Official Contact number-
(033)2435-8057/2428-9362/(+91)8272981162
WhatsApp-(+91)8272981162

ICCILLSR

Innovative Centre For Comparative Indian Literature & Lokaabharan Scientific Research

Register Under Govt. of India

Accounts & administrative Office :
Boral Main Road, Garia, Kolkata - 700 084

Email : iccllsr01@gmail.com
Email : admin@iccillsr.com
Website.www.iccillsr.com

APPLICATION FOR COUNSELLING CENTRE

Name and Address of Counselling Centre

Proposed Counselling Centre Profile

1. Name of Instition	
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)	○ Trust ○ Society ○ Co-operatice society ○ Limited Company ○ Private Limited Company ○ Firms/Patnership Firms ○ Others
3. Name of the Trust/Society/Company running the institution:	
4. Date and Number of Registration of Trust/ Society/Company (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. Audited Balance Sheet of past three years; if not enclosed, reasons for non inclusion	
9. Document relating to address proof of the Insititution (Leave Deep/Rent Agreement/ Sale Deed/Owership Doucment)	
10. Floor Plan/Layout Map of Institution:	
11. Photograph of Institution, Counseling Room Computer Lab, Reception etc.	

Details of Managment/Head of Institution

Name of Head of Managment/ Co-Coordinator:		Affix recent Colored photograph duly self attested
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. Personal details of Head of Management:		
6. Educational Qualification:		
Profession & Experience: (Kindly enclose the detailed of Bio-Data)		
8. Photo ID Proof: (Kindly Enclose the copy)		
9. PAN Number: (Kindly Enclose the copy)		

Infrastructural Facilities

1. Location of Proposed Institution Area: (Kindly tick whichever is applicable)	☐ Metro ☐ State Capital ☐ District Headquarter ☐ Town ☐ Rural
2. The building of Institution is: (Kindly tick whichever is applicable and Furnish the documents)	☐ Own ☐ Rent ☐ Lease ☐ Other
3. Total Carpet Area of Institution (In Sq.Ft.):	
4. Total Site Area of Institution (In Sq. Ft.):	
5. Type of Flooring Institution:	

Institution Facilities Available:

Sr. No.	Type of Facility	No. of Rooms	Area (in Sq. Ft.)	Seating Capacity
1.	Counseiling Room (Minimum 1 Room Requirement)			
2.	Class Rooms (Minimum 2 Rooms)			
3.	Library (Minimum 1 Room)			
4.	Laboratory (Minimum 1 Room)			
5.	Conference Room (Minimum 1 Room)			
6.	Staff Room (Mimimum 1Room Requirement)			
7.	Waiting Area			
8.	Computer Laboratory (Minimum 1 Room)			

Facilities in Computer Laboratory

Sr. No.	Type of Facility	Count
1.	Server Computer (Minimum 1 Sever PC Required)	
2.	Client Computer (Minimum 10 Client PCs Required)	
3.	Printer (Minimum 1 Required)	
4.	Scanner (Minimum 1 Required)	
5.	Projector (Minimum 1 Required)	
6.	CD/DVD Writer (Minimum 1 Required)	
7.	Type of Internet Facility	☐ Leased Line ☐ Broad Band ☐ Dail Up ☐ Others

Facilities For Practical Venue

1.	Name of Associate Institute/ Firms/Company etc. Where practical training will be provided (Kindly enclose a copy MOU for practical)	
2.	Complete Address of Associate Institute/Firms/Company etc. Where practical training will be provided	

Faculty Details

Sr. No.	Name	Designation	Qualification	Experience

Note:
Kindly enclose the detailed Bio Data and self attested copies of educational certificates of the Faculties.

Is this institution recognised as affilited institute / study centre / Counselling Centre/ Information Centre of any other authorities like universities, boards or equivalent?- Yes / No
(if anser if yes, kindly give the following details)

Sr. No.	Name and Address of affiliating / recognising 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 **ICCILLSR** 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 **ICCILLSR.**

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 **ICCILLSR,** The **ICCILLSR,** shall be free to withdraw the centre recognition.

7. I / We understand that **ICCILLSR** 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 Counselling Centre/Information cum Counselling Centre / collaborator shall be done as per the norms of the AICVPS.

9. I / We understand that **ICCILLSR** reserve the right to reject the application without assigning any reason.

10. I / We understand that the Counselling Centre is approved for three years only, subject to subsequent renewal on the sole discretion of the **ICCILLSR.**

Place: _____

Date: _____ **Head of the Institution Signature, Name and Seal**

SELF DECLARATION FORM

(To be typed in Rs. 100/- Indian Non-judicial stamp Paper)

I/We hereby apply for my/our Counselling Centre for session **20 -20** of Innovative Centre for Comparative Indian Literature & Lokaabharan Scientific Research.

I/we hereby undertake as under:

To pay all the outstanding dues:

1. To pay all the fees as per the **ICCILLSR** Norms.
2. Not to charge any extra fees from the trainees apart from the fees prescribed by the **ICCILLSR** in the prospectus / website.
3. To have the format of my/our advertisements approved by the **ICCILLSR** before I/ We release it to the media.
4. To submit all the applications to the **ICCILLSR** within the prescribed time limit.
5. To deliver of counselling / information's / admission services as per the norms of the **ICCILLSR.**
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 **ICCILLSR** as promulgated from time to time.
9. Not to indulge into any sort of criminal / immoral / illegal activities.
10. I understand that the Counselling Centre sanction is for three years, or expiry of MOU subject to subsequent renewal as per the **ICCILLSR** norms.

I/We further acknowledge that if at any point of time the **ICCILLSR** 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 **ICCILLSR** will have the full right to terminate my/our Counselling Centre authorization without seeking any my/our clarification.

Signature of the Counselling Centre's Director

Attested by Notary

(With Seal/ Stamp & Date) (With Seal & Date)

ON THE LETTER HEAD OF THE APPLICANT

ADDRESS DECLARATION

In case the applicant's Premises is owned

I, do hereby that I own the under mentioned premised which complies with the **ICCILLSR** requirements and wherein I intend to run the Counselling Centre of **ICCILLSR,** Garia Kolkata.

Address of the Premises _____

_____

_____

I submit to you the following documents as address proof of the proposed Counselling Centre Premises:

1. Copy of Purchase Agreements.

2. Latest Electricity Bill of the Premises.

For_____

Signature of the Centre Head
(With Seal/Stamp)

In case the Centre / Collaborator Premises is rented

I, do hereby declare that I have acquired the under mentioned premises on rent/hire/ leave & licence which complies with the **ICCILLSR** requirement and wherein I intend to run the Counselling Centre of **ICCILLSR,** Garia, Kolkata.

Address of the Premises
I submit to you the following documents as address proof of the proposed Centre Premises:

1. Lease & License Agreement OR NOC from owner.

2. Latest Electricity Bill of the Premises.

For
Signature of the Centre Head
With Seal/Stamp

(Annexure-II)

Innovative Centre for Comparative Indian Literature & Lokaabharan Scientific Research

Sharing of Fee for Counseling Centre for ICCILLSR Training Programme

Sr. No.	Particular	Fee Share	
		Counseling Cenre	ICCILLSR
1.	Registration Fee	....	100%
2.	Course Fee	50%	50%
3.	Practical Fee	....	100%
4	Examination Fee	....	100%

Note:

1. Fee / share Revision from time to time will be applicable on all.
2. Continuation of ACC will depend on their performance.
3. Study material will be dispatched only after receiving admission form / Fee.
4. Fee structure to be paid by the students in respective courses is according to prospectus/website.

All payments to ICCILLSR may be given through Cheque/Online/Internet Banking

ICFCL&LSR, A/c. No. : 50200076636991, RTGS / NFT IFSC : HDFC0009080 (Brahmapur More, Kolkata)

In case of fee paid though Cash or Debit / Credit Card: Receipt No.

