# ARIVOLI ACADEMY

**AN ISO 9001 : 2015 CERTIFIED ORGANISATION**

## CO - ORDINATOR APPLICATION FORM

**1. Name of the Organization:** _____

**2. Year of Establishment:** _____
(Please attach proof)

**3. Type of Organization:** Trust ☐ Society ☐ Educational Institution ☐
(Tick most appropriate)

Others _____

**4. Full Postal Address:** _____

_____

_____

District: _____ State: _____

Country: _____ Pin Code: ☐☐☐☐☐☐☐

**5. Official Communication:**

Phone No: ☐☐☐☐ (Country Code) ☐☐☐☐ (STD/Local Code) ☐☐☐☐☐☐☐☐

Tele fax: ☐☐☐☐ (Country Code) ☐☐☐☐ (STD/Local Code) ☐☐☐☐☐☐☐☐

Mobile No.: +91 ☐☐☐☐☐☐☐☐☐☐

email: _____

**Fill the following and enclose proper Proof:**

**6. Premises Details:** Owned ☐ Rented ☐ **7. Ready for Operations:** Yes ☐ Not Yet ☐

**8. Total Carpet Area of Organization (Sq. Ft.):** _____

**9. Total Site Area of Organization (Sq. Ft.):** _____

**10. Internet Connectivity:** Leased Line ☐ Broadband ☐ Dial-Up ☐ Speed _____

**11. Details of Computers (Dedicated earmarked for Training and Research Purpose)**

| Type | Processor | RAM | HDD | Network (Y/N) | Internet (Y/N) |
|---|---|---|---|---|---|
| **Server Computer** | | | | | |
| **Client Computer** | | | | | |

**12. Infrastructure Details:** Generator ☐ LCD Player ☐ FAX ☐ Photo Copier ☐

| Sr. No. | Other Infrastructure for Training Program | Units | Area (Sq. Ft.) | Seating Capacity |
|---|---|---|---|---|
| 1 | Class Rooms | | | |
| 2 | Library (Total Books: _____) | | | |
| 3 | Reading Room/ Conference Room / Audio Visual Room | | | |
| 4 | Administrative Area | | | |
| 5 | Trainer Room | | | |
| 6 | Service Area - Toilets etc. | | | |
| 7 | Other _____ | | | |

**13. Detail of Courses that you are interested to offer through AA :**

| Sr. No. | Proposed Course | Expected No. of Admissions | Sr. No. | Proposed Course | Expected No. of Admissions |
|---|---|---|---|---|---|
| 1 | | | 7 | | |
| 2 | | | 8 | | |
| 3 | | | 9 | | |
| 4 | | | 10 | | |
| 5 | | | 11 | | |
| 6 | | | 12 | | |

**(Use separate sheet, if necessary)**

**14. Teaching and Non Teaching Staff Details :**

Enclosed separate List of all Trainers and other Staff Members in following format:

Name | Father's Name | Date of Birth | Sex | Academic Qualification | Professional Qualification | Experience (Teaching & Non-Teaching both) | Level of Association (Full Time/ Part Time/ Visiting Faculty) | Key Skills

## DIRECTOR PROFILE

**1. Name:** _____

**2. Designation:** _____

**3. Sex:** M ☐ F ☐ **4. Qualification:** _____

**5. Experience :** _____

**6. Photo ID Proof :** Driving License ☐ Passport ☐ Voter ID ☐ PAN Card ☐

*(Kindly enclose the copy)*

Latest Colour Photograph in Passport Size of the Proposed Principal/Director

## DECLARATION

We certify that the particulars furnished above or in the preceding pages are true to our best of our knowledge and express our willingness for an inspection to assess the infrastructural facilities, qualified staff etc. We declare that the Organization will abide by all the rules and directions of ARIVOLI ACADEMY given from time to time. In case of any information furnished by us is found wrong or incomplete in any regard, we shall be the responsible for any decision taken by ARIVOLI ACADEMY. I hereby confirm that I will regularly visit/login website namely www.arivoliacademy.in and any information relevant will be received by me from above-said website. Further, I will never claim any information officially or unofficially in hard copy and email. Therefore, only I will be responsible for all types of consequences, if I don't visit/login the said website.

I have carefully read and understood all the guidelines, specifications and other information published by the ARIVOLI ACADEMY on the Website www.arivoliacademy.in In case of any disputes or for any unforeseen issue(s) or issues not covered in the guidelines, specifications and other information published by the ARIVOLI ACADEMY, the decision of the AA shall be final and binding on me and all other concerned. I agree that the ARIVOLI ACADEMY reserves the right to withdraw any location or any Discipline/Programme or its nomenclature at any time without assigning any reason and to make modifications in any information published anywhere whenever deemed necessary.

In the event of any disputes between the parties, which are not covered at the arbitration clause, the courts of Chennai shall have exclusive jurisdiction.

**Date:** _____

_____

***Seal & Signature of the Director***

**PHOTOS TO BE PASTED:**

**Space for Affixing**
**'WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE ORGANISATION'**

## UNDERTAKING

The above pasted photographs are belonging to our Organization. I also undertake that every year will pay the renewal fees without fail.

I understand and agree that fees paid by me with the application form or on account of processing fee, for conduct of inspection, for grant of approval of my application or any other fee or charges, as prescribed for Study Center once paid, will be non-refundable. Withdrawal of my proposal or rejection by the ARIVOLI ACADEMY at any stages for reason whatsoever shall not entitle me to claim any amount or compensation from the ARIVOLI ACADEMY.

_____

***Seal & Signature of the Director***

**For Official Use**

Allotted Centre Code : _____

Date of Issue : _____

Approved course of the Centre : _____

Authorized Signatory

**ARIVOLI ACADEMY**

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## INFORMATION OF ORGANISATION

Name of the Organisation ……

Type of Organisation ……

Registered Address ……

Date of Registration ……

Registration Number ……

Pan card No ……

Proposed Office Address ……

……

……

**List of Office Bearers**

President/Chairman ……

Mobile No ……

Authorised Person ……

Phone No. with STD Code ……

E-mail Address ……

## DOCUMENTS TO BE ATTACHED

- Organization Registration Certificate Copy
- Organization PAN Copy
- Organization Head PAN Copy
- Organization Head Id Proof Copy
- Organization Building Ownership Proof/Rent Deed
- Organization Building Photograph.
- Organization Building Map
- List of Staff members