

Details of the faculty staff

S.NO.	Name	Designation	Qualification	Experience
1.				
2.				
3.				
4.				

S.NO.	Name	Designation	Specialization	Qualification	Experience	Full time\part time
1.						
2.						
3.						
4.						
5.						

Infrastructure available

Sl.No.	Particular	Size(In sq. ft)	Carpet area (in sq. ft)	Number
1.	Reception \ Counseling Room			
2.	Theory class room			
3.	Computer lab			
4.	Library			
5.	Visiting zone /open space			
		Total area (in sq. fit)		

Details of the furniture & fixture available

SL.NO	Particular	Quantity (Nos.)
1.	Computer tables	
2.	Computer chairs	
3.	Classroom chairs	
4.	White board/black board	
5.	Projector	
6.	Other (specify)	

Books available in Library

Sl.No.	Name of the books	Author's name	Syllabus covered	No. of copies
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Name of Qualifying Examination	School/College	Board/ University	Year	Percentage
Matric				
Intermediate				
Graduation				
Post-Graduation				
Other (Specify)				

Investment Capacity (In INR).....In Word).....

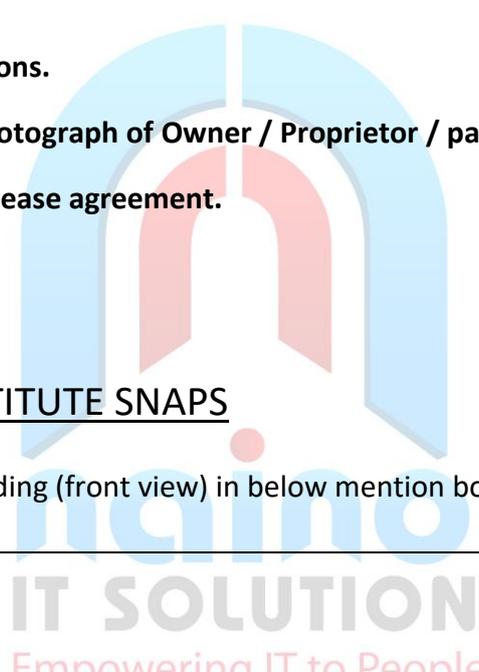
DOCUMENTS REQUIRED

Kindly attached the following documents along with the application form:

1. Copy of address prop (Telephone Bill/Electric Bill/ License of the municipal corporation) of the Institution.
2. Copy of Identity proof (PAN Card/Election Card/Driving License/Passport/Bank Pass Book/Aadhar Card).
3. Copy of Academic Qualifications.
4. One Passport size colored photograph of Owner / Proprietor / partners.
5. If on rent / lease then rent / lease agreement.
6. Photographs of the Institute.

INSTITUTE SNAPS

1. Paste photograph of the building (front view) in below mention box.



Affix 4/6 photograph here

2. Past photograph of the reception/counselor's room in below mention box.

Affix 4/6 photograph here

3. Paste photograph of theory class room in below mention box.

Affix 4x6 photograph here

4. Paste photograph of computer lab in below mention box

Affix 4x6 photograph here

5. Paste photograph of library photo in below mention box.

Affix 4x6 photograph here



6. Paste photograph of center head cabin in below mention box.

Affix 4x6 photograph here

UNDERTAKING

..... (Name & designation)

Partner / proprietor / owner of.....

..... (Name & address of the institute)

Understood the RULES & REGULATIONS as of now & amended in future applicable to the institute conducting Naino IT Solution Pvt. Ltd./or its collaborative partner's courses explained in the franchise proposal for affiliation and agreed to abide by the same.

1. I certify that i am 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.
2. I am aware that in case any information given by me is false or misleading. Naino IT Solution Pvt. Ltd. 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.
3. I agree to abide by the rules & regulations and the management of Naino IT Solution Pvt. Ltd. From time to time.
4. I further understand that. I have to register each and every trainees /students studying at my/our center at Naino IT Solution Pvt. Ltd. Head office by paying the prescribed fee. Falling which Naino IT Solution Pvt. Ltd. will have all the rights to take action.
5. In case of any dispute arising between Naino IT Solution Pvt. Ltd. & its franchise the jurisdiction for all legal purpose will be samastipur (Bihar) India only.

Name:

Date

Designation:

Send the above documents at:

Naino IT Solution Pvt. Ltd.

Head Office: Ambedkar Chowk, Patory, Samastipur, 848504, Bihar (India)

Contact No. : +91-9334747878, +91-7272947878

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