

FOUNDATION OF MODERN STUDIES ASW

ASSOCIATE TRAINING PARTNER

APPLICATION FORM

Affix Passport Size
Photographs

ATC Registration No. _____ (To be filled by Head office)

Name of the Director/ Head of the Institute :- _____

(Use CAPITAL LETTERS only)

PAN No:- _____ Aadhar No _____

Address of ATC:- _____

_____ PIN Code _____

District :- _____ State _____

Mobile No (P)Nos.:- _____ (O) _____

Permanent Address:- _____

_____ PIN Code _____

Educational Qualification :- _____ Date of Birth _____

Training Centre Info :-

Training Centre :- Owned / Rented (If Rented Amount Rs _____) Area in Sq. Ft _____

Number of Class Room _____ (Area _____ sq.ft) Number of Lab _____ Area _____ Sqft)

Number of Male wash Room _____ Number of Female Wash Room _____

Distance from Nearest Airport (in KM) _____ Nearest Railway station (in KM) _____

Internet Connectivity :- Yes/ No _____ Library :-- Yes/ No _____

Power Backup :- Yes/ No _____ CCTV :-- Yes/ No _____

Others _____

Interest in Sector 1. _____ 2. _____ 3. _____

Work Experience (if any) :-

Business Experience (if any) :- _____

Nature of Business:- _____ Turn Over Rs _____ P.A.

How much you can invest in FMS ATC? Rs. _____

How much you can invest in FMS Advertisement? Rs. _____ P.M

Details of NEFT/ REF/DD No _____ Amount Rs _____ Date _____

Bank _____ Branch _____

This is to certify that all the above information furnished by me is correct & authentic to the best of my knowledge.

Date:

Place:

Signature

Enclosures:-

1. Class Room/ Lab/ office /Building Photographs
2. Electricity/ Internet Bills Copy
3. Centre Address Proof Copy