

AFFILIATION INFORMATION REPORT

TO BE FILLED IN ENGLISH CAPITAL LETTERS ONLY

PART (A) TO BE FILLED BY THE PERSON SIGNING THE AGREEMENT

1. Date of Agreement :

2. State :

3. Region :

4. District :

5. Block :

6. Panchayat :

7. Place / City :

8. Center owner's name :

9. Father/Husband name :

10. Date of Birth :

11. Date of Marriage anniversary :

12. Sex : Male Female

13. Qualification :

14. Center Co-ordinator's name
(In case owner is not Co-ordinator) :

15. **Center Address if Center is existing**

Firm Name :

Address :

Pin :

Phone (with STD Code) :

Mobile No. :

Fax (with STD Code) :

E-mail :

Website : _____

16. **Pan Number** : _____

17. **On-Line Account** : Yes No

: **Branch Address** _____

: **Account Holder Name.** _____

: **Account No.** _____

: **IFSC Code :** _____

NET BANKING : Yes No

18. **Residence Address of owner :**

Name :

Address :

Pin : |
Phone (with STD Code) :
Mobile No. : | |

19. **Nature of field Area** : Rural Urban Tribal Industrial

20. **Nature of Centre (Tick on appropriate)** : City / State Capital Industrial Area
District Block Panchayat Village

21. **Mandatory documents** : Please attached photocopy

- Passport Photograph attached
- Photo ID Proof (attached Photocopy)
- SBI Account Number (attached Cancel Cheque)
- Pan Number (attached Photocopy)
- Branch Manager Residence Proof (attached Photocopy)
- Attach Registration Certificate of Firm / Society / Company as the case may be
- Branch Manager Bio-data (attached Photocopy of Bio-data)
- Faculty Bio-data (attached Photocopy of Bio-data)

22. **Centre Premises Details : Area In Square Feet**

Reception _____ Office _____
Class Room _____ 1_ Seating Capacity _____
Class Room 2 _____ Seating Capacity _____
Lab1 _____ Seating Capacity _____
Lab2 _____ Seating Capacity _____
Library _____ Toilet (Male) _____
Toilet (Female) _____ Any other _____

23. **Hardware Details :**

No. of Computers with TFT, P-III _____ P-IV _____
No. of Computers with CRT P-III _____ P-IV _____
Printers; Laser: _____ InkJet : _____ Other _____
Digital Camera _____, Power Backup _____,
Biometric Device _____, CCTV Camera. _____,
LCD/Projector _____ Scanner _____, AC _____
Water Cooler _____ Any other _____,

24. **Connectivity Type** : FWT CDMA WLL
Broad Band Mobile EVDO
Data Card USB Modem Dialup

Company Name : _____

25. If center is other than IT Academy, please enclose list of available Tools & equipments. : Yes No

26. Software Details : _____

Operating System Software available	Window 98	Window Me	Window 2003	Window 2007	Window XP	Window 2010	Other
Licensed Tick Y/N (Attached Copy)							
Licensed Application Software Available (Give Name)							

27. Do you run a school : Yes No
 If, yes at what Level : Higher Sec. High School
 Middle School Primary

28. Do you run a Coaching Centre : Yes No
 If, yes for whom : _____

29. Are you conducting any other training (Govt./Private) : Yes No
 Apart from's : _____
 If Yes Please specify Scheme and trades of training. _____

30. Faculty Details: Receptionist Name: _____ Qualification: _____
 Total No. of Faculty: _____

(A) FULL TIME			
Sl. No.	Name	Academic / Technical Qualification	Experience
1			
2			
3			
4			

(B) PART TIME			
Sl. No.	Name	Academic / Technical Qualification	Experience
1			
2			
3			

