

**APPLICATION FOR OPENING
A NEW PTP CENTER
IN YOUR LOCALITY**

(Note: This Declaration should be obtained from the concerned Institution on their Letter Head, duly signed by its Head of Institution and President / Secretary of Management committee. In case the affiliation document is in a language other than English, then a True Translation of the same, duly attested by Notary Public, should also be attached)

DECLARATION

We do hereby declare that our management agree to permit to utilize the infrastructure of our Institution for Student Support Services for conducting the Training and Examination by the Coordinator for the Proposed PTP Training program,

.....
Our Institute will issue Theoretical / Practical Training Attendance Certificate to all students, who attend training classes in our institute as per PTP Program's norms and guidelines.

Our Institute is approved by _____ vide letter no. ____ Dated

Seal & Signature of President / Secretary

Seal & Signature of Head of Institute

(To be printed on the Letter Head of the Institute / Society / Trust)

RESOLUTION NO.

TRUE COPY OF THE RESOLUTION PASSED IN THE GOVERNING BODY / BOARD OF DIRECTORS / BOARD OF TRUSTEES MEETING OF AT HELD ON

By Present:

- 1.
2.
3.
4.
5.
6.

Resolved unanimously that:

As provided under Rules of Memorandum of the Institute/Society/Trust, the Society/Trust shall establish an "PTP PROGRAM" of "Arignar Anna Group of Colleges" at

Further resolved that Mr./Miss/Ms.. designation, be and is hereby appointed Coordinator of the above mentioned "PTP PROGRAM Program" and he/she is authorized to do all things necessary and incidental thereto, for Establishing the said "PTP PROGRAM". He/She would be fully responsible for running the day to day affairs of the said "PTP PROGRAM".

It is certified that the above resolution has been passed at the duly convened Governing Body / Board of Directors / Board of Trustees Meeting of the Institute/ Society / Trust and has been recorded in the Minute's Book.

Seal of the Institute/Society / Trust

For (name of Institute/Society / Trust)

(Authorized Signatory)
Name :
Designation :

PUBLIC TRAINING PROGRAM (PTP)

www.arignaranna.in

APPLICATION FOR THE COORDINATOR

(Important Note: Kindly provide all the details as stated in the application form. Kindly put your signature on each page)

PERSONAL PROFILE:

1. Name of the Applicant:

2. Father Name:

3. Date of Birth:

4. Sex :

5. Nationality:

6. Full postal address with Pin code:

Latest
Photograph
of the
Coordinator

District:

State:

Pin Code:

STD Code:

7. Communications Connectivity:

Telephone No. :

Fax:

Mobile No.:

Email:

8. Educational qualification:
(Kindly enclose the copy)

Degree	Subject	University	Division

9. Experience:

10. PAN Number (Kindly enclose the copy):

Certified that all the information given above and in the preceding pages signed by me is complete and correct. I declare that I will abide by all the rules of PTP Program and the direction given under it.

Date:

Signature of the Applicant

INSTITUTION PROFILE

1. NAME OF THE INSTITUTION:

2. TYPE OF INSTITUTION:

Trust Society Proprietor Partnership Firm Company Other

Institution includes both aided and unaided. Select the appropriate box. Kindly enclose Registration Certificate And Resolution along with the Memorandum and Rules & Regulations of the Society / Trust / Company.

3. LOCATION OF THE INSTITUTE (Pls. tick which ever is applicable)

Metro State Capital Dist. HQ Town Semi Urban
Rural Backward Area Remote Hilly Region Tribal Area

4. FULL POSTAL ADDRESS WITH PIN CODE:

STD Code _____ Numbers _____

5. COMMUNICATIONS CONNECTIVITY:

Phones _____ Fax _____

Email: _____

6. INSTITUTION IS RECOGNIZED BY:

(Please enclose proof)

DETAILS OF THE HEAD OF INSTITUTION

1. Name of person who is the Head of the Management:

2. Designation of the Head:

3. Full Postal address with pin code:

STD Code _____
Landline Numbers: Office: _____ Residence: _____

4. Communications connectivity of Head:
Phone _____ Mobile No. _____

Fax _____

Email: _____

5. Date of Birth of Head of Institution:

6. Educational qualification:

7. Profession and experience:

8. PAN Number (Kindly enclose the copy)

9. Residence Proof (Kindly enclose the copy)

DETAILS OF FEES REMITTANCE

1) DETAILS OF REMITTANCE OF PROCESSING FEES

Processing Fee (One Time): Rs.7500/- (Application Fees Rs.2500 & Inspection fees Rs 5000/-) in favour of "Sri Venkateshwara Educational Trust " Payable at Chennai .

DD No.	Date	Bank	Payable at
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2) DETAILS OF REMITTANCE OF ANNUAL BUSINESS ASSOCIATION FEES

Business association fees of Rs.25000 (Rupees Twenty five thousand) in favour of Sri Venkateshwara Educational Trust" payable at Chennai.

DD No.	Date	Bank	Payable at
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3) DETAILS OF REMITTANCE OF SECURITY DEPOSIT (REFUNDABLE)

Security Deposit of Rs.25000 (Rupees Twenty five thousand) in favour of Sri Venkateshwara Educational Trust" payable at Chennai.

DD No.	Date	Bank	Payable at
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Certified that all the information given above and in the preceding pages signed by me is complete and correct. I declare that the institute will abide by all the rules of PTP Programs and the direction given under it. I am ready to work under the supervision of the Arignar Anna Group of Colleges and their Regional Coordinator. In case of any information furnished by me is found wrong or incomplete, I declare that the institute may be derecognized and is also open to any action as per law.

Signature of the Proposed Coordinator

Name:

Designation:

Address:

Date:

Seal & Signature of Head of Management

Name:

Designation:

Address:

Date:

PHOTOS TO BE PASTED:

Space for Affixing
'FRONT PHOTOGRAPH OF THE PTP CENTER'

Space for Affixing
'WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE CENTER'

Space for Affixing
'PHOTOGRAPH OF RECEPTION AREA OF THE CENTER'

Space for Affixing
'PHOTOGRAPH OF LECTURE ROOM OF THE CENTER'

Space for Affixing
'PHOTOGRAPH OF COMPUTER LAB OF THE CENTER'