Infrastructure Details

(To be filled by the Applicant)

(Road Map to be attached)

1. **Building (Owned/Rented)**_____

(i) Total Area (Sq. Ft.):_____ (ii) Build up area (Sq. Ft.):_____

Photograph to be pasted here

Front view photograph of the building

2. **Front Office Details**

A. Counselor's Room

(i) Dimension: _____ (ii) Area: _____

Photograph to be pasted here

Counselor Room photograph

B. Coordinator's Room

(i) Dimension: _____ (ii) Area: _____

Photograph to be pasted here

Coordinator's Room photograph

C. Staff Room

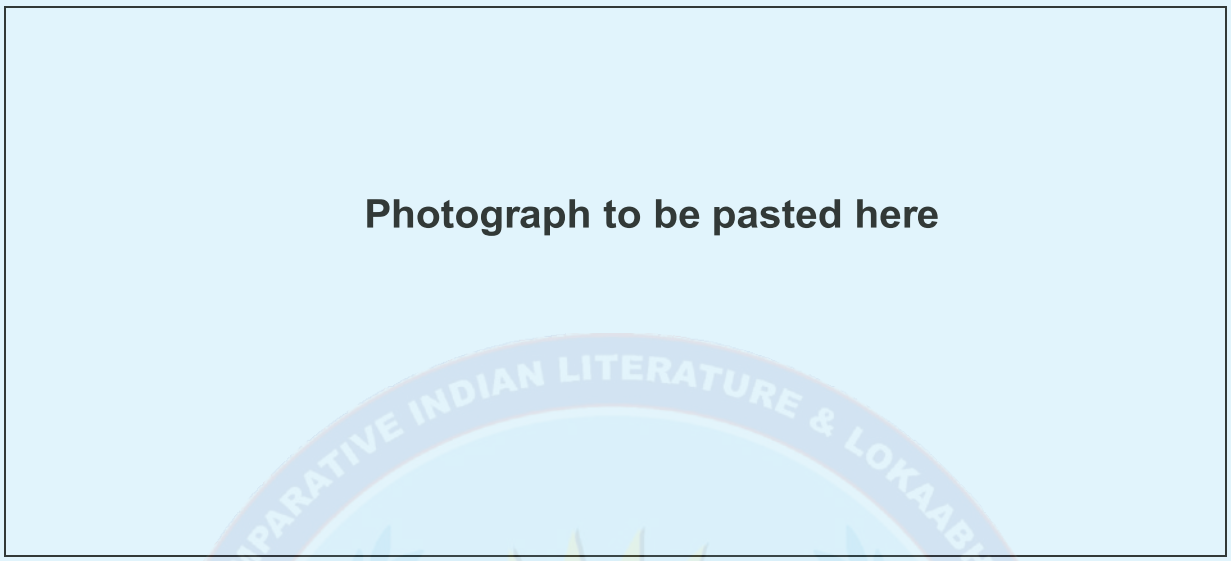
(i) Dimension: _____ (ii) Area: _____

Photograph to be pasted here

Staff Room photograph

D. Student Lobby

(i) Dimension: _____ (ii) Area: _____

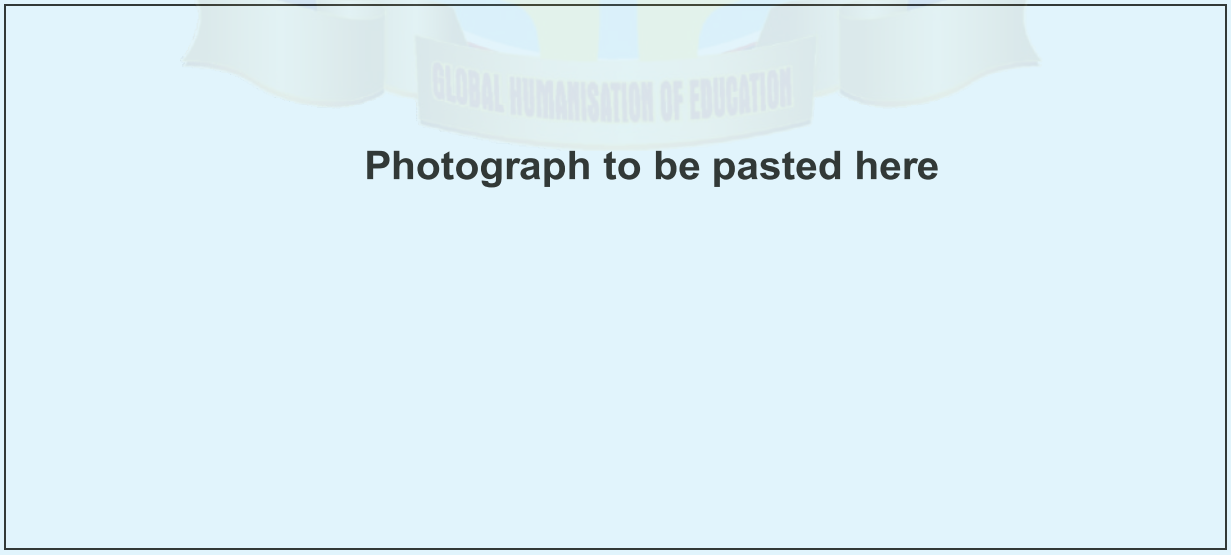


Student Lobby photograph

3. Class Room Details

A. Classroom No.

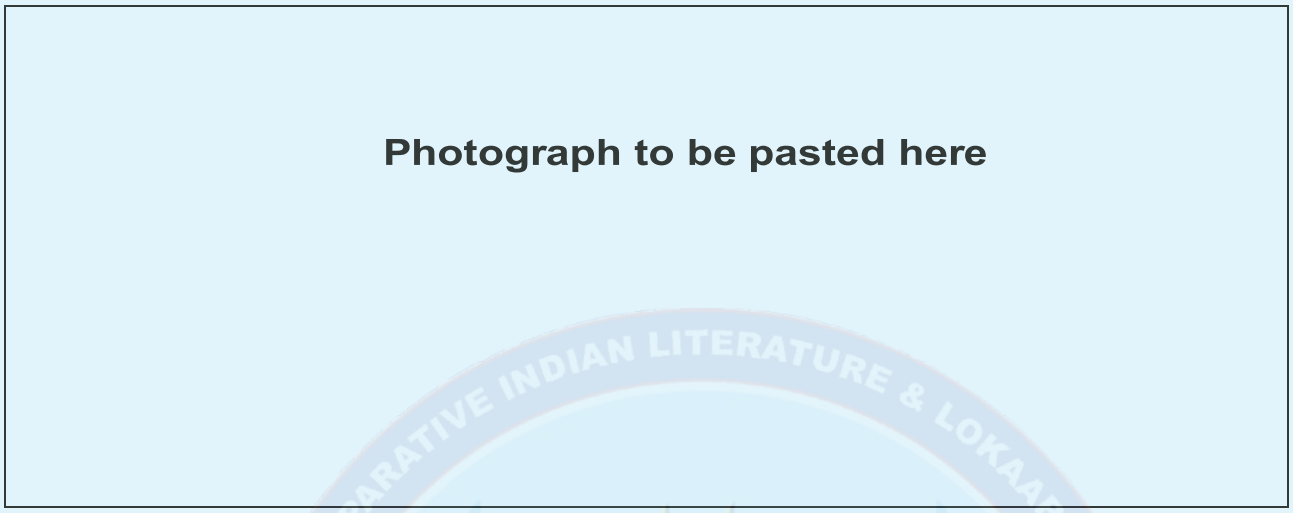
(i)Dimension :_____(ii) Area :_____(iii) Seating Capacity: _____



