

CENTRE APPLICATION FORM

1. To run Autonomous Training Programs of AMP Solutions Limited.
2. To get Training Center under National Digital Literacy Mission, Deity, Government of India.

A. INSTITUTION PROFILE

1. Name of the Institution: _____

2. Institution Full Postal Address: _____

_____ City _____

Pin Code: _____ Distt: _____ State: _____

Communications Details:

STD Code: _____ Contact Number: _____

Mobile Number: _____ Alternative Mobile Number: _____

Email Address: _____ Website Address: _____

B. DETAILS OF INSTITUTION / HEAD OF INSTITUTION

1. Name of the Head of Institution: _____

2. Designation of the Head of Institution: _____

3. Educational qualification of Head of Institution: _____

4. Photo ID Proof of Head of Institution (Kindly enclose the copy) _____

5. PAN Number of Head of Institution (Kindly enclose the copy) _____

Photograph of
Head of Institution

C. INFRASTRUCTURAL FACILITIES

1. Total Carpet area of Institution (in Sq. ft): _____

2. Total Site area of Institution (in Sq. ft): _____

3. Institution Facilities available:

S. No.	Type of Facility	No. of Rooms	Area (in Sq. ft)	Seating Capacity
1.	Class room			
2.	Computer Lab			
3.	OFFICE			
4.	Reception /WAITING AREA			
5.	Wash Room			

5. Facilities:

Type of Facility	Quantity	Type of Facility	Quantity	Type of Facility	Quantity
Computer		Photocopier		Generator	
Printer		LCD Projector		UPS	
Scanner		Internet			

6. Type of Internet Facility

Leased Line Broad Band Dialup Others

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 AMP Solutions Limited given time to time.
3. I / We declare that I / We am / are authorized to sign on behalf of my organization and that my directors and shareholders / members (where relevant) are in total agreement of my / our application.
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 take any action as per law.
5. I / We hereby declare that I provide only the genuine information of student to head office, in case I provide any fake detail regarding students (Especially like date of birth, Eligibility Qualification, attendance record of students), the AGE shall be free to withdraw the STUDY CENTRES recognition.
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 AMP Solutions Limited, the AGE shall be free to withdraw the STUDY CENTRES recognition.

I / We shall verify all the original documents of the students and certify that the students registered at my / our STUDY CENTRES for AMPSL programs are eligible in all respect as.

Authorized Signatory Name
Signature

Seal & Stamp

Authorized Signatory