



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 - ☐



T.D.I.B.E
The Digital India
Board of Education
Governed by Aziraj Foundation



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Governed by Aziraj Foundation

AN ISO 9001 : 2015 CERTIFIED & GOVT. OF INDIA RECOGNIZED ORGANIZATION

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

* Name :

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.....

* Father's Name :

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* Mother's Name :

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.....

* 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