

Authorized Training Partner (AMERS) Application Form

[To be filled by applicant in case of sole ownership proposal & Key person in case of joint Application]



Aridhima Medical Education and Research Society

AMERS SKILL DEVELOPMENT TRAINING INSTITUTE

E-227, Kacchi Basti, Manoharpura, Jagatpura, Jaipur-302017, Rajasthan, India.

PHONE: 0141-2554886, MOBILE: 7726020908

CHOICE OF THE CITY

1st CHOICE

LOCATION

2nd CHOICE

LOCATION

Personal Information of Key Applicant

1. Name of Applicant:

2. Date of Birth:

D	D	M	M	Y	Y	Y	Y
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3. Address:

Address Office: _____

City: _____ Pin: _____

Address Residence: _____

City: _____ Pin: _____

4. Phone Numbers With STD Codes:

MOB.1

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MOB.2

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OFFICE:

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RESIDENCE:

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5. Mails ID _____ PAN No.

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6. Educational Background

Degree	University/Institution	Subjects	Year of Passing

7. Business /Service Work Experience (If Any)

Year		Name of Organization	City	Nature of Business (Sector) or Service	Nature of Involvement (As Partner/Director/Designation)
From	To				

8. Official E-Mail ID_____Website:_____

9. Turnover For Last Three Years (In Lac Per Year) in Case of Business/Professional:

Year	This year (till the current month)	Last year (annual)	Last to last (year annual)
Amount (In Lac)			

10. Approximate Net Worth of the Applicant (In Lacs): _____
 (Please provide supporting documents for net worth & turnover, Preferably IT return / Audit Reports)

11. In Case You Are Already Having Experience to Run skill development programs, Then Please Give The Following Details

PROJECT NAME PMKVY NSDC OTHER _____

Course Name	Sector	Student Trained	Students Placed	Revenue In Lacs

Infrastructure Details (For proposed location of School)

1. Premises Detail :

Particular	Details	
Address with Pin Code		
Nearest Main City		Distance From City _____Kms
Building Type	<input type="checkbox"/> Individual <input type="checkbox"/> Commercial Complex <input type="checkbox"/> School/College Building	
Owners Right	<input type="checkbox"/> Owned Premises <input type="checkbox"/> Rented Premises	
Constructed Area (Sqft)		Covered Area for Operation _____ Sqft
Number of Class Rooms		Size of Each Classroom _____ Sqft
Computer Lab	<input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes then total number of computers installed _____)	
Director/ Center Head Cabin	<input type="checkbox"/> Available <input type="checkbox"/> Not Available	
Staff Room /Cabin	<input type="checkbox"/> Available <input type="checkbox"/> Not Available	
Any Other Room/Cabin	<input type="checkbox"/> Available <input type="checkbox"/> Not Available (If yes the Number of cabin.....)	
Separate Washroom Girls & Boys	<input type="checkbox"/> Available <input type="checkbox"/> Not Available	
Drinking Water with RO Facility	<input type="checkbox"/> Available <input type="checkbox"/> Not Available	
First Aid Kit	<input type="checkbox"/> Available <input type="checkbox"/> Not Available	
Aadhar Card Enabled Biometric	<input type="checkbox"/> Available <input type="checkbox"/> Not Available	
Building Façade	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Status of Cooling	<input type="checkbox"/> AC <input type="checkbox"/> Coolers <input type="checkbox"/> None	
Generator Backup	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any Other Infrastructure Detail	Please attach a separate sheet.	

2. Trade Specific Labs (If any):

SECTOR	JOB ROLE	EQUIPMENTS DETAIL

TERMS & CONDITIONS

- Submission and acceptance of the application form shall not create any right whatsoever in favor of the applicant nor any liability/obligation on the company to accept the application or to award franchisee”
- The appointment of franchisee is sole discretion of Career Point Institute of Skill Development. and no query shall be entertained in this aspect. Please note that any kind of recommendation will be considered as disqualification for franchisee.
- On selection of applicant as franchisee, a site visit shall be made to ascertain the facts stated in the application form in regard to infrastructure.
- If applicant is selected for franchise operation, then an agreement shall be executed.
In all matters related to selection procedure of franchisee, the decision of the company shall be final and acceptable to applicant.
- All disputes shall be subjected to Kota, Rajasthan jurisdiction only.

DECLARATION:

I hereby declare that details and information provided by me herein are true. I have also carried out the market survey and have access the feasibility for this business and therefore filling up this form for being a Franchisee for running _____ in my own interest. I have also read and understood all the terms and conditions and the same are acceptable to me.

Applicant’s Signature

Applicant’s Name

Date

- ENCLOSURES**
- Complete application form with visiting card
 - Income Tax Return of Last Three Years along with two passport size photographs of the applicant and key persons
 - Municipal City map with proposed center location duly marked
 - Rooms/Labs/Front Office/Building Front Photographs

FOR H.O. USE ONLY

Received On

Received By

Proposed On

Proposed By

(Enclose Copy of Proposal)

FOR H.O. USE ONLY

Comments:

ANNEXURE 1- TRAINER/FACULTY/NON ACADEMIC STAFF DETAIL
(Working Presently)

NAME OF EMPLOYEE	AGE	QUALIFICATION	CERTIFICATION	WORK EXPERIENCE	JOB RESPONSIBILITY

*Please specify if any staff member is certified by any skill development agency or have relevant experience