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| Photograph of head |



 **( An I.T. and Vocational Training Awareness Program)**

**An Autonomous National Organization For Hardware and Networking.**

 **An ISO 9001:2015 Certified Organization**

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|  **APPLICATION FOR CENTRE AUTHORIZATION** |

 **(USE CAPITAL LETTERS)**

**1. Name of centre / institutions / organisation / NGO**............................................................................................

**2. Name of owner / president / director**..................................................................................................................

**3. Address of centre / institutions / organisations / NGO**.......................................................................................

Near…………………………………………………………………………………………………………………………………………………………………….

Village / town / City…………………………………………………………………………………………………………………………………………….

Tahsil/ taluka………………………………………………………………………………………………………………………………………………………

State …………………………………………………………………………………………………………………………………………………………………..

Mobile number ………………………………………………………………………………………………………………………………………………….

Email address……………………………………………………………………………………………………………………………………………………..

**4. Correspondence / postal address of institutions / organisation / NGO……………………………………………………………………….**

Near……………………………………………………………………………………………………………………………………………………………………

Village / town / City…………………………………………………………………………………………………………………………………………….

Tahsil / taluka……………………………………………………………………………………………………………………………………………………..

State…………………………………………………………………………………………………………………………………………………………………..

Mobile number…………………………………………………………………………………………………………………………………………………..

 Active email address.................................................... WhatsApp number……………………………………………..............

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| **COLOUR PHOTO OF CENTRE HEAD** |

 **Centre Head/ Owner/ Director Profiles**

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| --- | --- |
| **CENTRE HEAD NAME** |  |
| **CENTRE HEAD FATHER/HUSBAND NAME** |  |
| **DATE OF BIRTH** |  |
| **RELIGION** |  |
| **GENDER(M/F)** |  |
| **LANGUAGE KNOWN** |  |
| **PERMANENT ADD.** |  |
| **QUALIFICATION** |  |
| **EXPERIENCE IF ANY** |  |
| **ACTIVE EMAIL ID** |  |
| **LANDLINE NO. MOBILE NO.** |  |
| **WHATSAPP NO.** |  |
| **ADHAR NO.** |  |
| **PAN NO.** |  |
| **TELL ABOUT YOUR FAMILY** |  |
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**Salient Features**

* **Recognized By Govt. of India as Well As By Govt. of up.gov.**
* **Authorization by IAF(The International Accreditation Forum).**
* **Authorization by (Egyptian Accreditation Council ).**
* **Authorization by ICL (Integral Certification (P) Ltd (ICL)).**
* **Regd. By Ministry Of Commerce & Industry TM No. COMING SOON**
* **Regd. with Niti Aayog, Govt. Of India.**
* **ISO 9001:2015 Quality Management System Certification.**
* **Valid Certificate in Govt. as well as in Private Firms & Companies.**
* **Online Student/Certificate/Marksheet/Center Verification.**
* **24\*7 Technical support & Free of Cost Franchise**
* **No Hidden Investment &  No renewal Fee.**
* **Govt. Projects Will be Delivered from Time to Time.**
* **DOT IT SOLUTION HARDWARE &NETWORKING INSTITUTE One of the Best Computer Education Center which has been shown Social Media Site**

**5. Date of opening centre / institutions/organisations /NGO**……………………………………………………………………………………………….

**6. Details of centre infrastructure / machinery / equipment**.

**A. Number of computers machines………………… ..………B. Number of chairs……………………………………………………. C. Centre area required minimum 300sq. feet and above…………D. Washroom facility …………………………………. E. Scanner ………………………………………………………….. F. Printer ………………………………………………………………………. G. Internet connectivity…………………………………….. H. UPS /inverter……………………………………………………………….**

**7. Number of faculty Members( Required Min-1)**

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| **SR. NO** | **NAME** | **QUALIFICATION** |
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**8. Applying for Centre Authorization of below Mentioned Zone/s.** **(TICK ON REQUIRE ZONES)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Software zone** | **Hardware zone** | **Vocational courses** | **All zone courses** |

**9. Authorization Fee – Payment Details.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CENTRE AFFILIATION FEES** | **PAYMENT FEE** | **PAID BY NEFT, ONLINE/MOBILE BANKING** | **BANK NAME** | **PAYMENT SLIP NO.** |
|  |  |  |  |  |

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| --- | --- | --- | --- |
| **Signature of Centre Head** | **Left Thumb Impression** | **Date of Submission** | **Place** |
|  |  |  |  |
| **Signature Of Centre Head** | **Left Thumb Impression** | **Date of Submission** | **Place** |
|  |  |  |  |

 **Declaration by Centre Head**

I/We……………………………………………………………………………….S/O,D/O,W/O…………………………………………………………… ………Aged…………………………R/O……………………………………..Permanent Address……………………………………………………. …………………………………………………………………………………………..Pin Code……………………………………………………………….. Phone no……………………Mobile…………………………………Email ID……………………………………………………………………………

  **Solemnly affirm and declare as under**:

1. That I / we, have established / opened centre at.................................................................................................

2. Name of my / our centre is………………………………………………………………………………………………………………………………

3. That I / we, have established / opened above mentioned centre / institute / NGO on date…………………………….

4. That I / we have fulfilled all requirements to run authorisation (software zone / hardware zone / vocational zone/all zone courses)……………………………………………………………………………………Centre for courses under **Dot IT** **Solution** in my/our centre / institute / NGO.

5. That **Dot IT Solution** issue authorisation to run above-mentioned zone / courses, for above mentioned single location / address of my / hour centre and the same authorisation shall not be applicable to my / our franchise / branch at different location, for this I /we l separately submit new application for centre authorisation for that franchise statue branch at different locations / addresses, the branch should not deal with any other organisation on behalf of itself.

6. that I / we shall remain label for every 2 hours **Dot IT solution** in every circumstance.

7. That **Dot IT solution** has no sharing in student admission fee tuition fee/exam fee and all said fees will be prescribed / decided by me /us in my centre as per investment infrastructure facilities, student and teacher ratio, backwardness and geographical condition of my/our area**. Dot IT Solution** shall not be held responsible if any dispute arise for said peace and i / we shall be slowly liable for the same**. Dot IT Solution** shall charge one time nominal registration fee as per the duration of course per student.

8. That **Dot IT solution** not invest/ has not invested in my centre/ institute setup, so all investments, expenses and formality relating to operation of my /our centre shall we manage and Borne by me / us such as computer system centre furniture, centre teachers salary centre building (rented / self owned) educational legal softwares , centre audit commerce centre idea, centre taxes (all types), local level, NOC etc.

9. That I / we shall get students/ diploma/ certificate via post at my /centre SAS postal address, which are certified / issued under it vocational training program of **Dot IT Solution**.

10. That all type of payments paid to be paid to **Dot IT Solution** shall not be e refundable in any case, whatsoever.

11. That **Dot IT Solution** shall not be e way bill for any commitment or any scheme for any advertisement or type with students coma government it, corporate universities, public and organisation of same nature which I / we run on my / our personal level in my / our centre.

12. That i / be found involved in any criminal, financial, social or any other offence then the authorisation of my / our centre shall automatically come to an end.

13. That the authorization of my/our centre/institute/NGO shall be valid from………………………………..and the same shall be renewed in the month of March.

14. That **Dot IT solution** have full right to update/ modify/change/add any rules and regulations as per need.

15. That I / we had read and understood the rules and regulation of the **Dot IT solution** and accept the same. In case of infringement / non-compliance by me / us, of any rules and regulation made in any application / form documents / file / web page of **Dot IT Solution** then director of **Dot IT solution** have full right to take decision upon for the activation/ authorisation of my/our centre and in in this regard. This decision shall be acceptable to me / us.

16. All the data regarding the branch office should be sent on the email of the head office in excel sheet format before 10th of every month. At least 30 admission should be done in financial year.

17. All the dues should be submitted in the head office before 10th of every month.

18. ID cards are compulsory for all students as well as teachers.

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| **Signature of Centre Head** | **Left Thumb Impression Of Centre Head** | **Date of Declaration** | **Place** |
|  |  |  |  |

 **Note; Enclose / Attach the following document along with the application form**

1. **Attach- Centre Head/Owner/President/Director,Qualification copies,ID proof-Adhar card and voter card.**
2. **Attach- Centre front photo,Centre rooms/Labs photo (If Centre Accommodation is not ready then send via email mentioned photos with in one moth form the date of Centre authorization.**