

APPLICATION FORM INSTITUTE AUTHORIZATION

Fill the form in BLOCK CAPITAL LETTERS

		Paste one recent				
1. Full Name of the Institute						passport size photograph Please do not pin
2. Cent		& staple				
3. Fath	er's Name				L	
4. Mot	her's N <mark>ame</mark> (as per o	<mark>certificate).</mark>			٠	
5. Con	plete Address of the	<mark>e Centre He</mark> ad (Do	no <mark>t Repeat l</mark>	Name)		
<u> </u>	<mark></mark>					
Teh	sil	City	S	tate		
Pin	Code <mark></mark>	Mobi	le No.:			
6. Aad	ha <mark>r Car<mark>d No</mark> of Cent</mark>	tre Head:	/	/		
7. Cat	egory:- <mark>General:</mark>	SC:	BC:	Other	r:	
8. Dat	e of Birt <mark>h:</mark> .		9. M	ale/Fe <mark>male:</mark>		
10.Details of Qualifying Examination						
	ans of Qualitying D	Aammanon				
Class	Name Of Board /	School	Year Of	Marks	Total	Per.
		224	Year Of Passing	Marks Obtained	Total Marks	Per. (%)
	Name Of Board /	School			-	
	Name Of Board /	School			-	
	Name Of Board /	School			-	
	Name Of Board /	School			-	
	Name Of Board /	School			-	
Class	Name Of Board /	School Name/College	Passing	Obtained	Marks	(%)
Class ddress o	Name Of Board / University f Centre/Institute/On	School Name/College rganization:	Passing	Obtained	Marks	(%)
Class ddress o	Name Of Board / University f Centre/Institute/On	School Name/College rganization:	Passing	Obtained	Marks	(%)

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DETAILS OF CENTRE/INSTITUTE INFRASTRUCTURES (FOR COMPUTER INSTITUTE)

1.	Number of Computer (PC) (Min. Requirement 7 to 10)
2.	Number of Chair (Min. Requirement 10 to 15)
3.	Centre Area (Min Requirement 150 Sq. Feet to 250 Sq. Feet)
4.	Toilet Available (Yes/No)
5.	Theory Room (Yes/No)
6.	Practical Room (Yes/No)
	Reception Area (Yes/No)
8.	Center Head Room (Yes/No)
9.	Students Waiting Area (Yes/No)
10	Scanner and Printer
	.Internet Connection (Yes/No)
12	.CCTV Camera
13	.UPS/Inver <mark>ter/Generator</mark>
N	UMBER OF FACULTY MEMBER (MIN. REQUIRED FOR
	CENTER HEAD, RECEPTION AND TWO COMPUTER
	TEACHER
1	

Sr. No.	Name of candidate	Qualification	Experience -
1		7	
2			10000
3			
4	200	α	T CONTRACTOR
5		- 3 U +	
6			

App	olying	for (Centre A	Authorizat	ion of	below	Mentioned	Zone

Village/Tehsil/ Dist /State	
Village/Telisii/.Dist./State	• • • • • • • • • • • • • • • • • • • •

Authorization Fee Payment Details

All Payment Pay For: - SOFT TECH EDUCATION SOCIETY

Bank A/C No: - 50200080469923, IFSC Code:-HDFC 0001722,

Bank Name: - HDFC, Branch Name:-NARWANA

Bank	Affiliation	Payment Payment	Paid by NEFT, Online/ Google Pay/	Payment
Name	Fee	Date	Phone pay and Direct Deposit into	Slip No.
			Bank A/c	
		1	223	
			1606	
	1			

Documents

Sr.	ID Name	School	Year Of	Marks	Total
No.		Name/College	Passing	Obtained	Marks
1	10 th	10.00		7	
2	12 th		51// des		-
3	Aadhar Card				
4	Pan Card	THE W			
5	Driving Lisance	- 1			

Two Passport Size Photo of Center Head, One photo of Centre Front, Computer Lab, Theory Room, Reception Area, Office, UPS & Power Bank and Photo Copy of All The Above Documents.

DECLARATION BY THE APPLICANT:-

I have read all the rule and regulation of the institute of the franchise form. I declare that the above information is true and correct to my knowledge and belief and I fully understand that my franchise will stand cancelled if any information by me is found to be false or twisted.

Place:	(Signature of Applicant)
Date:	