





APPLICATION FORM FOR AFFILATION

FOR HEAD OFFICE USE ONLY

FORM RECEIVING DATE:	CENTER CODE :
TOTAL FRANCHISEE FEES:	AMOUNT RECEIVED:
RECEIVED/CHEQE/DRAFT NO:	DATE:
AUTHORISED SIGNATURE:	REMARKS:
 Name of the centre: Contact Details of the training Centre : Postal Address: 	
Pin code: Phone Number: Email ID: 3. Year of Establishment: 4. Provide the contact Details of the Management Te	nam mambar Operation Head(s) and Affiliation

4. Provide the contact Details of the Management Team member, Operation Head(s), and Affiliation Coordinator(s) for the training centre.

NAME	CONTACT ADDRESS	CONTACT NUMBER	Email-ID

5. Details of the Teaching Staff pertaining to the Qualification Packs:

SI.	NAME	DEGREE	DIPLOMA	TRAINING	EXPERIE	REGULAR/
No				CERTIFICATE	NCE (Yrs)	VISITING
	·	·				

6. Availability of Equipment/Document

counts	Requirements	Status
Hardware		
1	Working Computer System	
2	Working Printer	
3	Dummy parts of computer (HD,	
	Motherboard, RAM, Processor etc.)	
4	Dummy parts of laptop (HD,	
	Motherboard, RAM, Processor etc.)	
5	CD/DVD ROM DRIVE.	
6	PC/LAPTOP Toolkits	
7	LAN Card	
8	STP/UTP Cable	
9	RJ 45 Connectors	
10	Networks Device	
11	External Storage (for data backup)	
12	Projector, microphone etc.	
	C	Operating System
1	Windows 7/vista/xp	
1	MS Office 2010/2007/2003	
2	TALLY	
3	Internet Connection	
4	Network Connection	
5	Anti-Virus	
6	Adobe	
7		
8		
9		
10		

7.	Infrastructure Facility.				
Ī	Particulars	No of Room	Seating Capacity	Total Area (Sq.Ft.)	
Ī	Staff Room				
Ī	Class Room				
	Laboratory				
	Reception				
I	Toilet				
	Dirking Water				
]	Any Others				
9	Library Facility. No of text / subject book No of reference book Others book 1 2. 3. 4. Other's (Specify)				
10. Centre i	Notice		Residential Address:		
			Pin No		
			Contact Number:		
Th	e Above Information giver	n by me, are find corr			

SIGNATURE HEAD OF THE INSTITUTE

SEAL OF THE INSTITUTE