3. Total Carpet Area of Institution (In Sq.Ft.):		

**Is this institution recognised as affiliated institute / study centre / Industrial Training Partner/ Information Centre of any other authorities like universities, boards or equivalent?- Yes/ No**

(if answer if yes, kindly give the following details)

Sr.No.	Name and Address of affiliating/ recognizing authority	Recognised As	Programmes Undertaken

## **DECLARATION**

1. I / We certify that all the information given above and in the preceding pages signed by me / us is / are complete and correct.
2. I / We declare that the institute will abide by all the rules and regulations / directions of SJJTU given time to time.
3. I / We declare that I / We am / are authorized to sign on behalf of my organization and that my directors and shareholders/ members (where relevant) are in total agreement of my / our application.
4. 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.
5. I / We undertake not to do any advertisement of our own in print / electronic media without the prior written permission of SJJTU.
6. I/ We hereby undertake that if it is ever found that the Institution is not able to run as per the norms, rules and procedures laid down by the SJJTU, The SJJTU shall be free to withdraw the centre recognition.
7. I / We understand that SJJTU, reserve the right to terminate the centre registration if it is found that I/ We have knowingly made a false declaration in the form.
8. I / We understand that the approval of my / our institution as WILP Academic Partner /Information cum WILP / collaborator shall be done as per the norms of the SJJTU.
9. I / We understand that SJJTU reserve the right to reject the application without assigning any reason.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**Head of the Institution Signature, Name and Seal**

(Letterhead)

## **SELF DECLARATION FORM**

I/We hereby apply for my/our Industrial Training Partner of SJJTU.

I/we hereby undertake as under:

To pay all the outstanding dues:

1. To pay all the fees as per the SJJTU Norms.
2. Not to charge any extra fees from the trainees apart from the fees prescribed by the SJJTU in the prospectus/ website.
3. To have the format of my/our advertisements approved by the SJJTU before I/ We release it to the media.
4. To submit all the applications to the SJJTU within the prescribed time limit.
5. To deliver of counseling/ information's/ admission services as per the norms of the SJJTU.
6. To individually verify all the documents enclosed with the trainee forms with the originals.
7. To take full responsibility of all the documents/ correspondences signed by my staff on my behalf.
8. To abide by all the rules and regulations of the SJJTU as promulgated from time to time.
9. Not to indulge into any sort of criminal/ immoral/ illegal activities.
10. I understand that the WILP Academic Partner sanction is for three years, or expiry of MOU subject to subsequent renewal as per the SJJTU norms.

I/We further acknowledge that if at any point of time the SJJTU finds any deficiency in my/our infrastructure or in the support services to the trainees or if I/we am/are found involved in any sort of unlawful activities, then the SJJTU will have the full right to terminate my/our WILP Academic Partner authorization without seeking any my/our clarification.

Signature of the WILP Academic Partner Director  
(With Seal/ Stamp & Date)