



## 7. Centre Incharge Details :-

Name :-

Father's Name :-

Education Qualification :-

Aadhar Number :-

PAN Number :-

GST Number (If Available) :-

Professional Experience Details (If any) :-



## 8. Infrastructure Details :-

S.N	Particular	No. of Rooms	Seating Capacity	Total Area (Sq. Feet)
1.	Class Room			
2.	Lab Room			
3.	Library			
4.	Reception			
5.	Staff Room			
6.	Any Other			

## 9. Information About Equipment :-

S.N	Particulars	Quantity	Configuration
1.	Computer / PC		
2.	Printer		
3.	Scanner		
4.	Inverter		

# Declaration by Centre Incharge / Head

I ..... S/O, D/O, W/O - .....  
..... Aged ..... Resident of .....  
.....  
Dist. .... Pin Code ..... Mob. - .....  
Email Id .....

## Solemnly Affirm and Declare as under

1. That I / We established / Started Centre at .....
2. Name of my Centre is .....
3. That we have fulfilled all the requirements to run authorized Computer Centre under **Improven Computer Academy Pvt. Ltd.** in my Centre / Institute.
4. That I / We shall remain liable for every due towards **Improven Computer Academy Pvt. Ltd** in every circumstance.
5. That **Improven Computer Academy Pvt. Ltd** has no sharing in student Admission Fee/ Tuition Fee/ Exam Fee & all said fees will be prescribed / decided by me /us in my our centre as per investment , infrastructure, student & teacher ratio etc. of my centre.
6. **Improven Computer Academy Pvt. Ltd** shall not be held responsible if any dispute arises for said fees & I / We shall be solely liable for the same. **Improven Computer Academy Pvt. Ltd** shall charge onetime nominal registration fee as per the duration of course per student.
7. That I / We shall get students Certificate via Post at my centre address, which are certified / issued under Computer Training Centre.
8. That all types of Payments paid to **Improven Computer Academy Pvt. Ltd** shall not be refunded in any case.
9. That I / We found involve in any criminal , financial , social or any other offence then the authorization of my / our centre shall automatically come to an end.
10. That the authorization of my / our centre / institute shall be valid from .....  
..... & the same shall be renewed in the month of March every year (before 31<sup>st</sup> of said month) if I / We fulfill the condition applied for the said renewal.

For Head Office Use only

*Seal & Signature of Centre Head*

Centre Code

Date of Agreement

Total Affiliation Fee ..... Amount Received ..... Dues .....

Receipt / Cheque / Draft No. .... Date :- .....

*Authorized Signatory*