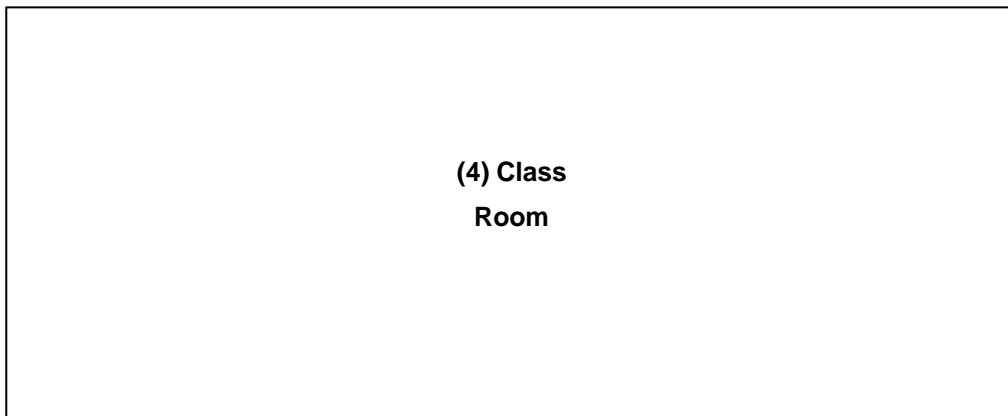
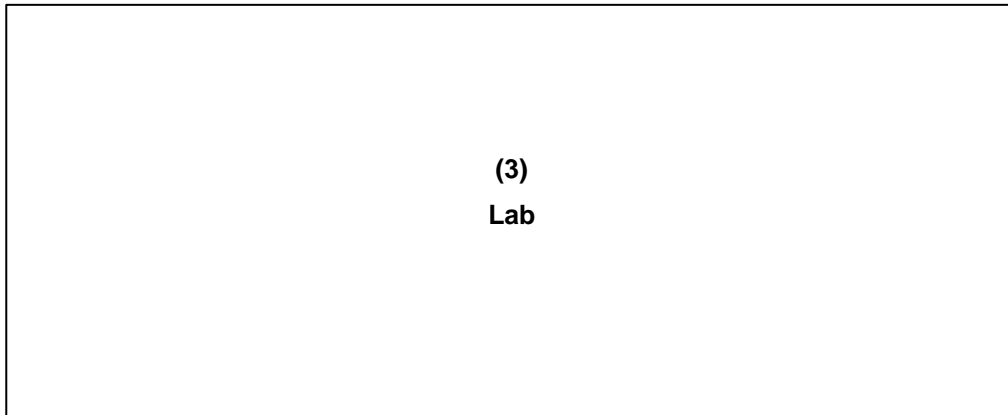
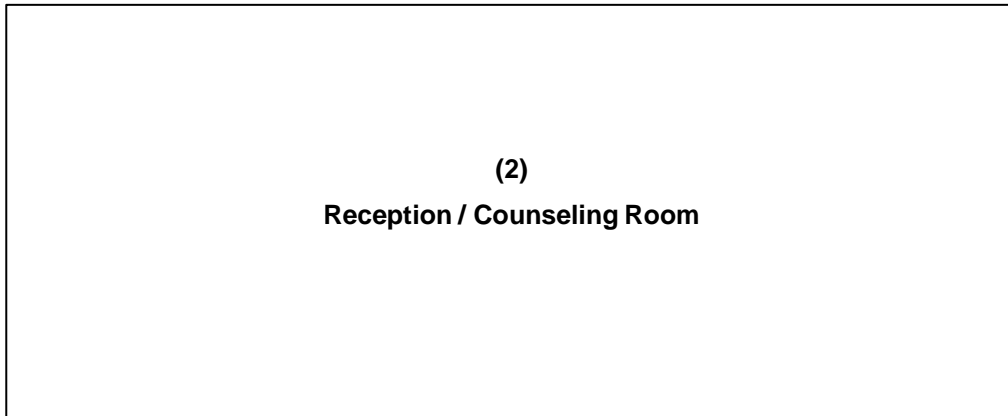
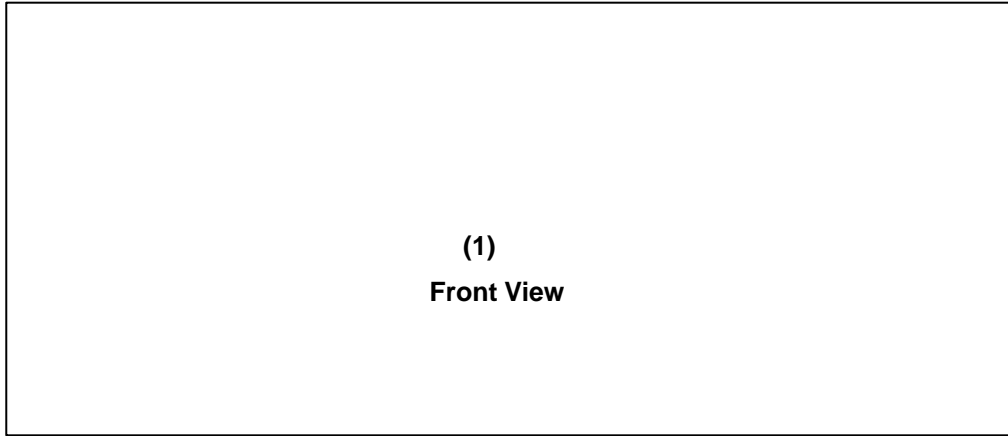
(C) ASSOCIATE			
Sl. No.	Name	Academic / Technical Qualification	Experience
1			
2			
3			

Note: Enclose faculty Bio-data.

31. Branch turnover for the last three years : 2015 - 2016 _____
 2014 - 2015 _____
 2013- 2014 _____

32. Centre Photographs:

Branch Code: _____



INSURANCE DETAILS

33. **Details for Insurance :** _____ :

S.No.	List of Contents	purchase Year	Model	Sr. No.	Value/Amount
(a)	Office Furniture				
(b)	Student Furniture				
(c)	Fixtures				
(d)	Air conditioner				
(e)	Coolers				
(f)	Fan				
(g)	Tube Light/Bulbs				
(h)	CVT/UPS/Stabilizer				

34. **No. of Books in Library** : **Value/Amount** : _____

35. **Total Stationary in Use** : **Value/Amount** : _____

36. **Value of Centres Sign Board** : **Value/Amount** : _____

37. **Details for PA :**

(a) **Name of Centre Owner** :

(b) **Father's Name/Guardian** :

(c) **Age of Centre Owner** :

(d) **Name of Nominee** :

(e) **Relation with Nominee** :

Date:

Seal and Signature of Centre Co-ordinator
Name:

FORWARDING SHEET 2016-17
PART (B) TO BE FILLED BY THE CO-ORDINATION & ACCOUNT SECTION

1. New Enquiry Generated by : _____
2. Centre initiated by : H.O. Advertisement RM/BDE Seminar/Workshop
 Other Pl. Specify _____
3. Nature Of Agreement IT Academy Voc. Academy H/W Academy
 BFSI Academy Agriculture Academy Teacher's Training Academy
 Retail Management Academy Textile Academy Academy for Tourism & Hospitality
 Other Pl. Specify _____
4. Assigned Category : A B C Panchayat _____
- Branch Code Allotted : _____ RM Name : _____ Initiator : _____
- Vacant Distt. : _____ Remark : _____

Product Name	Aff_Fees Charged		Aff_Fees Deposited		Aff_fees Balance (If any)		REMARK
	Fees	S. Tax	Fees	S. Tax	Fees	S. Tax	
IT Academy							
H/W Academy							
Voc. Academy							
BFSI Academy							
Agriculture Academy							
Teachers Training Academy							
Academy for Retail Management							
Academy for Textile							
Academy for Tourism & Hospitality							
AU online							
CVRU online							
Banking Kiosk							
OTHER							
TOTAL							

MODE OF PAYMENT- CASH /DD No. _____
Date :
Total Affiliation Fees Deposited :
Receipt Date :
Receipt No.

Date : _____ Prepared by _____ Co-ordination Section _____ Account Section _____

PART (C) TO BE FILLED BY THE DATA BASE SECTION

Receipt Date:	Remark (If any):
Process Date:	Signature Database: