



Membership/Admission Form

World Education Mission Services



Academic Callender 20_____ to 20_____

Instruction: Fillup Complete form carefully with all the Capital Letter/Upper Case.

Applied For					Date			Regd No.		
Personal Information										
Member's Name							S_Code			
Father's Name							Category			
Mother's Name							Gender			
Date of Birth	DD	MM	YY	Nationality			Religion			
Postal/Permanent/Regidential										
Village/Town										
Post/Block										
Dist/State							Pin Code			
Electronic Contact										
Email Address					Aadhar Card No.					
Whatsapp Cont.					Guardian Cont.					
Educational Information										
S.N.	Exams	Board/University			M_M	O_M	%age	Roll No.		
1										
2										
3										
4										
5										
Professional Information										
S.N.	Courses	Institute/College/University			Roll	M_M	O_M	Grade		
1										
2										
3										
I _____ S/o or D/o _____										
attached all the documents true and correct. If found any any missing reject our registration without any permission of me and my guardian.										
Informer Details									Photo with back Side Signature	
Registration No.										
Date of Registration					Member Sign.					
Documents Issue Status					Left Thumb					
Verified By										
Final/Incomplete Declration:	Confirmed By			Sign of Wems Director			Seal/Stamp of Wems			



Opening CIIP Centre

World Education Mission Services



Academic Callender 20_____ to 20_____

Instruction: Fillup Complete form carefully with all the Capital Letter/Upper Case.

Applied For		Date		Regd No.		
Personal Information						
Institute Name				Runing		
Owner's Name				S_Code		
Father's Name				Category		
Mother's Name				Gender		
Date of Birth	DD	MM	YY	Nationality	Religion	
Postal/Permanent/Regidential						
Village/Town						
Post/Block						
Dist/State				Pin Code		
Electronic Contact						
Email Address			Aadhar Card No.			
Whatsapp Cont.			Guardian Cont.			
Staff Information						
S.N.	Courses	Staff Name		Experience	Post	Contact No.
1						
2						
3						
4						
5						
Owner Information						
S.N.	Courses	Institute/College/University	Roll	M_M	O_M	Experi..
I _____ S/o or D/o _____ attached all the documents true and correct. If found any any missing reject our registration without any permission of me and my guardian.						
Informer Details						Photo with back Side Signature
Registration No.						
Date of Registration				Member Sign.		
Documents Issue Status				Left Thumb		
Verified By						
Final/Incomplete Declration:	Confirmed By		Sign of Wems Director		Seal/Stamp of Wems	

Entered Details Information About Your Institute/Study Centre

Study Area in Sq Ft.		Parking Area in Sq Ft.	
No. of Class Rooms		No. of Computer Lab Room	
No. of Staff Rooms		No. of Office Room	
No. of office Room		No. of Reception Room	
No. of Computer in Lab		Internet Connection for	
No. of Computer in office		wifi Connection for	
No. of computer in Recep.		Smart Classes For	
Electricity For Inverter Det.		Play Ground For Area	
Electricity For Generator Det.		Eng. For Maintenance	
Signature of Director/Principal	School/Institute Stamp	Logo of School/Institute	Photo of Director/Principal

Schools/College/Institute Photo with Students	Study Period Photos of Students with Pri./Dir.

Other Employee Statement for the Opening Collaborative Point with Address

Runner Details	Name	Address
Peon Details	Name	Address
Guard Details	Name	Address

Requirment Documents:

- * 100 Rupies Stamp Duty about of the Term Condition Agreement to the WEMS.
- * Adhar Card, Pancard, and all the Educational and Professional Documents.
- * Room Agreement Notery, Light Bill, Society Letter, Bank Passbook,
- * Registerd Logo, Signature, Stamp, Over View Photo of Centre.

Apply Term & Condition

Visit Us: www.wemsg.in