



Initiated By : NETAJI IT AND EDUCATION FOUNDATION

An Autonomous Institute Registered under Govt. of India

ISO 9001 : 2015 CERTIFIED INSTITUTION

Certified/Licensed by Central Govt. of India, Certificate of Incorporation

Vide License No. 130726 MCA/CIN/ U80904AS2021NPL022245, ISO 9001:2015 Cert. No: IN/93003364/7800

APPLICATION FOR CENTRE AUTHORIZATION

1. Name of Centre/Institutions/Organizations/NGO _____

2. Name of Owner/President/Director _____

S/o, D/o, W/o _____ D.O.B _____

3. Address of Centre/Institutions/Organizations/NGO

Near _____

Village/Town/City _____ P.O _____

Tehsil/Taluka _____ Dist _____

State _____ Pin Code _____ Ph.No _____

Mobile No/s _____ Fax No _____

Active Email Address/s _____ Whatsapp Mobile No _____

4. Correspondence/Postal Address of Institutions/Organizations/NGO

Near _____

Village/Town/City _____ P.O _____

Tehsil/Taluka _____ Dist _____

State _____ Pin Code _____ Ph.No _____

Mobile No/s _____ Fax No _____

Active Email Address/s _____ Whatsapp Mobile No _____

5. Detail of Centre Infrastructure/Machinery/Equipment.

[A] No. of Computers/Machines (Required Min. 3 to 5) _____ [B] No. of Chairs (Required Min.10) _____
[C] Centre Area (Required Min. 100 Sq feet to 200 Sq feet) _____ [D] Toilet/Urinal available (Yes/No) _____
[E] Scanner(Y/N) _____ [F] Printer (color/B&W) _____ [G] Internet Connectivity (Y/N) _____ [H] UPS/Inverter (Y/N) _____

6. Number of Faculty Members (Required Min-1).

Sr. No.	Name	Qualification

7. Applying for Centre Authorization of below Mentioned Zone/s (Tick on Require Zones)

Software Zone	Hardware Zone	Vocational Zone	All Zones

8. Authorization Fee –Payment Details

Centre Affiliation Fee	Payment Date	Paid by NEFT, Online/Mobile Banking	Bank Name	Payment Slip No.

Signature of Centre Head	Left thumb Impression of Center	Date of Submission	Place

CENTER HEAD/ DIRECTOR PROFILE

Centre Head Name		Centre Head/Director Color Photo
Centre Head Father's/ Husband's Name		
Date of Birth		
Religion		
Gender (Male/Female)		
Language Known		
Centre Head Permanent Address (Street/Sector/Village, Post Office, Tehsil/Taluka/City, District, State, Pin Code)		
Qualifications (Attach Copies of Certificates)		
Experience (If any)		
Active Email-ID		
Home Landline Number or Mobile No.		
Centre Landline Number or Mobile No. (Provide At least two Active No.)		
Centre Head WhatsApp Mobile No		
Centre Head Active Email IDs		

Signature of Centre Head	Left thumb Impression of Center	Date of Submission	Place

DECLARATION BY CENTRE HEAD

1. _____
2. (Name & Designation)
Proprietor/ Owner of _____

(Name & Address of the Institute)

Understood the RULES & REGULATION as of now & amended in future applicable to the Institute conducting NETAJI IT AND EDUCATION &/or its Collaborative Partners Courses explained in the Franchise proposal for Affiliation and agreed to abide by the same.

3. I am aware that in case my information given by me is false or misleading, NETAJI IT AND EDUCATION may in its sole discretion take whatever actions or measure it deems necessary and appropriate and the Institute would be debarred from the Affiliation.
4. I agree to abide by the RULES AND REGULATIONS and the decisions taken by the management of NETAJI IT AND EDUCATION from time to time.
5. I further understand that, I have to register each and every Trainees/Students studying at my/our Study Center at NETAJI IT AND EDUCATION, Head Office by paying the prescribed fee, failing which NETAJI IT AND EDUCATION will have all the rights to take action.
6. In case of any dispute arising between NETAJI IT AND EDUCATION & its Franchisee the Jurisdiction for all legal purpose will be Dhubri, Assam, India Only.

I, hereby declare that all the information given by me in this form is true and correct to best of my knowledge and belief. If any statement is found to be untrue I shall be liable for disciplinary action.

Netaji It & Education

It's key to success

Seal & Signature Head of the Institute