



(A Unit of Multi Technical & Social welfare Society)

Under society Reg.Act 21,1860

Head Office: Mahadeva Road, Ara Dist.: Bhojpur (Bihar)



APPLICATION FOR COLLABORATION ORGANISATION PROFILE

1. Name of the Organization: _____

2. Year of Establishment: _____
(Please attach proof)

3. Type of Organization: (Tick most appropriate)

Ltd.	<input type="checkbox"/>	Pvt. Ltd.	<input type="checkbox"/>	R & D Organization	<input type="checkbox"/>
Society	<input type="checkbox"/>	Bank / Insurance Co.	<input type="checkbox"/>	LLP	<input type="checkbox"/>
Trust	<input type="checkbox"/>	Educational Institution	<input type="checkbox"/>	PSU/Govt. Organization	<input type="checkbox"/>
Others	_____				

4. Full Postal Address : _____

District: _____ State: _____

Country: _____ Pin Code:

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5. Official Communication:

Phone No:

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 (Country Code)

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 (STD/Local Code)

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Telephone(office):

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 (Country Code)

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 (STD/Local Code)

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Mobile No.: + 91

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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:

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

12. Infrastructure Details: Generator LCD Player FAX Photo Copier

Sr. No.	Other Infrastructure for Training Program	Units	Area (Sq. Ft.)	Seating Capacity
1	Training 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			

(Use Separate sheet, if necessary)

13.CHECKLIST FOR SUBMISSION OF INFORMATION CENTRE FORM

Sr. No.	Particulars	Yes	No	If not enclosed mention the reason	Remarks <i>(For use of CMJ University only)</i>
1.	Registration Certificate and Memorandum of Association of Society or Company or Trust Deed				
2.	Audited Balance Sheet of previous two years				
3.	Photograph of the Organization, Training Rooms, Lab, Library, Reception				
4.	One Photograph and Copy of the PAN Card of the Head of the Management				
5.	Detailed Bio-data of MTSWS co-ordinator along with photograph				
6.	List of Trainer and other staff members working for MTSWS/Doctor PC H.O.				
7.	Self Declaration Form (to be typed in Rs. 100/- Indian Non-Judicial paper) duly signed by Notary				
8.	Decelerator for Training Facility on letter head of Organization				
9.	Address Declaration on the letter head of the Organization along with Telephone Bill Electricity Bill / Rent Agreement / Sale Deed.				

Seal & Signature of the
Head of Management

Centre Seal

Seal & Signature of the Centre
Coordinator

FOR DOCTOR PC USE ONLY

Issue Centre Code:by.....dated:Signature.....

Upload on website bydatedSignature.....

Email ID Issued bydatedSignature.....

Welcome Kit sent bydated.....Signature.....

14. Details of Training/Course that you are interested to offer through Collaboration with MTSWS and Doctor PC H.O.:

Sr. No.	Proposed Training/Course	Expected No. of Admissions	Sr. No.	Proposed Training/Course	Expected No. of Admissions
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

(Use separate sheet, if necessary)

15. Trainer and other Staff Training Department Details:

Enclosed separate List of all Trainers and other Staff Members in following format:

Name | Fathers Name | Date of Birth | Sex | Academic Qualification | Professional Qualification | Experience(Teaching & Non-Teaching both) | Level of Association (Full Time/ Part Time/ Visiting Faculty) | Key Skills

CO-ORDINATOR PROFILE

1. Name: _____

2. Designation: _____

3. Sex: M F **4. Qualification:** _____

5. Photo ID Proof: Driving License Passport Voter ID PAN Card

(Kindly enclose the copy)

Latest Color Photograph in Passport Size of the Proposed Coordinator

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 MTSWS and Doctor PC Training Centre for Collaboration 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 of MTSWS and Doctor PC Training Centre. I hereby confirm that I will regularly visit head office and any information relevant will be received by me from head office. 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 the said MTSWS and Doctor PC H.O. authority.

Date: _____

Specimen Signature of the Proposed Coordinator

Seal & Signature of the Head of the Organization

FOR MTSWS and Doctor PC H.O. USE ONLY

1 Application Status: Accepted Rejected If Accepted, Code No. : _____

2 Authorization Certificate issued vides Ref. No. : _____ Dated : _____

Director Head Office

Secretary – MTSWS