



Zippy Typing Training Institute

An Authorised Training Institute of Dream India Foundation, Under The Trust Act 1882. Govt. of India

APPLICATION FOR AFFILIATION OF INSTITUTE/CENTER

ORGANIZATION PROFILE

1. Name of the Organization : _____

2. Year of Establishment : _____
(Attach Documents)

3. Type of Organization :

Trust	<input type="checkbox"/>	Society	<input type="checkbox"/>	Educational Institution	<input type="checkbox"/>
LLP	<input type="checkbox"/>	Pvt. Ltd.	<input type="checkbox"/>	Bank/Insurance Co.	<input type="checkbox"/>
Ltd	<input type="checkbox"/>	R & D Organization	<input type="checkbox"/>	PSU/Govt. Organization	<input type="checkbox"/>
Others _____					

4. Full Postal Address : _____

District: _____ State: _____

Country: _____ Pin Code: _____

5. Official Communication:

Phone No: _____

Tele Fax: _____

Mobile No.: +91 _____

Email: _____

Fill the following Details and enclose proper proof:

6. Premise Details: Owned ☐ Rented ☐ 7. Ready for Operation: 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 for computers

Types	RAM	HDD	Network (Y/N)	Internet (Y/N)
Server Computer				
Client Computers				

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

Sr. No.	Other Infra Structure for Training	Units	Ares (Sq.Ft.)	Seating Capacity
1.				
2				
3				
4				
5				
6				
7				

Sr. No.	Proposed Course	Expected No. of Admissions	Sr. No.	Proposed Course	Expected No. of Admissions
1.			1.		
2			2		
3			3		
4			4		
5			5		
6			6		

14. Teachers and Other Staff Teaching Department Details:

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

Name | Father's Name | Date of Birth | Gender | 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 ☐

Latest Passport Size
Colour Photograph
Principal/Director

DECLARATION

We certify that the particular 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 Zippy Typing Training Institute (ZTTI) given from time to time. In case of any information furnished by us is found wrong or incomplete in any regards, we shall be responsible for any decision taken by ZTTI. I hereby confirm that I will regularly visit/login website namely www.cdse.co.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/logging the said website.

I have carefully read and understood all the guidelines, specifications and other information published by the ZTTI on the website www.cdse.co.in. In case of any disputes or for any unforeseen issue(s) or issue not covered in the guidelines, specifications and other information published by the ZTTI the decision of the ZTTI will be final and binding on me and all other concerned. I agree that the ZTTI 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 course of UP shall have exclusive jurisdiction.

Date: _____

Specimen Signature of the Proposed Director

Seal & Signature of the Head of the Institute/Center

FOR CENTER/INSTITUTE USE ONLY

Demand Draft No.	Date	Bank	Issuing Bank

Kindly allot me the following selected programmes:

- | | |
|----------|----------|
| 1) | 2) |
| 3) | 4) |
| 5) | 6) |
| 7) | 8) |

PHOTOS TO BE PASTED:

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

UNDERTAKING

The Above pasted photograph are belonging to our Organization. I also undertake that if I fail to pay renewal fee for the Center/Institute the ZTTI has the right to transfer all our enrolled students to any other Center/Institute or treat them as Direct Students to complete their course

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

Specimen Signature of the Proposed Director

Seal & Signature of the Head of the Institute/Center