Classroom Photograph

B. Classroom No.2

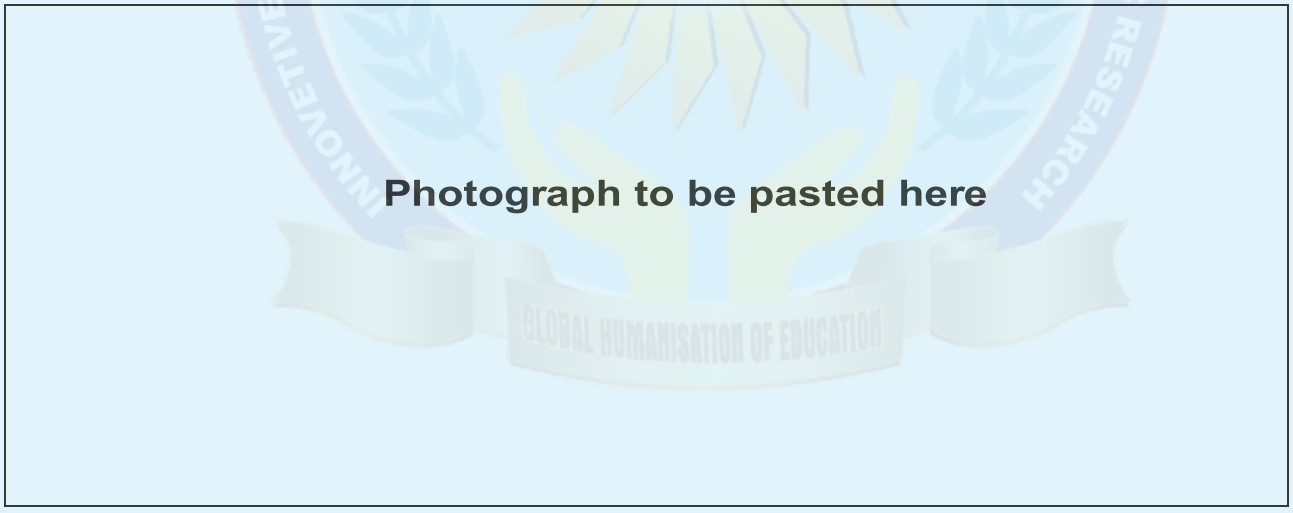
(i)Dimension :_____(ii) Area :_____(iii) Seating Capacity: _____



Classroom Photograph

C. Classroom No.3

(i)Dimension :_____(ii) Area :_____(iii) Seating Capacity: _____



Classroom Photograph

D. Classroom No.4

(i) Dimension :_____(ii) Area :_____(iii) Seating Capacity: _____

Photograph to be pasted here

Classroom Photograph

4. Computer Lab Details

(i) Dimension: _____ (ii) Area: _____

(iii) Number of computers: _____ (Independent/LAN)

(iv) Number of printers: _____

Type: (a) Laser: _____

(b) Inkjet: _____

(c) Dot Matrix: _____

(v) Internet connection (Yes/No):_____

(vi) Air Conditioner (Yes/No):_____

(i) Number: _____

Photograph to be pasted here

Computer Lab Photograph

5. Library Details

Total Number of Books: _____

A. Information Technology :_____
B. Management:_____
C. Humanities:_____
D. Newspapers:_____
E. Magazines:_____
F. Journals:_____

Photograph to be pasted here

Library Photograph

B. Visiting Faculties

S.No.	Name	Educational Qualification	Experience

* If there are more visiting faculties please attach a separate sheet.

7. Additional Details

A. Power Backup (Yes/No):_____(If Yes)

(i) Generator/UPS:_____
(ii) If Generator (Make):_____ (Capacity):_____
(iii) If UPS (Make):_____ (Capacity):_____

B. Projector (Yes/No):_____ (If Yes)

(i) LCD/OHP:_____
(ii) If LCD (Make):_____
(iii) If OHP (Make):_____

C. Parking Space

(i) Dimension: _____ (ii) Area: _____

D. Drinking Water (Yes/NO):_____

(i) Water Purifier (Yes/No):_____
(ii) Water Cooler (Yes/No) :_____

E. Toilet (Yes/No):_____

F. Software

Kindly attach list of all the licensed software which are required for student training in the laboratory.

(Signature of the Applicant)

NOTE:

1. **Kindly make sure to attach relevant photographs of all the spaces mentioned in the form.**

2. **If any of the above mentioned spaces are not supported by a photograph it will not be considered as part of your infrastructure.**