



Form No.:

Regd. office:
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Website:-www.rkcl.in Email:-info@rkcl.in

Rajasthan Knowledge Corporation Ltd. (RKCL)

Application Form for registration of RKCL's Gyan Kendra (Authorized GK)

(2 Sets of Hard Copies alongwith soft copy on CD to be submitted through preferred PSA)

Registration for the following course(s)/ More than one selection is permissible

- Rajasthan State Certificate Course in Information technology (RS – CIT)
- Rajasthan State Certificate Course in Financial Accounting (RS-CFA)
- Rajasthan State Certificate Course in English Language (RS-CEL)
- Rajasthan State Certificate Course in Retail Management (RS-CRM)
- Rajasthan State Certificate Course in Banking, Financial Services & Insurance (RS-CBFSI)

Existing ITGK / GK Center Code :

1. Programme Support Agency (PSA) Information

- a. PSA Code: _____
- b. Name of the PSA: _____
- c. PSA Address: _____

2. Applicant Organization's (AO) Information

- a. Name of AO: _____
- b. Proposed AO (GK) Name: _____
(Note: This name will appear in all documents of RKCL in future as its Authorized Gyan Kendra, if approved)
- c. Address: _____

d. Ward No.: _____ Ward Name: _____

e City: _____ Pin

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f. Tehsil: _____ District: _____ State: _____

g. Telephone Office: STD Code _____ No. _____ Email Address _____

h. Name and address of Nearest Post Office: _____

i. Name of Municipal corporation/council: _____

j. Type of Organization: (Tick)

- Private Limited Company Public Limited Company Trusts Society
- Cooperative Society Partnership Proprietorship Other

k. Designation of the Competent Authority/Head/Owner of the AO: (Tick)

- 1. Chairman 2. Managing Director 3. Director 4. Managing Trustee 5. Partner
- 6. Sole Proprietor 7. Principal 8. Registrar 9. Other

l. Brief Description of activities conducted by AO _____

AO(GK) Coordinator's Signature

PSA Coordinator's Signature

b. Computing Facilities installed at the proposed Authorized Gyan Kendra

i. Hardware

No.	CPU Type	CPU Speed	RAM	CDROM Type	HDD Capacity	Monitor Size, Type	Keyboard/ Mouse	Head-Phone	Server/ Client	PSA`s Remark
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

(For additional information, please attach separate sheet)

ii. Local Area Networking, Internet, Peripherals

	To be filled by AO	PSA Remarks
Ethernet 10/100 Base T Switch		
CAT 5 structure Cabling with RJ 45		
Patch Cables		
Modem(Dial up/Broadband/ISDN/Leased Line)		
Availability of an internet Connection		
Type of internet Connection & Bandwidth		
Name of ISP		
PERIPHERALS(Please write the specifications)		
Scanner		
Printer		
CD Writer		
Web Cam		
Backup devices		
Others		
Licensed Software availability		
Operating System(Server)		
Operating system(Client)		
Office Automation tools		
Antivirus software suite		
DTP Software		
Others		

AO(GK) Coordinator's Signature

PSA Coordinator's Signature

c. Human Resource appointed at the Authorized Gyan Kendra (Please attach the bio-data)

i. Center Coordinator

Name: _____

Date of birth: _____ (DD/MM/YYYY) Gender : (Tick✓) Male /Female.

Qualifications: _____ Experience _____ (No of months)

Mobile No _____ Email Address _____

Present Address:.....

Permanent Address:.....

ii. Faculty-1

Name: _____

Date of birth: _____ (DD/MM/YYYY) Gender : (Tick✓) Male/Female.

Qualifications: _____ Experience _____ (No of months)

Mobile No _____ Email Address _____

Present Address:.....

Permanent Address:.....

iii. Faculty-2

Name: _____

Date of birth: _____ (DD/MM/YYYY) Gender : (Tick✓) Male /Female

Qualifications: _____ Experience _____ (No of months)

Mobile No _____ Email Address _____

Present Address:.....

Permanent Address:.....

iv. Counselor

Name: _____

Date of birth: _____ (DD/MM/YYYY) Gender : (Tick✓) Male/Female

Qualifications: _____ Experience _____ (No of months)

Mobile No _____ Email Address _____

Present Address:.....

Permanent Address:.....

AO (GK) Coordinator's Signature

PSA Coordinator's Signature

7. Declaration by AO(GK)

I/we wish to apply to register our center as the Authorized GK for conducting RKCL's course(s) at our above mentioned premises.

I/we have been provided with adequate training and orientation by PSA _____

on the methodology of conducting course(s). I/we further undertake to implement the course in accordance with and complete adherence to RKCL norms as decided from time to time and as published on RKCL's website.

I/we further undertake that I/we shall be responsible for all costs, consequences, expenses, liabilities, obligations, and damages brought against or suffered by RKCL resulting from or arising out of or relating to any discrepancies, acts, omissions, negligence, misrepresentation, and malpractice whether directly or indirectly, committed by me/us, subsequent to registration as the Authorized Gyan Kendra. I also understand the following:

1. **Changing of address:** After agreement if there is any change in address then it will be charged at the rate of Rs. 1000/- per Gyan Kendra along with notarized affidavit subject to RKCL's approval. Address change will be permitted only once in a year.
2. **Minimum Business Guarantee:** It will be responsibility of me/us to admit at least 50 learners during one year from the date of this agreement and committed the same for any further renewal of time of agreement.
3. **New Course:** We shall pay the charges of new courses as introduced by RKCL from time to time as per RKCL terms and conditions. If we opt for such new courses.
4. **Renewal of Agreement:** We shall agree and pay the renewal charges of IT-GK/GK as decided by RKCL from time to time.
5. **Sliding Charges:** Pay sliding charges (As decided by RKCL from time to time) if we/us wish to change our Programme Support Agency (PSA) as and when RKCL permits.
6. We shall open a current account with the nationalized bank and get our share directly in our bank account for which we shall submit necessary information/document to PSA/RKCL.
7. **Infrastructure:** Infrastructure at ITGK /Study Center will be as mentioned on RKCL's Website. (www.rkcl.in) and will be updated/improved from time to time as per RKCL's instructions / requirement.
8. **Refund of Payment:** The amount deposited with this application will not be refundable in any case, once the centre code is generated by RKCL.
9. This is our request application which is a consent from my/our side to be an authorized ITGK/GK of RKCL.
10. We understand that this application does not mean our confirmation of our center as authorized ITGK/GK of RKCL our registration is subject to approval of RKCL.

Name of competent authority: _____

Designation _____

Date _____

Place _____

Seal & Signature of Competent Authority/Head/Owner of AO (GK)

(AO should attach to this application form photographs (4" x 6") of the interior & exterior view of the proposed premises, computer lab, classrooms, etc. and relevant certificates as applicable)