

# LAXMI GROUP OF INSTITUTIONS

(Managed by Laxmi Educational Trust)

An Autonomous Institute, Regd. by IT Act 1882 Govt. of India

CR Regd. by Ministry of HRD Govt. of India, (Dept. of Secondary & Higher Education)

ISO 9001:2015 Certified

## APPLICATION FOR STUDY CENTRE

TO,  
SECRETARY  
LAXMI GROUP OF INSTITUTIONS  
MUZAFFARPUR

Affix your  
Latest passport  
Size Photo

Respected Sir/Madam,

I/We have taken note of all the rules regulation to the Laxmi group of institutions & will abide by the rules in the future.

1. Name of Applicant (s): ..... 2. Designation: .....
3. Male / Female : ..... 4. Nationality : .....
5. Pan No : ..... 6. Aadhar No : .....
7. Father's / Husband's Name : .....
8. Name of Institute : .....
9. Institute Type : Trust  Society  Pvt/Ltd  LLP  College/Institute  Other
10. Registration No : .....
11. Institute Address : .....
- .....
12. Correspondence Address : .....
- .....
13. Mobile No: ..... 14. Email : .....

### 15. Applying For Centre Authorization of Below Mentioned Department (Tick on Required)

All Departments		Department of Health & Paramedical Sciences	
Department of Teacher Training		Department of Management	
Department of Vocational Education		Department of Engineering & Technology	
Department of Computer & Information Technology		Department of Fire & Safety	
Department of Hardware Networking		Department of Hotel & Hospitality Management	
Department of Agriculture		Department of Journalism & Mass Communication	
Department of Yoga Science & Naturopathy		Department of Beauty & Wellness	

16. **Branch Establishment Fee**

Amount (Rs) : .....

Name of Bank : .....

Place : .....

NEFT/RTGS No : ..... Date : .....

**DECLARATION BY THE APPLICANT**

I hereby declare that I have read & considered the condition of the eligibility for the study Centre & I fulfil 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 at any time 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/ Attribution Act and its decision shall be binding on all concerned & I will liable the expenses.

Date : .....

**Encl. :** ..... **Signature with stamp**

1. Copy of photo id
2. Copy of address verification
3. Declaration on Rs. 100/ - Non judicial stamp paper.

**Office use only**

Authorized Centre Code : .....

Date of Issue : ..... R.R.No : .....

Authorized signature: .....

## DECLARATION

**The Chairman/Secretary  
Laxmi Group of Institutions  
Muzaffarpur.**

I/Shri.....Son of Shri.....

Aged.....Resident of.....

District.....State.....Pin.....

### Declare as under:

1. Our Institute will work only; as an Authorized Study Centre of "Laxmi Group of Institutions, Muzaffarpur.
2. We Shall Not Claim our Affiliation to our use logo/Regd. Trade Mark/Design etc. of Laxmi Group of Institutions in our communication/Correspondence/Advt./Display etc.
3. I/We agree to and abide by the Rules & Regulations of the Laxmi Group of Institutions & Our Institute will work according to these Rules & Regulation.
4. In the event of outstanding/non-payment of dues to Laxmi Group of Institutions, We shall not ask for the enrolment number and/or exam result in any circumstances.
5. In any case I/will shall not receive Examination Fees in cash from the Students. Examination Fees will be accepted by Bank Draft in favour of Laxmi Group of Institutions, Muzaffarpur only.
6. It is also understood that if we make and false/wrong commitment, contrary to the fact that allcourses are applicable to Private and Public Sector only. It shall be at our risk cost & responsibility.
7. We undertake not to open/Run any extra/Sub centre except the one permitted for. If we fail to do so, the Authorization shall be terminated without any further notice.
8. We shall keep of Institutions Laxmi Group fully indemnified against any claims /loss/damage caused due to the acts of omission & on our part.
9. That I/We have read and understood the rules & regulations of the Laxmi Group of Institutions and, only after complete satisfaction, this declaration is being made, which may be used for legal purpose whenever required. Any dispute will be settled by the Chairman or Committee constituted by the Laxmi Group of Institutions, (Regd. With Govt. of India) New Delhi and its decision will be final and binding on all concerned & I/We liable to all the expenses

Therefore, I/We .....verify that the declaration given above and information furnished in the form for "Establishment of Study Centre" are true to the best of our knowledge and belief. It will remain in force and binding on us and our successors for the period of our Centre's association with the Laxmi Group of Institutions.

Place:.....

Date:.....

**Signature of declarant**

**Attested**

**Notary/Gazette Officer**