



Educational Counselling and Assistance 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)

MEMBERSHIP BENEFIT OPTION FORM (LEVEL 2, CLASS 5TH TO 8TH)

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 (✓) |
|--------|--|------------------|--------------------------------|
| 1 | ONTSE_1000 to 10000/- | 2 (1 and 4 Year) | |
| 2 | Stationary Kit | Yearly | |
| 3 | Uniform Kit | From 2 Year 2 | |
| 4 | Dnyan Parv Publication | Yearly | |
| 5 | Competitive Exam Reimbursement | 2 for Level | |
| 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 | Not Applicable | |
| 11 | Internal Assessment Reimbursement | Not Applicable | |
| 12 | On Job Training (OJT) Facility | Not Applicable | |
| 13 | Innovation Festival | Yearly | |
| 14 | Conference / Workshop / Lecture series | Yearly | |
| 15 | Online Courses (Mooc's) | Yearly | |
| 16 | ISBN Publication | Not Applicable | |
| 17 | Annual Award (11) | Yearly | |
| 18 | ECAC Centre Monitoring Facility | Yearly | |

Place :-

Date :-

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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