



Government Recognized

दीक्षा औद्योगिक प्रशिक्षण संस्थान (स्वशासी) Diksha Industrial Training Institute (I.T.I)

RUN BY: DIKSHA EDUCATIONAL CHARITABLE TRUST
(AN ISO 9001-2015 CERTIFIED ORGANIZATION)

RULE LAID DOWN ACCORDING TO LABOUR MINISTRY, GOVERNMENT OF INDIA
email : franchise@dikshaiti.in website www.diksha.in

APPLICATION FOR INSTITUTE AUTHORIZATION

(Kindly fill the form in Block Letters)

1 (Fill the Personal Details in CAPITAL LETTER)

Name of Director :

Father's Name :

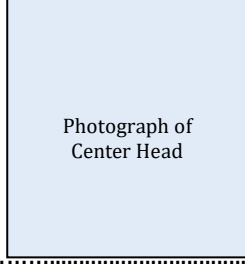
Address(Home) :

City : State: Pincode :

Mobile No. :

Email ID :

Highest Qual. :



2 (Fill the Center Details in CAPITAL LETTER)

Name of Center :

Address of Center :

Institution/Organization/NGO/Company :

City : State: Pincode :

Mobile No. :

Email ID :

3 (Detail of Centre Infrastructure/Machinery/Equipment)

For Computer Institute

[1] No. of Computers/Machines (Required Min. 3 to 5).....[2] No. of Chairs
(Required Min.10)..... [3] Centre Area (Required Min. 100 Sq feet to 250
Sq feet)..... [4] Toilet/Urinal available (Yes/No).....

[5] Scanner(Y/N).....[6] Printer (color/B&W).....

[7] Internet Connectivity (Y/N).....[8] UPS/Inverter.....(Y/N)

Signature

4 Teacher's Detail :

S.No.	Name	Mobile No.	Qualification on	Total Experience	Date of Appointment	Status Full Time/ Part Time

5 Details of two known person :

Name	Occupation Details	Address & Phone	Relation

6 Would franchise by your main business or additional business?

Main Additional

7 Document:

Sr No	ID Name	ID Number
1	Aadhar Card/Voter Card /DI	
2	Pen Card	
3	Other ID Name	

8 Authorization fee- payment Details:

Affiliation Fees	Payment Date	Payment Date	Paid By NEFT, Online/Mobile/ Banking/Diksha Website Barcode	Bank Name	Payment Slip No

DECLARATION

I hereby certify that the context stated above are correct and true to my knowledge and belief and hereby confirm that our Organization / Society / Trust is free from any legal / official disputes whatsoever. I accept that any facts stated above. If found incorrect will automatically result in cancellation for franchisee.

Name (Head of the Organization):
 Designation & Signature with seal:
 Date & Place:

Coloured Photo of Establish Centre Front

Coloured Photo of Establish Centre Office

**Coloured Photo of Establish Centre Computer
Lab**

Signature