

ABDUL KALAM NATIONAL YOUTH CENTRE

An ISO 9001: 2015 Certified

APPLICATION FORM FOR AFFILATION / MEMBERSHIP

For Head Office Us	e Only								
Date Of Approval	Authorised Study Centre Code								
Total Franchisee Fees :									
Amount Received :									
Receipt/Cheque/Draft No :	SEAL								
Date : Authorised Signatory with seal									
Institute Information: 1. Name Of The Organisation / Institute / N.G.O. / Trust (Use Block Letters Only):									
2. Postal Address :									
	Pin Pin								
3. Institute Contact No. :									
Land Line -									
Mobile 1 -									
Mobile 2 -									
4. E-mail Address :									
5. Status of the Institute : Trust Regd. Society Partnership Firm									
Proprietorship Firm Pvt. Ltd. Others									
6. Year of Establishment :									

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								Principal/ Director																
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Date	:																							
Place	e :												Signature Head of the Organization with Seal											

Available Infrastructure Facility of the Centre

PARTICULAR	NO. OF ROOMS	SEATING CAPACITY	TOTAL AREA (SQ. FT.)
Office Room			
Theory Room			
Practical Room			
Staff Room			
Library			
Reception			
Toilet			
Waiting Room			
Any Other			

Data	
Date	

Place:

Signature Head of the Centre with Seal

Available Infrastructure Facility of the Centre

PARTICULAR	NO. OF ROOMS	SEATING CAPACITY	TOTAL AREA (SQ. FT.)
Office Room			
Theory Room			
Practical Room			
Staff Room			
Library			
Reception			
Toilet			
Waiting Room			
Any Other			

Data	
Date	

Place:

Signature Head of the Centre with Seal

Details of Available Facilities of the Centre

No. of Computer	
No. of Reference Books	
Licensed Software	
No. of Journal	
No. of CD's	
No. of Projector / LED	
Internet Facility with Speed	
Inverter / Generator Facility	
Drinking Water Facility	

Date:

Place:

Signature Head of the Centre with Seal