



APPLICATION FORM FOR STUDY CENTRE

To,
The Director & CEO,
THE DIGITAL INDIA BOARD OF EDUCATION

SUB- REGARDING STUDY CENTRE OF THE DIGITAL INDIA BOARD OF EDUCATION

Sir,

I/We am/are praying to get a Study Centre of THE DIGITAL INDIA BOARD OF EDUCATION For our institute. I/We have read the terms & conditions carefully and understand all about it. I/We have accepted all about this matter. The details of my/our organization as under

Institute Details :-

- * Name of the Institute :
- * Address of the Institute :
- * Regd. No. (If Registered) :
- * Contact No : Whatsapp No :
- * E-mail :
- * Website:
- * Details about members of the Institute: (if regd. Please attach a copy)
 - a) d)
 - b) e)
 - c) f)

ASC/Franchise Sector (Choice of yours) :-

- COMPUTER/IT SECTOR - ☐
- TAILORING SECTOR - ☐
- BEAUTICIAN SECTOR - ☐
- HEALTH CARE SECTOR - ☐
- BASIC ENGLISH COURSE - ☐
- CULTURAL COURSES - ☐
- VOCATIONAL COURSES - ☐



Details of the authorized person who will work with the Digital India Board of Education on the behalf of the organization :-

- * Name :
- * Father's Name :
- * Mother's Name :
- * Date of Birth :
- * Educational Qualification :
- * Work Experience (if any) :
- * Full Address (Permanent) :
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Details of Building :-

- * The building..... (Owned / Leased / Rent)
- If rented, the terms of rent : Months/Years (please attach rent agreement copy)
- * The building use for (Commercial / Resident)
- * Total class room (No of Classroom)
- The total capacity of the students at a time in one batch..... (10/15/20/30/50)
- * Water arrangement :..... (Yes / No)
- * Air condition facility :..... (Yes / No)
- * Play ground:..... (Yes / No) if Yes Sq feet
- * Washroom / Toilet :..... (Yes / No)
- * Internet facility..... (Yes / No)
- If yes, the connection type of Internet.....
- * Generator facility for power back up :..... (Yes / No)
- * Your institute/school/college/academy franchise with any other Educational Board/University Or any organization: (Yes / No) if Yes, Details about it.....
-

Date:
Place:

Signature

OFFICE USE ONLY

Centre Name :.....

Centre Director Name:

ASC Code/Franchise User Id:..... Password:.....

 Payment method Franchise fees :-

Tatal Fee:.....	
In Word.....	
1st Installment Rs.....	Payment Method:
2nd Installment Rs.....	Payment Method
3rd Installment Rs.....	Payment Method:

Signature of CEO & Director
THE DIGITAL INDIA BOARD OF EDUCATION