



KIT-VIT

(KEWAL INSTITUTE OF TECHNICAL & VOCATIONAL INDUSTRIAL TRAINING)

Regd: Under the Himachal Pradesh Shop & Commercial Establishment Act-1969.

A Program Initiated by:

NGP(Next-Gen.Professional) Educare Pvt. Ltd.

Regd: Under-The-Company-Act-1956-2013, Ministry-of-Corporate-Affairs-Govt.Of-India.

UAN Regd.No: HP08D0000248,Ministry of Micro, Small & Medium Enterprises, Govt. of India.

AN-ISO.9001-2008-CERTIFIED-COMPANY

Application Letter-for-Authorisation-Centre

**PASTE-YOUR-
LATEST-
PHOTO**

From,

FIRST NAME:

LAST NAME:

Subject: - Application for Registration as-Admission-and-Counseling-Center-of- Hotel-Management/ Computer-Courses/Finance-Solutions/Fashion-Designing/Beauty-Parlour/Placement/University-Courses-and different-Skill Development Scheme Provider under company.

We, the undersigned, hereby apply for registration as Training Provider /coaching centre under the Skill Development Scheme of Govt. /Company etc. We would like to state the information provided by us is true and we understand that we are liable for action under the law for any false information. We also understand that if any false information given by us at any stage may refuse to issue the letter of authorization or if already issued may cancelled the same under company law. The complete information is as following:-

Name of Institute/Company/organization/Society/others.....

Full Address

PIN NO:

Mob: E-Mail :

Date of Birth of Authorized Person:.....

Educational Qualification.....



Opportunities For Lifelong Learning

Any Experience same field.....Nominee.....

Relationship:

If running any Computer/Beauty Parlor/Fashion Designing/Financial Accountant/Placement etc. centre..........No..........Yes (If yes than give following details:-----

Name of your Centre.....

Address.....

No. of Employee.....No. of Students.....

No. Of Computers.....UPS.....Printer.....

Theory RoomLabs.....Affiliated from.....

Details of **KIT-VIT** Authorization Fees.

Demand Draft Number/Bank-Cash-Deposited-Receipt/Any-Other-Receipt.	
Date--	
Payable at/Payee-to.	
Bank-Name/Received-By	
Amount -Rs/-	

The Franchisee hereby agreed to as following Terms & Conditions: ----

1. I / We certify that we want to become the admission and counseling center of - NGP-EDUCARE-PVT.LTD for courses offered by NGP Educare.Com,
2. I / We certify that all the information given above and in the preceding pages signed by me / us is / are completed and correct.
3. I / We declare that the institute will abide by all the rules and directions of NGP-EDUCARE-PVT.LTD given Time-to-time.
4. . I / We declare that I / We am / are authorized to sign on behalf of my organization and that my Directors and shareholders / members (where relevant) are in total agreement of my / our application.

5. The franchisee agrees, declares and undertakes that the FRANCHISEE shall not, directly or indirectly, disclose the whole or any part of said know how or technical information received by it from the FRANCHISER, to any person, Firm or Company.
6. The franchisee shall not be entitled to grant any Sub-Franchisee or to enter into any agreements with any person with a view to delegating the rights and duties granted to it under this agreement.
7. The Franchisee compulsorily has to buy prospectus one piece as well as receipt book.
8. The Franchiser also provides certificates to candidates after successfully completion of their course.
9. The Franchisee will provide necessary infrastructure to the students enrolled in Authorized Training Center on his own cost and maintain the necessary staff, Lab, Theory Room etc. on his own cost according to area requirement.
10. If Franchisee is not working properly according to Franchiser has full right to cancel or transfer Franchisee to other organization.
11. The Franchiser can terminate this Agreement/MOU on occurrence of any kind of malpractice or any other action not in favor of Franchiser or the students.

Therefore, I / We hereby agree with all the terms and conditions of the Company-
[NGP Educare-Pvt.Ltd & KIT-VIT.](#)

**Authorized Training Centre
 (With Seal Sign)**

(KIT-VIT)

.....
(Centre Head Sign with Seal)
 Place.....
 Date:

.....
(Managing Director Sign & Seal)

(KIT-VIT)

(KEWAL INSTITUTE OF TECHNICAL & VOCATINAL INDUSTRIAL TRAINING)

NEAR CANARA BANK,NEW BUS STAND ,TEHSIL SUNDER NAGAR,DISTT-MANDI-H.P. PIN: 175002

MOB: 80911-80311, 98172-31712, WEB: www.ngpeducare.com E-Mail:info@ngpeducare.com

THANK YOU