



10. Infrastructure available:

S.No.	Particulars	Size(in sqft)	Carpet Area(in sqft)	Numbers
<b>Total Area(in Sqft)</b>				

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

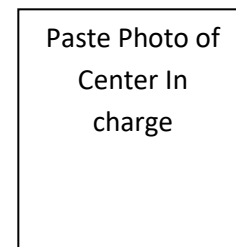
S.No.	Computer Type	Configuration of System	Quantity

14. Printer Dot matrix  Inkjet  Laser  All in One   
 15. Internet Connection Broadband  Cable  WiFi  Other

16. Software Available

S.No.	Name of Software	Version

**Personal Fact sheet of Center In charge**



- Name \_\_\_\_\_
- Father’s Name \_\_\_\_\_
- Date of Birth  
DD MM YYYY
- Residence Address \_\_\_\_\_  
City \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
Landline (with SD Code) \_\_\_\_\_ mobile no. \_\_\_\_\_
- Permanent Address \_\_\_\_\_  
City \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_
- Nationality \_\_\_\_\_ Marital Status: Married  Unmarried

7. Academic Qualification

S.No.	Standard	Stream	Board/university	Year of Passing	Percentage
1.	Higher secondary				
2.	Graduation				
3.	Post Graduation				
4.	Diploma				
5.	Other(specify)				

Documents required along with Application form

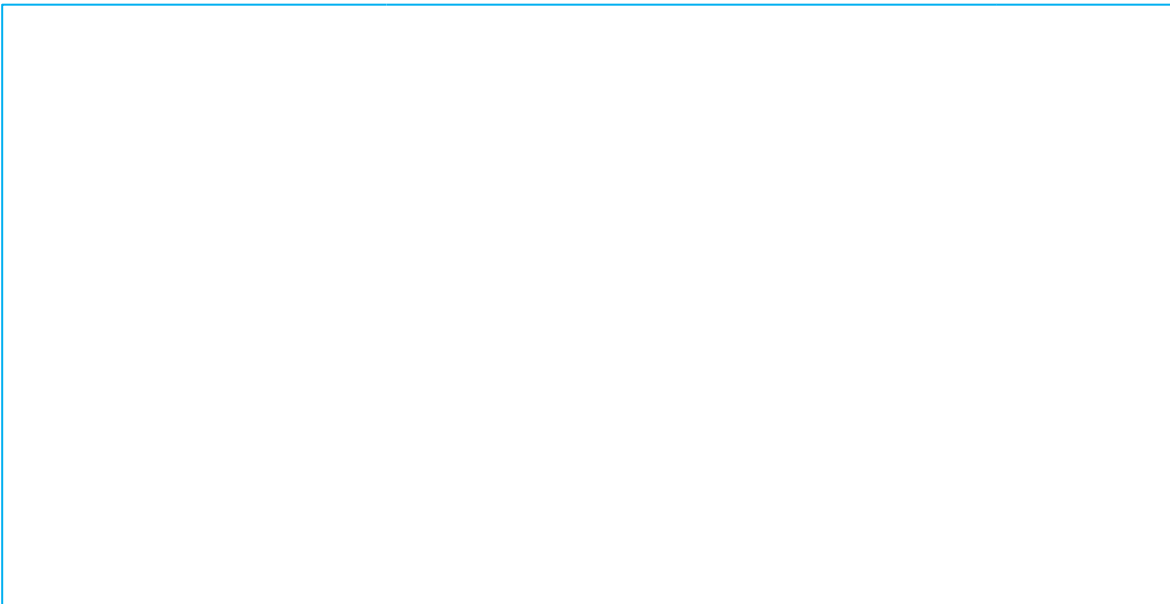
- Copy of Address Proof of the institution.
- Copy of Identity Proof of the owner/Proprietor/Partners.
- Copy of Academic Qualification of owner/Proprietor/Partners.
- One Passport size colour Photograph of owner/Proprietor/Partners.
- If on rent/Lease, then rent/Lease Agreement copy.

### **Institute Snaps**

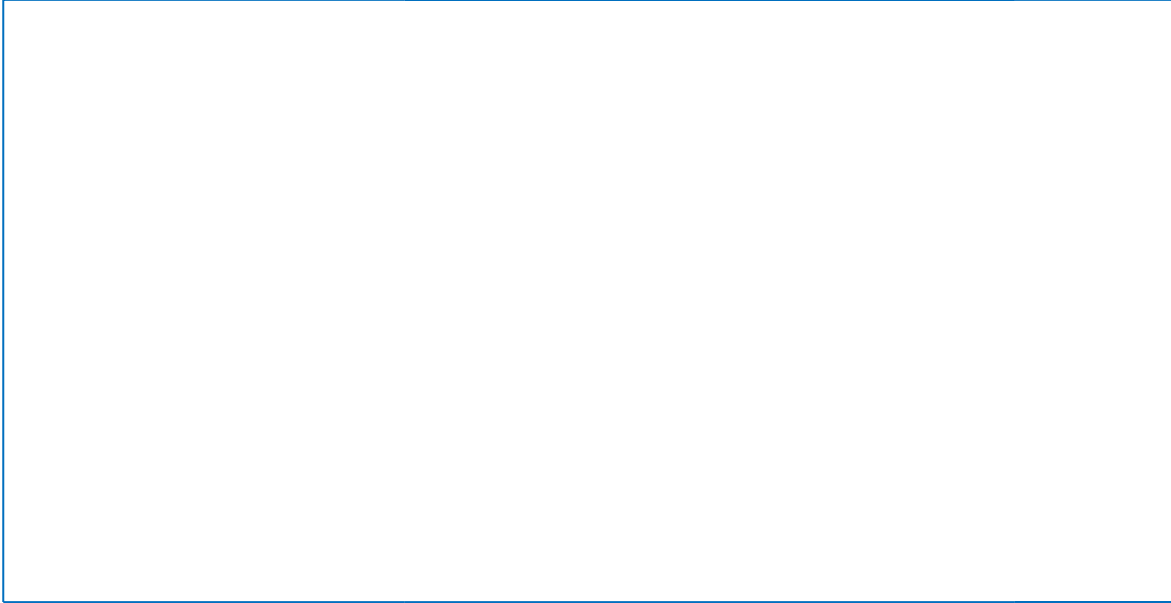
1. Paste Photograph of Building Front View in below mention box.



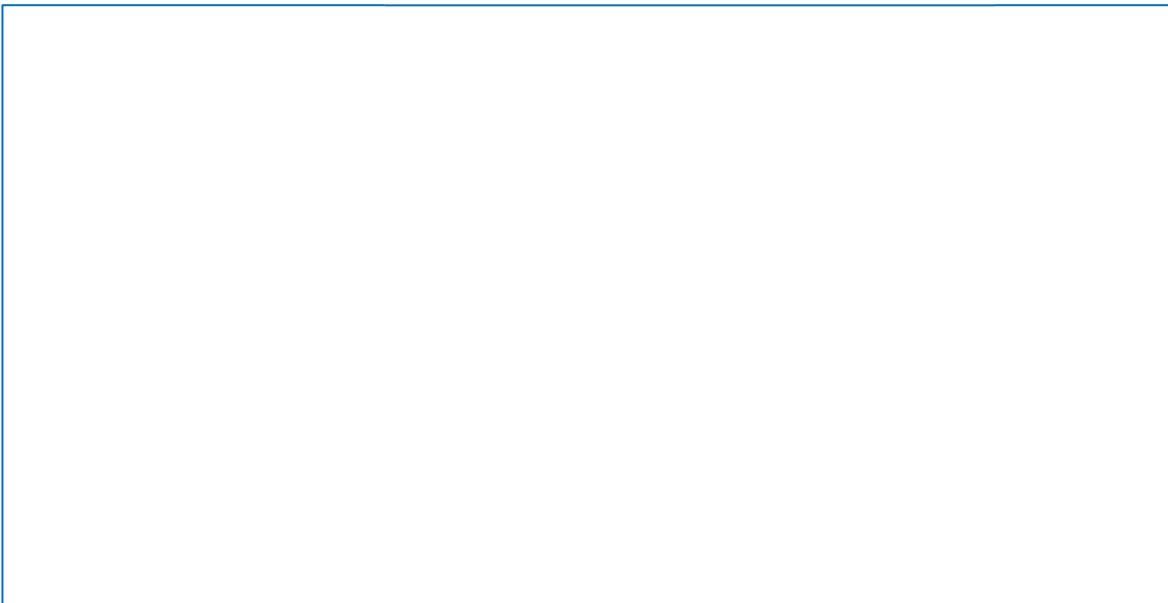
2. Paste Photograph of Reception/Counseling room in below mention box.



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



4. 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 Pathway &/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, Pathway 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 Pathway from time to time.
5. I further understand that, I have to register each and every trainees/Students studying at my/our center at Pathway Head office by paying the prescribed fee, failing which Pathway will have all the rights to take action.
6. In case of any dispute arising Pathway & its Training Partner the Jurisdiction for all legal Purposes will be Noida Uttar Pradesh INDIA only.

Date:

Seal & Signature of Center Head

Name:

Designation: