

APPLICATION FORM FOR INSTITUTIONAL MEMBER

GENERAL INSTRUCTIONS:

1. The application has to be filled by the Institutional Member
2. Copies of all the relevant documents should be available with the Institute during physical audit.
3. A Print-out of this application form along with hard copies of the relevant documents has to be sent to National Institute of Technology & Management
4. Training Centre must sign and stamp every page of this document.

1. Name of the Institute:-

2. Name of the Company/Institute/Firm/Society etc:-

3. Contact Details of the Company/Institute/Firm/Society etc:-

Postal Address: _____

Pin Code

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Phone Number with STD Code _____ Mo.No:- _____

Email ID: _____

4. Year of Establishment: _____

5. Prior Exposure of the Training -

6. PAN No. :

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7. TAN No. :

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8. Turnover of the Institute/Company/Firm/Society etc:- _____ (Last Financial Year)

9. Provide the Contact Details of the Director(s), Management Team Members, Operational Head(s) and Affiliation Coordinator(s) for Training Institute:

Name	Contact Address	Contact Numbers – Both Land Line and Mobile	Email-id

Date: _____

Signature & Stamp

10. Provide Bank Details

Name of the Bank Account _____

Account Number:

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Bank Name & Add:- _____

IFSC CODE:

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11. Details of the Teaching Staff:

S. No.	Name	Designation	Degree / Diploma	Experience in Years	Regular / Visiting
1					
2					
3					
4					
5					

S. No.	List of Enclosures	Yes / No	Remarks
1	PAN, TAN AND IT Return (Last Financial Year)		
2	Registration Certificate of Trust / Society		
3	Lease Agreement / Ownership proof		
4	Staff Particulars (Resumes of Faculty for Training as per list)		
5	Drinking Water		
6	Fire Safety		
7	Photographs of Lab with Equipments required to conduct the training as per QPs		

I hereby confirm that my Institute, processes and other requirements as mentioned in this application form are true to the best of my knowledge and information. I further assure that we will provide the documents as and when required by National Institute of Technology & Management.

I further assure you to provide all the MIS details as required. We further acknowledge and understand that if any information provided by us in the application form or its enclosures is found to be wrong or misleading, National Institute of Technology & Management has all the rights to cancel our application and take such penal action as deemed proper.

Date: _____

Signature & Stamp