ISO 9001:2015 Certified Organization HANTIELECTRONCONSTITUTE TECHNICAL DEGREE COLLEGE (SHANTI PRASHIKSHAN SEWA SANSTHAN) उत्तर प्रदेश सरकार अधिनियम 1860 के तहत पंजीकृत
Regd.Under -Ministry of Micro,Small & Medium Enterprises (MSME) Govt. of India Under Act 21-1860 R.No.2366,Govt. of U.P. (New Shanti Prashikshan Sewa Sansthan) सूक्ष्म, लघु और मध्यम उद्यम मंत्रालय (MSME)। भारत सरकार
Enquiry with Application For Franchise Center
1. Name of the applicant / Applicants Mr/Miss/Mrs
2. a) Whether you are currently running a institute Yes No
b) If yes then name of the Institute
3. Address:
Tehsil : District :State :
Country Pin Code:
Email ID : Web Site :
Urban Rural
Mobile : 1
Land line No. (with STD Code):
4. Status of the Institute
a)Partnership b)Proprietorship
5. Date of Incorporation/ Commencement of Institute :D DMMYY
6. Whether your Institute is currently Associate/ Franchise/ Partner of any organization (If yes,
Please specify the Brand)
7. Advertisement Expenses budget for one year:
8. Business turnover of the previous financial Year (in INR/ USD)
9. Name the list of courses current running at your Institute.

Details of the Head of the Institute								
S.no.	S.no. Name Designation Qualification Experience							
1								
2	2							

Infrastructure Available						
S.No	S.No Particulars Size Carpet Area Unit					
		(Squ.Ft.)	(in Sur.Ft.)			
1	Reception/Counseling Room					
2	Computer Lab					
3	Theory Class Room					

Details of the Furniture & Fixtures Available					
S.N	Particulars			Quantity	
0					
1	Computer Table				
2 3	Computer & Class Ro	om Chairs			
3	Projector				
4	Black Board / White Board				
	Details of	the Main Staff	of tha	Institut	e
S.no	o Name Designation Qualific			cation	Experience
1					
2					

Detail of the Faculty Staff

S.N	Nam	Designatio	Specializati	Qualification	Experienc	Part Time/
0	е	n	on		е	Time/ Full Time
1						
2						
3						
4						
5						

Infrastructure Available

S.N	Particulars	Size (Squ.Ft.)	Carpet Area (in Sur.Ft.)	Unit
1	Reception/Counseling Room	(Squ.rt.)		
2	Computer Lab			
3	Theory Class Room			

Details of the Furniture & Fixtures Available

S.N	Particulars	Quantity
0		
1	Computer Table	
2	Computer & Class Room Chairs	
3	Projector	
4	Black Board / White Board	

Computer & Peripherals

S.N	Computer type with Configuration	Quantity
0		
1		
2		
3		
4		

Printer :Dot Matrix / Inkje / Laser / All in One.....Internet Connectivity :Brodband Cable / Wi-Fi Other

Software Available

S.N	Computer type with Configuration	Quantity
0		
1		
2		
3		
4		

PERSONAL FACT SHEET OF THE CENTER INCHARGE

1. Na	me :							
2. Fat	ther's Name :	PH	юто					
3. Da	ate of Birth : DD M							
4. Re	sidential Address :							
City	y :	Teh						
Di	stt :	State	e:					
Lar	ndLine No (With STD C	ode):	Mobil	e:				
Em	nail ID :							
	manent Address :							
City	:	Teh						
Dist	t:	State :	(Country :				
6. Nationa	ality :	Ma	arital Status : Marrie	ed Unmarried				
'. Acaden	nic Qualification :							
	S.No Standerd Stream Board/Univercity Passing Year Percentage							
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	nente Requirer	4						

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Kindly Attached the Following Documents along with the application form :

- 1. Copy of Address Proof (Telephone Bill/ Elec. Bill/ Licence of the Municipal Corporation) of the Institute.
- 2. Copy if Identity Proof (PAN Card/ Voter Card/ Driving Licence/ Passport/ Bank Pass Book/ Aadhaar card. 3. Copy of Academic Qualifications.
- 4. One Passport Size Colored Photograph of Owner/ Proprietor/ Partners.
- 5. if Building on Rent/Lease then Latest Rent/Lease Agreement.
- 6. Clearly Shown Photographs of the Institute.

INSTITUTE SNAPS

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

Affix 4x6 Photo Here

2. Paste Photograph of the Reception/ Counselor's Room in below mention box.

Affix 4x6 Photo Here

INSTITUTE SNAPS

3. Paste Photograph of Theory Class Room in below mention box.

Affix 4x6 Photo Here

4. Paste Photograph of the Computer Lab in below mention box.

Affix 4x6 Photo Here

INSTITUTE SNAPS

5. Paste Photograph of Library Photo in below mention box.

Affix 4x6 Photo Here

6. Paste Photograph of Center Head Cabin in below mention box.

Affix 4x6 Photo Here

UNDERTAKING

1.

(Name & Designation) Partner / Proprietor / Owner of

(Name & Address of the Institute)

- 1. Understood the RULES & REGULATIONS as of now & amended in future applicable to the Institute conducting Shanti Prashikshan Sewa Sansthan under Shanti electronic Institute Technical Degree College Courses explained in the Franchise Proposal for Affiliation and agreed to abide by the same.
- 2. I certify that I am the competent authority by virtue of the administrative and financial powers 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 my information given by me is false or misleading Shanti Electronic Institute Technical Degree College may in its sole discretion 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 Shanti Electronic Institute Technical Degree College from time to time.
- 5. I further understand that, I have to register each and every Trainees/ Students studying at my/our Center at Shanti Electronic Institute Technical Degree College Head Office by paying the prescribed fee, failing Shanti Electronic Institute Technical Degree Collegewill have all the rights to take action.
- In case of any dispute arising between Shanti Electronic Institute Technical Degree Colleg & its Franchisee the Jurisdiction for all Legal purpose will be Maharajganj,PartawalBazar Utter – Pradesh, India Only.

Send Above Documents at

Shanti Electronic Institute Technical Degree College NH730,Faizabaz Road ,Partawal Bazar , Maharajganj 273301 Contact 9936662001 ,9125842001 web site <u>www.shantieitdc.i</u>n,www.shantieitdc.com Email: <u>www.shantieitdc2009@gmail.com</u> , www.shaileshvishwakarma571@gmail.com