| SWAYAM-NPTEL LC_ID_3143  | STEELOTIVE 3W/2022   | UDYAM-MH-13-0017756 |  |  |
|--|--|---------------------|--|--|
|  | ज्ञावाजी सुमन बहुउटेशीय सेवामावी संस्था<br>ज्ञावाजी सुमन बहुउटेशीय सेवामावी संस्था<br>JMAN BAHUUDEHSIYA SEVABHAVI SANS |                     |  |  |
|  |  |                     |  |  |
| <b>Educational Cou</b>   | <b>ISELLING AND AS</b>   | sistance Centre     |  |  |
| (Reg. Under MSME of Government of India) & (Reg. SWAYAM-NPTEL Local Chapter by IIT Madras) |  |                     |  |  |
| (P-2579/1, SANT TUKARAMA NAGAR, DEVI ROAD, MANTHA)   |  |                     |  |  |
| (F-2373/1, SANT TOKAKAIVIA NAQAK, DEVI KOAD, MANTHA)                                       |  |                     |  |  |
| MEMDEDSHID DENI  | EIT ODTION FODM (I EVEL 5  | CLASS DC (1, TO 4)  |  |  |

## MEMBERSHIP BENEFIT OPTION FORM (LEVEL 5, CLASS PG 1 TO 4)

1. Full Name of the Student in Capital:

2. Membership No.\_\_\_\_\_Class\_\_\_\_Level Option (FL/YRL)

3. School/College Name and Address:

As Per Above Mentioned Information I Wish to Apply Option for Following Selection

| Sr.No.   | Benefit for Membership                 | Option for Level | Click one Option at a Time $(J)$ |
|----------|--|------------------|----------------------------------|
| 1        | ONTSE_1000 to 10000/-                  | 2 (1 and 4 Year) |                                  |
| 2        | Stationary Kit                         | Yearly           |                                  |
| 3        | Uniform Kit                            | Not Applicable   |                                  |
| 4        | Dnyan Parv Publication                 | Yearly           |                                  |
| 5        | Competitive Exam Reimbursement         | 3 for Level      | 0,                               |
| 6        | SWAYAM Exam Reimbursement              | Yearly           |                                  |
| 7        | Regular Exam Reimbursement             | 2 for Level      |                                  |
| 8        | Regular Online Prograame               | Yearly           |                                  |
| 9        | H2H Facility Reimbursement             | Yearly           |                                  |
| 10       | Research Project Grant                 | Yearly           |                                  |
| 11       | Internal Assessment Reimbursement      | Yearly           |                                  |
| 12       | On Jab Training (OJT) Facility         | Yearly           |                                  |
| 13       | Innovation Festival                    | Yearly           |                                  |
| 14       | Conference / Workshop / Lecture series | Yearly           |                                  |
| 15       | Online Courses (Mooc's)                | Yearly           |                                  |
| 16       | ISBN Publication                       | Yearly           |                                  |
| 17       | Annual Award (11)                      | Yearly           |                                  |
| 18       | ECAC Centre Monitoring Facility        | Yearly           |                                  |
| Place: - | D                                      | ate: -           | Signature:-                      |

## Instruction:-

Print This Form, Fill this Form Carefully, and Scan in one pdf and Send to us on our mail id ecac.jbgspm@gmail.com from your email id and also send on 8484807212. After verification ECAC communicate with you for Next steps by email and WhatsApp in Next 24 Hrs.

| ECAC Office use Only |         |         |  |  |  |
|----------------------|---------|---------|--|--|--|
| Form Verified        | MRN.No. | Remarks |  |  |  |
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