

(An ISO 9001:2008 Certified Institution)

**WEST BENGAL**



**COMPUTER ACADEMY**

(An Autonomous Institute, Registered under Govt. of West Bengal & NCT, Govt. of India)

**APPLICATION FORM FOR REGISTERING AS ACADEMIC SUB-CENTRE WITH WBCA**

- Important Note:**
1. Kindly ensure that your institution fulfills all the requirements as stated in the norms for becoming Sub-Centre as per the program(s) selected.
  2. Kindly provide all the details / documents as stated in the application form and norms for becoming Sub-Centre.
  3. Kindly put your signature and seal of your institution on each page of the application form and documents enclosed.

NAME OF THE CENTER HEAD	ADDRESS OF THE PROPOSED SUB-CENTRE

<< **PROPOSED STUDY CENTRE INSTITUTION PROFILE**

1. Name of the Proposed Institution :	<b>WEST BENGAL COMPUTER ACADEMY SUB-CENTER-</b>
5. Postal Address of the Institution :	City : State :
6. Communications Details: (a) STD Code: (b) Contact Number: (c) Fax Number: (d) Mobile Number: (e) Email Address:	
9. Document relating to address proof of the Institution (Lease Deed / Rent Agreement / Sale Deed / Ownership Document)	Enclosed / Not Enclosed
10. Floor Plan / Layout Map of the Institution	Enclosed / Not Enclosed
11. Photograph of Institution, Classrooms, Computer Lab, Library, Reception etc.,	Enclosed / Not Enclosed

**<< DETAILS OF MANAGEMENT / HEAD OF INSTITUTION**

Affix recent  
colored  
Photograph  
duly self  
attested

**1. Name of the Head of Center****2. / coordinator :****2. Designation :****3. Postal Address :****4. Communications Connectivity of :**(a) **STD Code:**(b) **Contact Number:**(c) **Fax Number:**(d) **Mobile Number:**(e) **Residence Number:**(f) **Email Address:****5. Personal details of Head of Center :****6. Educational Qualification :****7. 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 HQ**☐**Rural**☐**Town**☐**Hilly Region****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 of Institution :**

<< **INSTITUTION FACILITIES AVAILABLE:**

Sr. No.	Type of Facility	No. of Rooms	Area (in Sq. ft)	Seating Capacity
1.	Class Room			
2.	Computer Laboratory			
3.	Library			
4.	Reading Room			
5.	Conference Room			
6.	Auditorium			
7.	Staff Room			

<< **FACILITIES IN THE COMPUTER LABORATORY:**

Sr. No.	Type of Facility	Count
1.	Server Computer	
2.	Client Computer	
3.	Printer	
4.	Scanner	
5.	UPS	
6.	CD/DVD Writer	

<< **TYPE OF INTERNET FACILITIES:**

☐ Leased Line
 ☐ Broad Band
 ☐ Dialup
 ☐ Others

<< **EQUIPMENT AVAILABLE :**

Sr. No.	Equipment	Count
1.	Generator	
2.	LCD Projector	
3.	OHP	

4.	Fax	
5.	Photocopier	

<< **FACULTY DETAILS:**

Sr. No.	Name	Designation	Qualification	Teaching Experience	Subject Taught By

Kindly enclose the detailed Bio Data and Self Attested copies of educational certificates of the Faculties. The University may insist on meeting any/all faculty member and / or inspection of their appointment / contract / engagement orders.

<< **PHOTOS TO BE PASTED:**

Space for Affixing

**‘FRONT PHOTOGRAPH OF THE CENTER’**

Space for Affixing

**“PHOTOGRAPH OF THE THEROY CLASS”**

Space for Affixing

**“PHOTOGRAPH OF LAB ROOM”**

Space for Affixing

**“PHOTOGRAPH OF CENTER HEAD’S CHAMBER”**

### **DECLARATION**

1. I certify that all the information given above and in the preceding pages signed by me are complete and correct.
2. I declare that My Sub-Center will abide by all the rules and directions of West Bengal Computer Academy (H.O) from time to time.
3. I declare that I am authorized to sign on behalf of my organization and that my directors and shareholders / members (where relevant) are in total agreement of my application.
4. In case of any information furnished by me is found wrong or incomplete, I declare that the institute may be derecognized and is also open to any action as per law.
5. I 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 WBCA (H.O), the WBCA (H.O) shall be free to withdraw the Sub-Centre recognition.
7. I understand that WBCA (H.O) reserve the right to terminate the Sub-Center registration if it is found that I have knowingly made a false declaration in the form.
8. I understand that the approval of my institution as Sub-Centre shall be done as per the norms of the WBCA (H.O).
9. I understand that WBCA (H.O) reserve the right to reject the application without assigning any reason.
10. I understand that the study centre is approved for TWO years only, subject to subsequent renewal.

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

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

Head of the Institution Signature, Name and Seal

### **(FOR OFFICE USE ONLY)**

**Comment:**

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

Authorized Signatory  
WBCA (H.O)

## **SELF DECLARATION FORM**

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

I hereby apply for my Sub-Centre for session 20\_\_ - \_\_, of WEST BENGAL COMPUTER ACADEMY (H.O), BALIGERIA, NAYAGRAM, PASCHIM MEDINIPUR.

I hereby undertake as under:

1. To pay all the outstanding dues.
2. To pay all the fees as per the WBCA(HO) Norms.
3. Not to charge any extra fees from the students apart from the fees prescribed in the prospectus.
4. To submit all the applications to the WBCA (H.O) Academic Collaborator within the prescribed time limit.
6. To deliver of counseling/ practical's as per the norms of the WBCA (H.O).
7. To individually verify all the documents enclosed with the student forms with the originals.
8. To take full responsibility of all the documents/ correspondences signed by my staff on my behalf.
9. To abide by all the rules and regulations of the WBCA (H.O) as promulgated from time to time.
10. Not to indulge into any sort of criminal/ immoral/ illegal activity.
11. I understand that the study centre sanction for TWO years, or expiry of MOU subject to subsequent renewal as per the WBCA (H.O) norms.

I further acknowledge that if at any point of time the WBCA (H.O) finds any deficiency in my infrastructure or in the support services to the students or if I am fund involved in any sort of unlawful activities, then the WBCA (H.O) will have the full right to terminate my study centre authorization without seeking any my clarification.

Signature of the Sub-Centre Head  
(With Seal/Stamp & Date)

Attested by Notary  
(With Seal and Date)



**ON THE LETTER OF THE SUB-CENTRE**

**ADDRESS DECLARATION**

**In case the Study Centre Premises is owned**

I, do hereby that I own the under mentioned premised which complies with the WBCA (H.O) requirements and wherein I ~~intend~~ to run the Sub-Centre of WBCA (H.O).

Address of the Premises \_\_\_\_\_

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

1. Copy of Purchase Agreements.
2. Latest Electricity Bill of the

Premises. For \_\_\_\_\_

Signature of the Sub-Centre Head  
(With Seal/Stamp)

**In case the Sub-Centre Premises is rented**

I, do hereby declare that I have acquired the under mentioned premises on rent/hire/leave & license which complies with the WBCA (H.O) requirement and wherein I intend to run the Sub-Centre of WBCA (H.O).

Address of the Premises \_\_\_\_\_

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

1. Leave & License Agreement OR NOC from owner.
2. Latest Electricity Bill of the

Premises. For

Signature of the Sub-Centre Head  
(With Seal/Stamp)