



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
Total Area(in Sqft)				

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

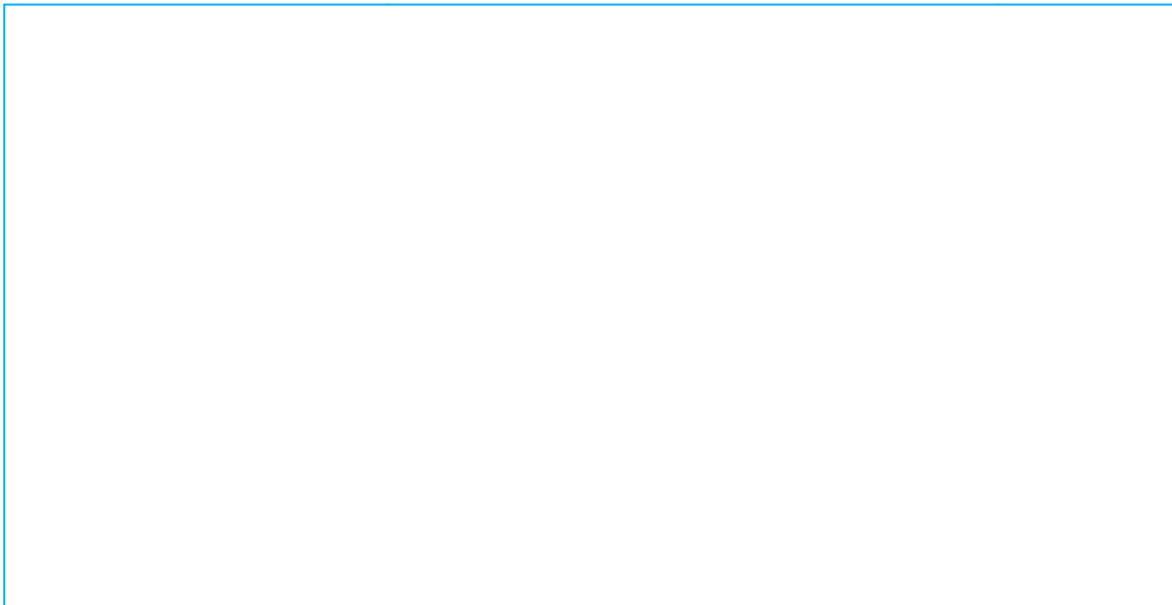
S.No.	Computer Type	Configuration of System	Quantity

Institute Snaps

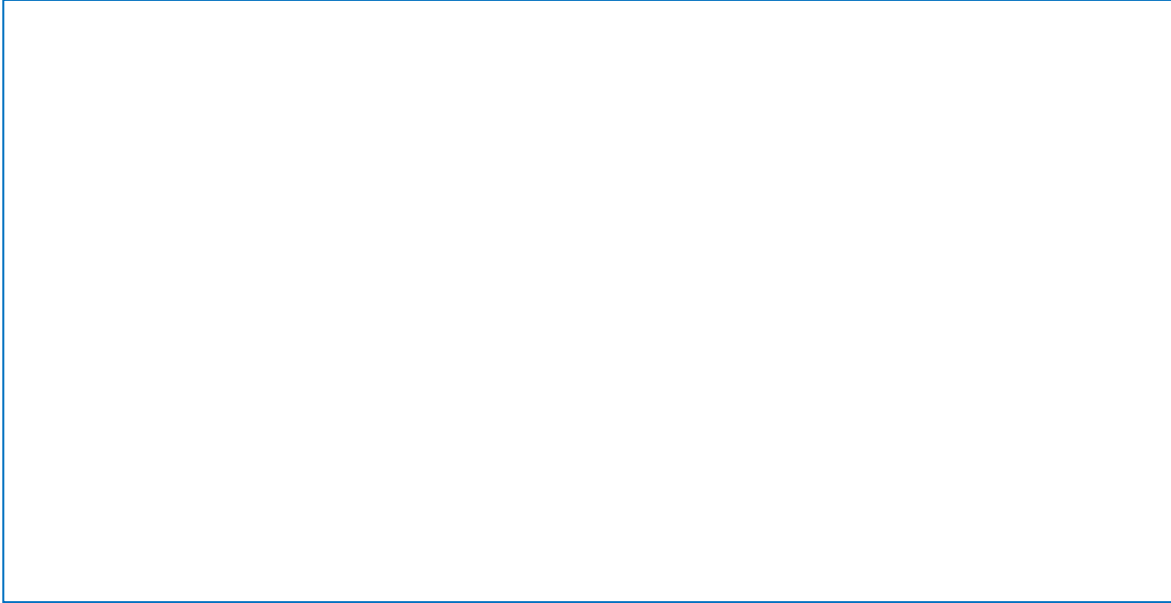
1. Paste Photograph of Building Front View in below mention box.



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

Date:

Seal & Signature of Center Head

Name:

Designation: