<div align="right">Dated :…………………</div>

To

    The Director

    All India Computer Technical Education

    Sahibabad, Ghaziabad - 201005

Sub: Establishment New Authorized Training Centre at Town/City …..……………………….

Tehsil……………………….District………………………State...………...…..……Pin……………...

Respected Sir,

I……………………………S/o, D/o Sh………………………running a Computer training Institute named …………………………………………………..…………………………………………… since.………………I have ……………class rooms and …………… regular students. We have necessary infrastructure for the students, like Computers, Internet, Power Backup & other all study tools. We have ………………teachers, which are teaching all computer subjects to the students. I am educationist & already working in the field of computer education. Now I want to start Information Technology & University / Govt. Institutions Collaborative programmes under the management of "**All India Computer Technical Education**", New Delhi. I am submitted all required documents**.** Kindly, provide us your Authorized Training Centre Certificate & Login ID for my training centre. I will submit the fee for computer certificate per student admission/exam fee of each programmes to the secretary within seven days of admission of the students in the shape of **D.D. in favour of "All India Computer Technical Education", Payable at Ghaziabad.** I will follow all the rules & regulations/instructions of All India Computer Technical Education.

<div align="right">

Yours Sincerely

</div>

Dated:………………..

<div align="right">**(………………..)**</div>

APPLICATION FOR NEW AUTHORIZATION TRAINING CENTRE
(This form must be deposited in triplicate and must be filled in CAPITAL LETTERS only

PART – I PERSONAL DETAILS

01. Name of the Institute / Centre:…………………………………………………………………………………

02. Postal Address with Pin Code (Kindly mention the nearest land mark also)

…….…….…….…….…….….…………………………….City / Town………………………………………

…….….…….….…………………..… State : ….………………….Pin Code…….……………………..

03. Telephone No. …………………….……Mobile :……………………………………………….……………

Website……………………….……….…Email id …………………………………..…………...

PAN No ……………………….…………GST No. …………………………………………….…

04. Name of the Registered Society / Trust (Enclose copy of registration) Address (with Pin Code &
Nearest Land Mark):

…………………………………………………….……………………………………………………..

…………………………………………………….……………………………………………………..

05. Attach a copy of the Institute Director, Driving Licence / Voter Id Card / Passport/PAN Card

06. Name of President / Chairman/ Trustee/ Proprietor of the Society Trust / Centre / Institute
    (a). Educational qualification   of & give details as under

Degree / Diploma	University / Institution	Subjects	Year of Passing

07. I / We UNDERSTOOD that I/we have to make all the payments directly in shape of D.D. to the **All India Computer Technical Education Headquarters at New Delhi or Ghaziabad and not to pay any amount to any Development Officer or Business Coordinator or anybody in cash.**.

08. **STAFF:** I/We am/are enclosing herewith bio-data of the faculties. The details of staff as per the fixed norms and actual is as under:-

Office Staff	Required as per norms	Actual Available
Management	1	
Faculty	4	
Counselor	1	
Peon	1	

PART – II - INFRASTRUCTURE DETAILS

1. Current Infrastructure details that is available for educational purpose :

    (a) Total area of the Institute   : … … … … … … … … … … … … … … … (in sq.ft.)

    (b) Total covered area   : ………………………………….…… (in sq.ft.)

    (c) Number of Floors   :………………………………………………….

    (d) No. of Rooms available   : ………………………………………………….

    (e) Power Backup   : ………………………………………………….

    (f) No. of Computers available : ………………………………………………….

    (g) Internet facility available   : ………………………………………………….

2. Details of Premises (Attach Relevant Documentary Proof) :

    (a)   Whether the land & building are owned by the Center.

    (b)   If the building is rented, enclose the lease deed of the Society / Institution.

3. Whether the premises is ready for use if yes what it is currently used for

    ……

4. If your centre is also associated with any other university / institution. (Give Details)

    ……
    ……
    ……

5. Attach one set of Visiting Card, Letter Head & Profile of your Institute

    ……....…………………………………………………………………………………………………

DECLARATION

I/we hereby declare that the details provided by me/us herein above are true to best of my/our knowledge

Dated : ……………………

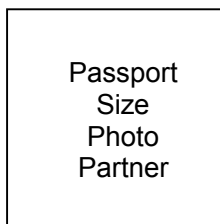Place : ……………………   Signature

AUTHORIZATION FEE DETAILS

DD.No. ……………………DD. Date:……………………Drawn on (Bank Name)……….…………

. Amount (in figures) Rs…………………... Amount (in words) Rs. …….………………………...

<table>
<tr><td>Passport
Size
Photo
Director</td><td>Passport
Size
Photo
Partner</td></tr>
</table>

                                                           Signature & seal of Director/Proprietor of Institute