

# APPLICATION FOR AUTHORISED LEARNING CENTRE / TRAINING PARTNER

## CONFIDENTIAL

Applicant's Name \_\_\_\_\_

Name of the Institution \_\_\_\_\_

H.No. \_\_\_\_\_ Street/Road \_\_\_\_\_ Land Mark (if any) \_\_\_\_\_

Village \_\_\_\_\_ Tehsil \_\_\_\_\_ District \_\_\_\_\_ PIN \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Tel. No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-Mail ID \_\_\_\_\_ Website URL \_\_\_\_\_

Residential Address: H.No. \_\_\_\_\_ Street/Road \_\_\_\_\_ Land Mark (if any) \_\_\_\_\_

Village \_\_\_\_\_ Tehsil \_\_\_\_\_ District \_\_\_\_\_ PIN \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Tel. No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

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(Attach being residential proof the Photostat copy either of Electricity Bill/Driving License/Voter's ID/Telephone Bill/PAN Card/Passport/Ration Card)

### INFRASTRUCTURE DETAILS:

#### Details of Present Facilities Available in the Centre (Use separate sheets for details, if required)

Website & Email ID Website : \_\_\_\_\_ Email ID: \_\_\_\_\_

Date of Establishment \_\_\_\_\_

Present Affiliation with \_\_\_\_\_

No. of Students for previous 3 years Year \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_

Building Area sq. ft. (Enclose Map) \_\_\_\_\_

Whether owned or on rental basis \_\_\_\_\_

No. of Class Rooms with size in sq.ft. \_\_\_\_\_

**FACILITIES:** (Yes/No) No. of Computers \_\_\_\_\_

Configuration of each computer \_\_\_\_\_

Library \_\_\_\_\_

No. of Computer Labs \_\_\_\_\_

Toilets \_\_\_\_\_

Others \_\_\_\_\_

**INFRASTRUCTURE DETAILS:**

Sr. No.	Infrastructure	Units	Area (Sq. Ft.)	Seating Capacity
1	Computers _____			
2	Printer _____			
3	Scanner _____			
4	U.P.S./ Power Back-up _____			
5	Administrative Area/ Counselling Rooms			
6	Audio Visual Room			
7	Training/ Class Rooms			
8	Service Area - Toilets etc.			
9	Other _____			

(Use separate sheet, if necessary)

**NAME OF COURSES IN WHICH YOU ARE INTERESTED TO START AT YOUR CENTRE:**

Sl. No.	Proposed Courses	Expected No. of Admissions	Sl. No.	Proposed Courses	Expected No. of Admissions
1			13		
2			14		
3			15		
4					
5					
6					
7					
8					
9					
10					
11					
12					

**INFORMATION OF FACULTY/INSTRUCTORS EMPLOYED AT YOUR CENTRE**

Sl. No.	Faculty Name	Designation	work experience (in months)	Technical Qualification
1				
2				
3				
4				

**CENTRE HEAD DETAILS:**

Full Name \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Spouse/Husband's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Present Postal Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Office \_\_\_\_\_ Residence \_\_\_\_\_

Mobile No. \_\_\_\_\_

Website & Email ID \_\_\_\_\_ Website : \_\_\_\_\_ Email ID: \_\_\_\_\_

**QUALIFICATIONS :**

Name of University / Board	Degree / Diploma	Year of Passing	Percentage of Marks	Rank

**EXPERIENCE :**

Name of Employer	Designation	Tenure of Service		Salary Drawn
		From	To	

Describe in brief your purpose of Learning Centre \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference \_\_\_\_\_ Signature \_\_\_\_\_

Payment Transaction No. \_\_\_\_\_ Dated \_\_\_\_\_ Paid through: \_\_\_\_\_

Amount (Rs.) \_\_\_\_\_ (In Words \_\_\_\_\_

Place \_\_\_\_\_

Signature \_\_\_\_\_

## Partners, If any :

Mr./Ms./Mrs. : .....  
Father's/Husband's Name : .....  
Date of Birth : .....  
Qualification : .....  
Experience : .....  
Address : .....  
City : .....  
State : ..... Country : ..... PIN Code : .....  
Mob. No. : ..... Ph. No. : .....  
Email Id : ..... Web Site : .....

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## Declaration :

We declare that the above information provided by us is TRUE to our best of knowledge. We possess sufficient knowledge to work as a Centre Head/Co-Centre Head on behalf of Braintech Learning Leverage Private Limited. We shall abide by the rules & regulations of the company. We also aware of that by breach of the rules & regulations may lead to legal/ disciplinary action against us. We hereby confirm that we shall be bounded by any decision taken by the company on such matter at any point of time.

Date : .....  
Place : ..... Signature Centre Head ..... Signature Partner .....

## OFFICE USE ONLY

Issued Centre Code: .....

.....  
Head of Operations  
Braintech Learning Leverage Pvt. Ltd.

.....  
Director & CEO  
Braintech Learning Leverage Pvt. Ltd.

## Our Divisions:

