


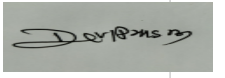


स्वामी विवेकानन्द एजुकेशन ग्रुप

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	LBPMS EDUCATIONAL GROUP	INSTITUTE/COLLEGE ADDRESS	VILLAGE BHANPUR MASJIDIYA POST BHANPUR RANI DISTT SIDDHARTH NAGAR	
TRUST/SOCIETY NEME	LOAD BUDDA CHARITABLE TRUST	TRUST/SOCIETY ADDRESS		
TRUST/SOCIETY OWNER NAME	MR DEVI PRASAD	INSTITUTE/COLLEGE OWNER NAME	MR DEVI PRASAD	
DATE OF BIRTH	10/11/1989	FATHER NAME	SHRI BHADAI	
OWNER AGE	31	OWNER ADDRESS	BHANPUR MASJIDIYA POST BHANPUR RANI DISTT SIDDHARTHANAGAR	
PHONE/MOB.NO.	9648086301	STATE	UTTAR PRADESH	
CITY/DISTRICT	SIDDHARTH NAGAR	PIN CODE	272195	
EMAIL ID	DEVIPRASADDMG1@REDIFFMAIL.COM	INSTITUTE CATEGORY	RURAL	
TOTAL CLASS ROOMS	10	TUTORIAL ROOMS	5	
HOW MANY COMPUTERS	6	DEPARTMENTS/PROGRAMS	YOGA , SOLAR ENERGY , COMPUTER , FASHION DESIGNING , NTT/PT , IGD BOMBAY ART , VOCATIONAL COURSE PROGRAM , MEDIA , DANCE , ACTING AND MODELLING , GYM	

Declaration

Before The Chairman/Secretary

Swami Vivekanand Education Group

I/Shri **Mr Devi Prasad** Father's Name **Shri Bhadai**

Age **31** Resident of **Village Bhanpur Masjidiya Post Bhanpur Rani Distt Siddharthnagar**

Distt **SIDDHARTH NAGAR** Pin **272195** Phone No. **9648086301**

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 Devi Prasad** 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 Devi Prasad** Son/Daugther of **Shri Bhadai** 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: