


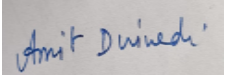


स्वामी विवेकानन्द एजुकेशन ग्रुप

A Unit of
SWAMI VIVEKANAND EDUCATION & WELFARE SOCIETY

Reg. By Govt. of NCT Delhi, Govt. of India (Regd. No.: S-1790) & C.R. Act, 1957,
Affiliation with: Indian Council of Yoga & Naturopathy New Delhi
An ISO: 9001:2015 Certified Organization
A member of QCI (Quality Council of India) New Delhi,
Reg. with: Ministry of Micro, Small & Medium Enterprises, Govt. of India



COLLEGE NAME	KRISHNA YOG AND VOCATIONAL TRAINING INSTITUTE	INSTITUTE/COLLEGE ADDRESS	AZADNAGAR OLD PNB CHAURAHA KANPUR	
TRUST/SOCIETY NEME		TRUST/SOCIETY ADDRESS		
TRUST/SOCIETY OWNER NAME		INSTITUTE/COLLEGE OWNER NAME	MR AMIT DWIVEDI	
DATE OF BIRTH	08/10/1988	FATHER NAME	SHRI UMAKANT DWIVEDI	
OWNER AGE	34	OWNER ADDRESS	3A/31-A AZADNAGAR MANTHAN ACADMEY NABABGANJ	
PHONE/MOB.NO.	9026320025	STATE	UTTAR PRADESH	
CITY/DISTRICT	KANPUR(NAGAR)	PIN CODE	208002	
EMAIL ID	MOHITDWIVEDI83@GMAIL.COM	INSTITUTE CATEGORY	URBAN	
TOTAL CLASS ROOMS	5	TUTORIAL ROOMS	4	
HOW MANY COMPUTERS	15	DEPARTMENTS/PROGRAMS	YOGA , SOLAR ENERGY , COMPUTER , FASHION DESIGNING , NTT/PT , IGD BOMBAY ART , PARAMEDICAL PROGRAMS , VOCATIONAL COURSE PROGRAM , MEDIA , DANCE , ACTING AND MODELLING , GYM	

Declaration

Before The Chairman/Secretary

Swami Vivekanand Education Group

I/Shri **Mr Amit Dwivedi** Father's Name **Shri Umakant Dwivedi**

Age **34** Resident of **Azadnagar Old Pnb Chauraha Kanpur**

Distt **KANPUR(NAGAR)** Pin **208002** Phone No. **9026320025**

Declare as Under:

1. Our Institute will work as an Authorized study centre of SVEG/SVYS./SVCMS, New Delhi.
2. All the Admission/ Examination documents collected from the organization will be kept safely/ confidentially by me & its will be my responsibility for its timely distribution in the centre.
3. That our institute will work according to the rules & regulation of the organization & I agree with all the rules & regulation of the organization.
4. In no circumstances the enrolment number or exam result will be asked for in the even of the does n ot being paid to the SVEG/SVYS./SVCCS, New Delhi.
5. In any case I will not received Examination Fees in cash from students and examination Fees will be excepted by Banker's Cheque in favour of "Swami Vivekanand Education and welfare Society
6. All The Courses Run By Swami Vivekanand Education Group and Valid For Self Employment.

That I/We have read and understood the rules & regulation of the Organization and only after complete Satisfaction, this declaration is being made, which may be used for legal purposes whenever required. In the event of an dispute will be settled by the committee appointed by the Swami Vivekanand Education Group under the provisions of the Indian Attribution Act 1940 and Swami Vivekanand Education Group under the provisions of the Indian Attribution Act 1940 and its decision will be binding on all concerned & I/ We will Liable to all the expense.

Therefore, I/We **Mr Amit Dwivedi** declare that time the information Furnished in the form for Establishment of centre are true to the best of my knowledge and belief and will remain in force and binding on me and my successor for the Center's association with the organization.

Date:-

(Signature of the declarant in full)

Declaration

On behalf of the educational agency managing **Mr Amit Dwivedi** Son/Daugther of **Shri Umakant Dwivedi** do hereby declare that the particulars furnished above are correct to the best of my knowledge and belief and that I am prepared to undergo any punishment imposed on me if any of the particulars furnished are found to be false and misleading. I also further declare that I shall abide by the conditions rules and regulative measures imposed by the

SVEWS/SVEG/SVCCS/ from time to time for granting permission/affiliation to establish and run this institution.

Place:

(Signature of Centre's Head)
Date: