DELHI INSTITUTE OF INFORMATION TECHNOLOGY

(An I.T & Vocational Training Awareness Programme)

Initiated By: Abhikalitra Foundation

(An autonomous organization, regd. By govt. Of nct- delhi under ita 1882 govt. Of india)

An ISO 9001:2015 Certified Organization

Email:- enquiry@diiteducation.com   Website - www.diiteducation.com

Con. No.:- 9711007390

APPLICATION FOR CENTER AUTHORIZATION

(Use Capital Letters)

1. Name of Centre/Institution/Organization -   …………………………………………………………..

   ……..

2. Name of the Owner /Director -………………………………………………………………………….

3. Address of the institute -…………………………………………………………………………………..

   ………

   ……………………………………………………………………...

   District -……………………………………… State -……………………………………………………..

   Pin Code - .... Con. No.-………………………………………………

   Email Address -..WhatsApp Mobile No.- …………………………………

4. Correspondence/Postal Address of Institute -………………………………………………………….

   .... ……

   .... ……

   District -.. State - ....……

   Pin Code - .... Con. No.- ………………………………………………..

   Email Address -.. Mobile No.-...……..

5. Opening Date of Institute - ....….

6. Details of institute -

   i.   No. of Computers - ....

   ii.   No. of Chairs -...

   iii.   Center Area (in sq.ft)- ....

   iv.   Toilet Available (Yes/No)- ....

   v.   Printer & Scanner (Yes/No)- ....

   vi.   Internet & Power Backup (Yes/No)- ....

7. Details of Faculty Members (Required Minimum One)-

Sr. No.	Faculty Name	Qualification
1.		
2.		

8. Authorization Fee Details -

    I.   Center Affiliation Fee -...

    II.   Payment Date -...

    III.   Paid by NEFT, Online/Mobile Banking -...

    IV.   Bank Name - ....

    V.   Payment UTR/Transaction No.- ....

Signature of Center Head

Date of Submission

Center Head/Owner Details

1. **Name of Center Head -** ....

2. **Center Head Father's Name/Husband Name -** ....

    ....

3. **Date of Birth -** ....

4. **Gender (Male/Female) -** .... **Cast -** ....

5. **Religion -** ....

6. **Permanent Address -** ....

    ....

    ....

    District - .... **State -** ....

    Pin Code - .... **Con. No -** ....

7. **Qualification (Attach Copies)-** ....

8. **Email-ID of Center Head -** ....

9. **Center Head WhatsApp No.-** ....

Photograph
of Centre
Head
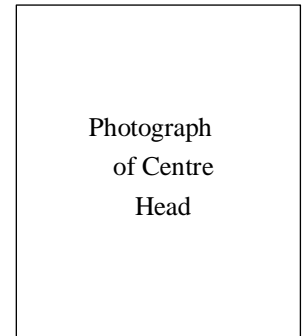
Declaration by Center Head

I/We.. S/O,D/O,W/O Mr... Permanent

Address ....Pin Code ....

1. That I/We, have established/opened Centre at_____ _

2. Name of my institute is_____ .

3. That I/We have fulfilled all requirements to run authorized_____ Center

   under Delhi Institute of Information Technology.

4. That all types of payments paid, to be paid to Delhi Institute of Information Technology, shall not be refundable in any case, whatsoever.

5. At least 50 Admission Should be done in a Financial Year.

6. All the Dues Should be submitted in the head office before 5th of every Month.

7. That the authorization of my/our centre/Institute/NGO shall be valid from_____ the same shall be renewed in the month of March every year (before 31st of said Month) if I/We fulfill the condition applied for the said renewal.

8. If any Person found guilty in any wrong doings in the branch, then Head of the Branch Head will be responsible for those wrong doings and head office will not take any responsibility for those offences.

Note :

Attach the following documents along with this Application form

1. Attach Center Head Aadhar card, Pan Card & Qualification copies.
2. Attach Center Front photo, Lab Photo (If Center is not ready then send via email mentioned photos with in One Month from the date of center authorization).
3. Attach Institute Registration Certificate Copy & Institute Address Proof (Light Bill & Rent Agreement).

Signature of Center Head   Date of Declaration