

APPLICATION FOR:

	ate Coordinator		oordinator oordinator	
1. Na	me of Applicant/Applicants			
2. Na	me of training Institute			
3. Ad	dress			
Tel	hsilDistrict	State	Countr	У
Pir	n code email id		Website	
Lar	ndline number (with STD code)		mobile No	
4. Sta	atus of the Institute			
a)	Trust b) Society c) Partners	ship d) Proprie	torshipe) Pv	rt. Ltd
5. Da	te of Incorporation/commencement of I	nstitute:		
		DD M	M YYYY	
6. Wł	hether your Institute is Currently Associa	ated /Franchisee/Partne	r with any Organization	on(if yes Please
spe	ecify the name)			
7. Co 	urses currently being conducted at your	Institute		
8. De	tails of the Head of the Institute/Organia	zation		
S.N	No. Name	Designation	Qualification	Experience

9. Details of Faculty Staff

S.No	Name	Designation	Specialization	Qualification	Experience (in Yrs)	Part- time/Fullti me



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1	\sim	Infrastructure			_
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S.No.	Particulars	Size(in sqft)	Carpet Area(in sqft)	Numbers
	Total Area(in Sqft)			

11. Details of furniture and Fixures Available

S.No.	Particulars	Quantity(in numbers)
1.	Computer Tables	
2.	Computer Chairs	
3.	Classroom chairs	
4.	White boards/Black boards	
5.	Projector	
6.	Other(specify)	

12. Books Available in the Library

S.No.	Name of Book	Author's Name	Syllabus covered	No. of copies

13. Computer & Peripherals

S.No.	Computer Type	Configuration of System	Quantity



14. I 15. I			Dot mat onnection Broadba		Inkjet Cable		Laser WiFi		All in Other		
16.	Soft	tware A	Available								
:	S.No	0.	Name	e of Software				1	/ersion		
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	3.	Date o	-								
				MM YYYY							
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	_	S.No. 1.	Higher secondary	Stream	'	Board/unive	rsity	Year of	Passing	Percentag	ge
	_	1. 2.	Graduation								
	_	3.	Post Graduation								
	-	4.	Diploma								
	-	5.	Other(specify)								
				-	1						

Documents required along with Application form

- 1. Copy of Address Proof of the institution.
- 2. Copy of Identity Proof of the owner/Proprietor/Partners.
- 3. Copy of Academic Qualification of owner/Proprietor/Partners.
- 4. One Passport size colour Photograph of owner/Proprietor/Partners.
- 5. If on rent/Lease, then rent/Lease Agreement copy.



Institute Snaps

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3.	Paste Photograph of theory Class room in below mention box.
1 .	Paste Photograph of Computer Lab in below mention box.



Undertaking

1.	(Name & Designation)
	Partner/Proprietor/Owner of
	(Name of Institute the institute)
	Understood the Rules and Regulations as of now & amended in future applicable to the institute conducting SUREWIN &/or its collaborative Partners Courses explained in the Training Partner Proposal for Affiliation & agreed to abide the same.
2.	I certify that I am the competent authority, by virtue of the administrative and financial power vested in me of the above mentioned institute/organization to furnish the above information's and to undertake the above stated commitment on behalf of my/our institution.
3.	I am aware that in case of any information given by me is false or misleading, SSSD may in its sole discretion can take whatever actions or measures it deems necessary and appropriate and the institute would be debarred from the affiliation.
4.	I agree to abide by the Rules & Regulations and the decisions taken by the management of the SSSD from time to time.
5.	I further understand that, I have to register each and every trainees/Students studying at my/our center at SUREWIN Head office by paying the prescribed fee, failing which SSSD will have all the rights to take action.
6.	In case of any dispute arising SSSD & its Training Partner the Jurisdiction for all legal Purposes will be Bhubaneswar, Odisha only.
	Date: Seal & Signature of Center Head
	Name:
	Designation: