

**APPLICATION FOR:**

**Authorized Training Partner**   
**State Coordinator**

**District Coordinator**   
**Country Coordinator**

- 1. Name of Applicant/Applicants \_\_\_\_\_
- 2. Name of training Institute \_\_\_\_\_
- 3. Address \_\_\_\_\_  
Tehsil \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
Pin code \_\_\_\_\_ email id \_\_\_\_\_ Website \_\_\_\_\_  
Landline number (with STD code) \_\_\_\_\_ mobile No. \_\_\_\_\_
- 4. Status of the Institute  
a) Trust  b) Society  c) Partnership  d) Proprietorship  e) Pvt. Ltd
- 5. Date of Incorporation/commencement of Institute:     
DD MM YYYY
- 6. Whether your Institute is Currently Associated /Franchisee/Partner with any Organization (if yes Please specify the name) \_\_\_\_\_
- 7. Courses currently being conducted at your Institute \_\_\_\_\_  
\_\_\_\_\_

8. Details of the Head of the Institute/Organization

S.No.	Name	Designation	Qualification	Experience

9. Details of Faculty Staff

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

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**

1. Name \_\_\_\_\_  
 2. Father's Name \_\_\_\_\_  
 3. Date of Birth \_\_\_\_\_

DD      MM    YYYY

Paste Photo of  
 Center In  
 charge

4. Residence Address \_\_\_\_\_  
 City \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
 Landline (with SD Code) \_\_\_\_\_ mobile no. \_\_\_\_\_

5. Permanent Address \_\_\_\_\_  
 City \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

6. Nationality \_\_\_\_\_ Marital Status:    Married     Unmarried

7. Academic Qualification

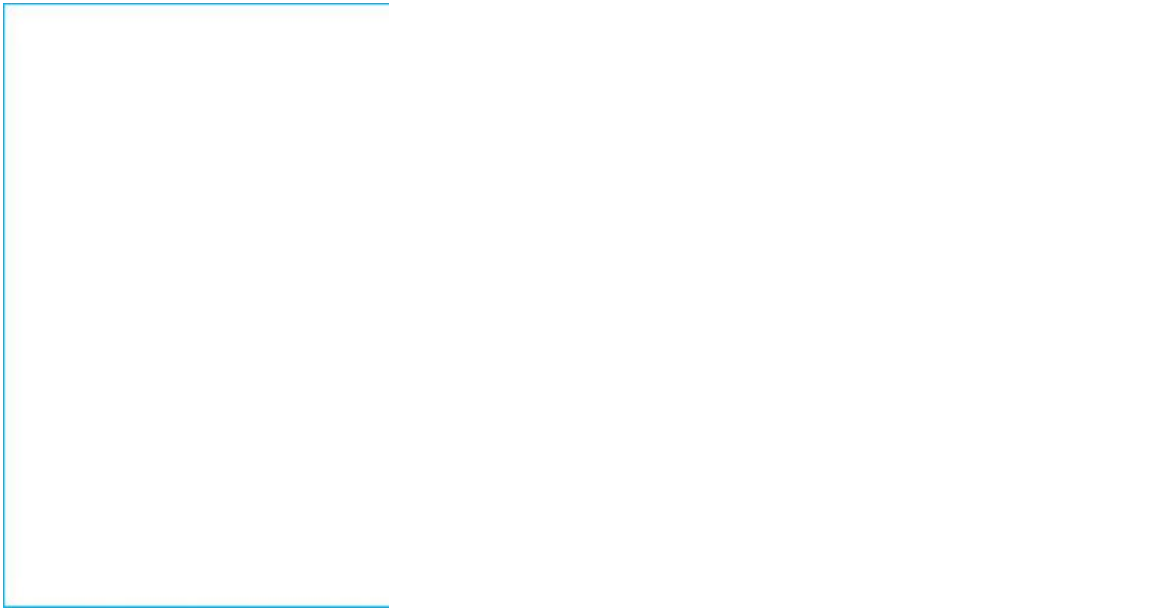
S.No.	Standard	Stream	Board/university	Year of Passing	Percentage
1.	Higher secondary				
2.	Graduation				
3.	Post-Graduation				
4.	Diploma				
5.	Other(specify)				

Documents required along with Application form

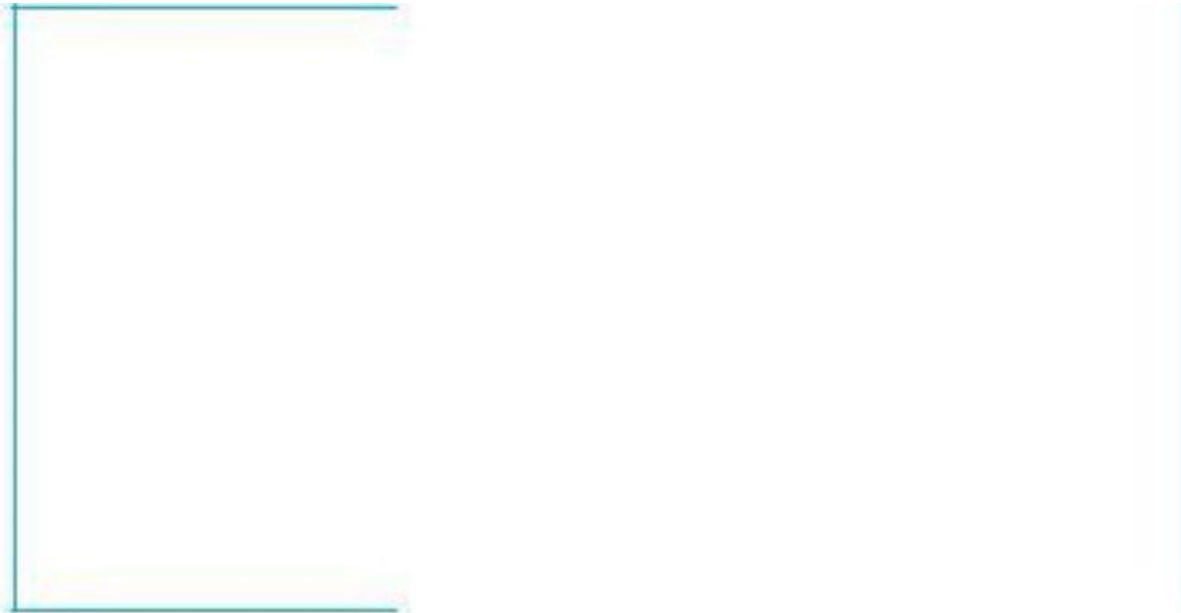
1. Copy of Address Proof of the institution.
2. Copy of Identity Proof of the owner/Proprietor/Partners.
3. Copy of Academic Qualification of owner/Proprietor/Partners.
4. One Passport size color Photograph of owner/Proprietor/Partners.
5. If on rent/Lease, then rent/Lease Agreement copy.

## Centre Snaps

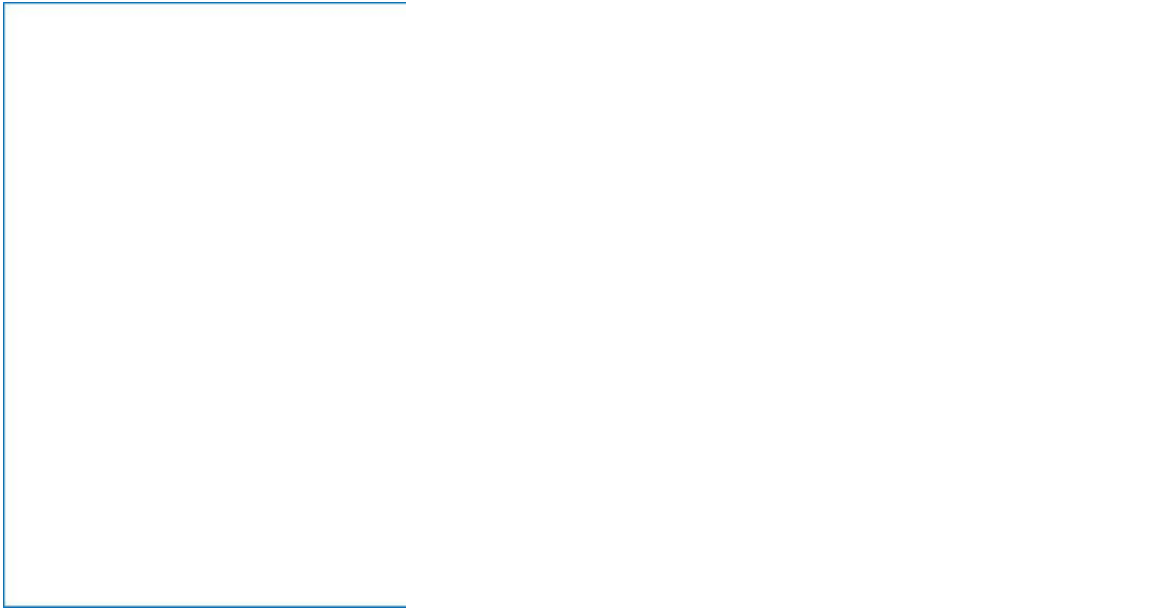
1. Paste Photograph of Building Front View in below mention box.



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 Foundation" &/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 Foundation" may in its sole discretion can take whatever actions or measures it deems necessary and appropriate and the society 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 Foundation" 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 Foundation" Head office by paying the prescribed fee, failing which "Pathway Foundation" will have all the rights to take action.
6. In case of any dispute arising "Pathway Foundation" the Jurisdiction for all legal Purposes will be Noida, U.P., INDIA only.

Date:

Seal & Signature of Center Head

Name:

Designation: