

APPLICATION FORM FOR FRANCHISE



INDIAN INSTITUTE FOR SKILL DEVELOPMENT AND EMPLOYMENT TRAINING(IISDET)
 (Registered under the aegis of SHIVRAM SAMAJIK VIKAS SANSTHAN)
 { Regd No. MAHA/THN/38/2005/F-2005/F-14095, Govt Of Maharashtra }
 { A PPP Project With NSDC, Apprenticeship Act, NCVT, DGET Ministry Of Skill
 Development & Entrepreneurship, Government Of India }
 { Empanelled With MSSDS, BARTI – Government Of Maharashtra, MOU Partner With
 MSSDS, Government Of Maharashtra }

APPLICATION FOR AFFILIATION OF SCHOOL/CENTER UNDER IISDET

Date :

ORGANIZATION PROFILE

1. Name of the Organization : _____

2. Year of Establishment : _____

(Please attach proof)

3. Type of Organization : Trust Society Educational Institution
 (Tick most appropriate) LLP Pvt. Ltd. Bank/Insurance Co.

(Enclose the necessary
 details and proofs)

Ltd. R&D Organization PSU/Govt.Organization

Others _____

4. Full Postal Address : _____

Dist : _____ State: _____

Country _____ Pin Code :

Official Communication :

Phone No:

(Country Code)

(STD/Local Code)

Tele fax :

(Country Code)

(STD/Local Code)

Mobile No: +91

Email : _____

Fill the following and enclose proper Proof :

6. Premises Details : Owned Rented 7. Ready for Operations : Yes Not Yet

8. Total Carpet Area of Organization (Sq.Ft.) : _____

9. Total Site Area of Organization (Sq.Ft.) _____

10. Internet Connectivity : Leased Line Broadband Dial-up Speed _____

11. Details of Computers (Dedicated earmarked or Training and Research Purpose)

Type	Processor	RAM	HDD	Network(Y/N)	Internet (Y/N)
Server Computer					
Client Computer					

APPLICATION FORM FOR FRANCHISE

12. Infrastructure Details : Generator LCD Player FAX Photo Copier

Sr. No.	Other Infrastructure for Training Program	Units	Area (Sq.Ft)	Seating Capacity
1.	Class Rooms			
2.	Library (Total Books:_____)			
3.	Reading Room/Conference Room/Audio Visual Room			
4.	Administrative Area			
5.	Trainer Room			
6.	Service Area – Toilets etc.			
7.	Other -----			

13. Detail of Courses that you are interested to offer through IISDET.

Sr. No.	Proposed Sector	Proposed Course
1.		
2.		
3.		
4.		
5.		
6.		

DIRECTOR PROFILE

1. Name : _____
 2. Designation : _____
 3. Sex : M F 4. Qualification : _____
 5. Experience : _____
 6. Photo ID Proof : Driving License Passport Voter ID Pan Card

Latest Colour Photograph in Passport Size of the Proposed Principal/Director
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DECLARATION

We certify that the particulars furnished above or in the preceding pages are true to our best of our knowledge and express our willingness for an inspection to assess the infrastructural facilities, qualified staff etc. We declare that the Organization will abide by all the rules and directions of IISDET Given from time to time. In case of any information furnished by us is found wrong or incomplete in any regard, we shall be the responsible for any decision taken by IISDET. I hereby confirm that I will regularly visit/login website namely www.iisdet.com and any information relevant will be received by me from above-said website. Further, I will never claim any information officially or unofficially in hard copy and email. Therefore, only I will be responsible for all types of consequences, if I don't visit/login the said website.

I have carefully read and understood all the guidelines, specifications and other information published by the IISDET Board on the website www.iisdet.com in case of any disputes or for any unforeseen issue(s) or issues not covered in the guidelines, specification and other information published by the IISDET, the decision of the IISDET shall be final and binding on me and all other concerned. I agree that the IISDET reserves the right to withdraw any location or any

APPLICATION FORM FOR FRANCHISE

Discipline/ Programme or its nomenclature at any time without assigning any reason and to make modifications in any information published anywhere whenever deemed necessary.

In the event of any disputes between the parties, which are not covered at the arbitration clause, the courts of Navi Mumbai, shall have exclusive jurisdiction.

Date : _____

Specimen Signature of the proposed Principal/Director Seal & Signature of the Head of the Organization

FRANCHISE FEE

**Rs 30,000/- One Time {Nonrefundable & Non Adjustable} &
Renewal Fee (Rs 15,000/- Yearly {Nonrefundable & Non Adjustable}**

PAYMENT DETAILS

Bank Name	DENA BANK
Branch Name	DENA BANK, AIROLI
Type Of Account	CURRENT
Account Name	IISDET PVT LTD
Account Number	115211024043
IFSC Code	BKDN0471152

Kindly mentioned the payment details done by you in the below format and mail it on niitp.iisdet@gmail.com

RTGS no / IMPS no	Date	Amount	Bank	Issuing Branch

Kindly Allot Me The Following Selected Programmes:

- 1) Sector-
- 2) Course-

PHOTOS TO BE PASTED:

Space for Affixing

‘WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE ORGANIZATION’

**APPLICATION FORM FOR FRANCHISE
UNDERTAKING**

The above pasted photographs are belonging to our Organization. I also undertake that if I fail to pay renewal fee for Academic Center/School then IISDET Board has the right to transfer all our enrolled Students to any other Academic Center/School or treat them as Direct Students to complete their course.

I understand and agree that fees paid by me with the application form or on account of processing fee, for conduct of inspection, for grant of approval of my application or any other fee or charges, as prescribed for Academic Center/School once paid, will be non-refundable. Withdrawal of my proposal or rejection by the IISDET at any stage for reason whatsoever shall not entitle me to claim any amount or compensation from the IISDET .

Signature of the proposed Principal/Director

Seal & Signature of the Head Of IISDET.