



वीसीवीआरटी एजुकेशनल काउन्सिल

VCVRT EDUCATIONAL COUNCIL

Licensed with Approved by Govt of India New Delhi

E.Mail- admin@vcvrt.org, info@vcvrt.org, Ph:04142-232037,9442204245.

AFFILIATION FORM

INSTITUTE NAME :

TRUST NAME :

BOARD OF TRUSTEES

1 . NAME _____ AGE _____

2 . NAME _____ AGE _____

3 . NAME _____ AGE _____

4 . NAME _____ AGE _____

5 . NAME _____ AGE _____

BOARD OF DIRECTOR

CHAIRMAN NAME _____ DOB _____

S/O, D/O, W/O _____

BLOOD GROUP _____ AADHAR NUMBER _____

DIRECTOR NAME _____ DOB _____

S/O, D/O, W/O _____

BLOOD GROUP _____ AADHAR NUMBER _____

BOARD OF ADVISORY COMMITTEE

1 . NAME _____ EDUCATIONAL _____

2 . NAME _____ EDUCATIONAL _____



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3. NAME _____ EDUCATIONAL _____

4. NAME _____ EDUCATIONAL _____

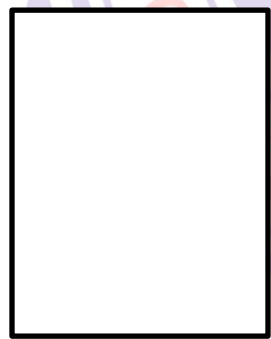
CHAIRMAN RESIDENTIAL ADDRESS _____

INSTITUTE ADDRESS _____

WHATUP NUMBER _____

E MAIL ADDRESS _____

CHAIRMAN PHOTO



DIRECTOR PHOTO



CORRESPONDENT SIGNATURE