ABHINABH SKILL VOCATIONAL INSTITUTION

अभिनाभ स्किलवोकेशनलइंस्टीट्यूशन

Regd. Govt. of India, NCT New Delhi. Ministry of Corporate Affairs Govt. of India. AN ISO 9001:2015 Organization

Ministry of HRD Govt. of India (Sec & Higher Education CR Act)

Department of Labour Govt. of NCT, New Delhi

AN ISO 9001 : 2015 Certified

Skill India

कौशल भारत - कुशल भारत

"Skill India Digital Programme of Abhinabh Institution"

Training Partner / Franchise Form

Photo

Please Fill up CAPITAL LETTERS & Carefully

Applicant's Name Mr./Mrs.

Father's Name

Date of Birth — Nationality

Qualification – Academic — Professional

Address - Complete Permanent

Place — Block/Post Office

Land Mark — District

Pin — State

Phone No. — Mob. No.

e-mail ID Personal

Training Institute Name

Address - Complete Postal

Place — Block/Post Office

Land Mark — District

Pin — State

Phone No. — Mob. No

e-mail ID Training Institute

AADHAR No — PAN No

Name of Contact Person — Signature of Applicant

Attachment Documents Detail -ID Proof / Aadhar Card / PAN Card / DL / Ration Card / Bank Passbook

Educational Qualification Certificate etc. _____

Note : Authorised Branch -Training Partner Center/Institute Not to be Transferable any conditions.

Enquire Time _____ Enquire Date _____ Place _____ Enquire Officer's Name Mr./Mrs._____

_____ — _____

Signature of Enquire Officer — Signature of Area Manager

Training Institute's Detail -

Computer Lab -	Class Room -	Instruments -

Training Institute Name

Name (T./S./ Center/Institute Head)

Place ..... **Date** .....

DECLARATION

I/We hereby certify that the context stated Home page & above are correct and true to my knowledge and beliefs and hereby confirm that our Organization is Free from any Legal / Official dispute what so ever.

I/We accepted that any facts stated above. If found incorrect will automatically result in cancellation for nomination associate. However i will have no right What so ever fo Right / Challenge legally against the judgement in any court of low.

Training Institute's SEAL

(With Signature of Head)

Training Partner Center Report Should be Submitted to .....

(For office Use Only)

Registration No. **Branch / Center Code**

Application Apply for Training Partner Type-

State ☐ **District** ☐ **Tahsil** **Block** **Basic** **Single** **Urban** ☐ **Rural**

(Sheets Allotted For)

C.T.T.	N.T.T.	P.T.T.
COMPUTER I.T.	**TAILORING**	**I.T.T.**
Beautician	**Vocational**	**Other**

Managing Director
(Franchise Department)
FOR ASVI GROUP U.P.

AFFIDAVIT

To,

The Managing Director,

Abhinabh Skill Vocational Institution
K 11 Old Govind pura Krishna nagar Este Delhi -110051
Jalalpur Chauraha Jalalpur Firozabad Uttar Pradesh -283203

I/We ..... S/o, D/o, W/o .....

Full Address if the Institution .....

.....

Pin Code ..... District ..... Contact No. .....

Hereby. ..... .

1. Declare that our above Institution will work as an authorized study / Training center of ASVI Group, Aligarh.
2. All the Admission / Examination documents collected from the ASVI Group shall be kept safely & confidently by me in personally & I shall be responsible for the timely distribution in the Center.
3. That our Institution will work according to the rules & regulation of the In ASVI Group.
4. I know that I cannot claim for the enrollment Number for the exams, unless all dues are paid by me, I do not claim to refund any fee if my Student's enrollment is cancelled by ASVI.
5. That we are fully understood the rules & regulation of ASVI Group and after complete satisfaction only this affidavit is made. I know that the some can be used for legal purpose if necessity arises in this affidavit.

_____

Date : _____ Signature & Full Name of Center Head

Place: _____ Attested Notary / Gazetted Officer