



ISO 9001:2008 CERTIFIED INSTITUTE

C.O.:- VIM446, Sailashree Vihar, Chandrasekharapur, Bhubaneswar, Ph.No.:0674-2740441

APPLICATION FOR REGISTRATION OF RENEWAL CENTRE

A. DETAILS OF MANAGEMENT / HEAD OF INSTITUTION

1. Name of the Head of Management:	
2. Postal address :	
3. Communications connectivity of (a) STD Code: (b) Phone Number: (c) Fax Number: (d) Mobile Number: (e) Residence Number: (f) Email Address:	
4. Personal details of Head of Management:	
5. Educational qualifications	
6. Profession and Experience	
7. Photo ID Proof (Kindly enclose the copy)	
8. PAN Number (Kindly enclose the copy)	
9. One Colored Photograph	Enclosed / Not Enclosed
10. Postal Address of Proposed Institute	

B. INFRASTRUCTURAL FACILITIES

1. Location of Proposed Institution Area (Kindly tick whichever is applicable)	<input type="checkbox"/> State Capital <input type="checkbox"/> District HQ <input type="checkbox"/> Rural <input type="checkbox"/> Town <input type="checkbox"/> Hilly Region
2. The Building of College/Institution is (Kindly tick whichever is applicable and Furnish the documents)	Own/Rent/Lease/Other
3. Total Carpet area of Institution (in Sq. ft):	
4. Total Site area of Institution (in Sq. ft):	
5. Type of Flooring of Institution:	

1. Institution Facilities Available

S. No.	Type of Facility	No. of Rooms	Area (in Sq. ft)	Seating Capacity
1.	Class room			
2.	Computer Laboratory			
3.	Office			
4.	Toilet			

2. Facilities in the Computer laboratory:

S. No.	Type of Facility	Count
1.	Computer	
2.	Printer	
3.	UPS	
4.	CD / DVD Writer	

3. Type of Internet Facility Leased Line

Leased Lines Broadband Dialup Others

4. Details of Computers

Type	Processor	RAM	HDD	Network (Y/N)	Internet (Y/N)

C. CONNECTIVITY

1. Nearest Railway Station:	
2. Nearest Bus Stand / Stop:	
3. Distance from Railway station:	

D. STUDY CENTRE CO-ORDINATOR DETAILS

1. Name of the Centre Coordinator	
2. Communications connectivity of Study Centre Coordinator: (a) STD Code: (b) Phone Number: (c) Fax Number: (d) Mobile Number: (e) Residence Number: (f) Email Address:	
3. Educational Qualifications:	
4. Profession and Experience : (Kindly enclose the detailed Bio data of the Study Centre Co-ordinator)	

E. DETAILS OF APPROVAL FEE:

(DD IN FAVOUR OF : "NIAT COMPUTER EDUCATION", PAYABLE AT BHUBANESWAR)

DD No.	Bank Name	Date	Amount

DECLARATION

1. I / We certify that all the information given above and in the preceding pages signed by me / us is / are complete and correct.
2. I / We declare that the institute will abide by all the rules and directions of NIAT Computer Education given time to time.
3. I / We declare that I / We am / are authorized to sign on behalf of my organization and that my Centre Director.
4. In case of any information furnished by me / us is found wrong or incomplete, I / We declare that the institute may be derecognized and is also open to any action as per law.
5. I / We undertake not to do any advertisement of our own in print / electronic media without the prior written permission of NIAT.
6. I / We hereby undertake that if it is ever found that the Institution is not able to run as per the norms, rules and procedures laid down by NIAT Computer Education.
8. I / We understand that NIAT Computer Education reserve the right to reject the application without assigning any reason.
9. I/We understand that the Centre is approved for ONE year only , subject to subsequent renewal.

Place:

Date:

Head of the Institution Signature, Name

Checklist for Submission of Application Form

S.No.	Particulars	Yes	No
1.	Address proof of Institution (Lease Deed/Rent Agreement/Sale Deed/Ownership Documents)		
2.	Floor Plan/Layout Map of the Institution		
3.	Photograph of the Institution, Classrooms, Lab, Reception		
4.	Photo ID Proof of Head of Management		
5.	PAN Number of Head of Management		
6.	One Coloured Photograph of Head of Management		
7.	List of Computers with Configuration Details		
8.	Biodata of Study Centre Coordinator		