NATIONAL INSTITUTE OF MANAGEMENT & TECHNICAL TRAINING

NIMTT

Under MCA, Govt of India
An ISO 9001:2015 Certified

APPLICATION FORM FOR BECOMING A NIMTT CENTER

Please fill up this form and attach supporting documents.

1. Name of the Society / Registered Institution**:** (Please attach Deed)

2. Registration Number and State where Registered:

3. Address with Pin code**:**
   a) Postal Address:

   City: Pin Code:

   b) Email Address:

   c) Website, if any, then URL:

4. Telephone Nos with STD Code**:**

    a. O -

    b. R -

    c. Mobile -

    d. FAX -

5. Name of the Institution under the Trade Lisc /Society where Training will be imparted:

National Institute of Management & Technical Training

NATIONAL INSTITUTE OF MANAGEMENT & TECHNICAL TRAINING

NIMTT
Under MCA, Govt of India
An ISO 9001:2015 Certified

6 Address with Pin code:-

   a. Postal Address:

City:								Pin Code:									

   b. Email Address:

   c. Website URL (if applicable):

7. Telephone Nos. with STD Code:

  a) O -

  b) R -

  c) Mobile -

  d) FAX -

8. Name of the Head of Institution: (Provide detailed information, as per Annexure - B)

9. Work Experience of Management: (Attach details in Annexure - B)

10. Assessment of the Center with respect to location:

    a. Location Prime / on Road etc.

    b. Commercial / Residential

    c. Owned/ On Lease / Rent etc.

    (Attach Lease/Rent Deed)

    d. Visibility from Road & Parking space.

    e. Familiarity of the location

11. Total carpet area (Please attach the layout plan) :

12. Infrastructure of Center

    a. No. of Class Rooms :

    b. Seating capacity with furniture :

    c. No. of Class Rooms :

    d. Total no. of students who can be trained at a time

    e. Air conditioning : YES ☐ NO ☐

    f. Training Aids such as overhead projectors / boards YES: ☐ NO ☐

    g. Computer / TV / VCR based classroom : YES ☐ NO ☐

    h. UPS for computer System : YES ☐ NO ☐

    i. No. Of Counseling Rooms :

    j. Conference / Meeting room : YES ☐ NO ☐

    k. No. of Computer Labs :

    l. No. of computers in each lab and total no. of computers :

YES ☐ NO ☐

m. Configuration of Computers (Attach configuration details)   :

n. Software's used and their source (Attach software details)   YES: ☐   NO ☐

o. Any specialized multimedia lab with
CD-ROM/Speakers/Headphones   :   YES ☐   NO ☐

p. Educational CD available   :   YES ☐   NO ☐

q. Networking in lab and its type (UTP/OFC/ETC)   :   Specify

r. Internet Connection & Type   :   Specify

s. No. of Modems   :   ☐☐☐

t. Number of printers: ☐☐☐

u. Staff room and other facilities provided to staff   :

v. Generator for Power backup   YES: ☐   NO ☐

13.   Faculty/Lab Assistants/Support Staff *:
   (Provide name, qualification, experience and date of joining – detailed resume of each faculty member to be attached to the application)
   a) Center Manager / Center Head / Technical Head:

1																					
2																					

   b) System Administrator:

   c) Network Administrator:

   d) Senior Faculty Members:

1																					
2																					

   e) Junior Faculty Members:

1																			
2																			
3																			
4																			
5																			

f) Lab Assistants:

1																			
2																			

g) Clerical staff:

1																			
2																			

h) Counselors:

1																			
2																			
3																			

i) Any other Supporting Staff:

1																			
2																			
3																			

14. Library (Attach List of Books) :-

a. No. of books in Library*   :   ☐☐☐☐

b. No. of Newspapers/Periodicals/Magazines   ☐☐☐☐

c. No. of Technical and Non Technical book   :   ☐☐☐☐

d. Library seating capacity (No. of students who
    can be accommodated at a time)   :   ☐☐☐☐

e. No. of librarians   :   ☐☐☐☐

f. Annual budget for library (Average)   ☐☐☐☐

15. Any collaboration / proposed collaboration with any other university/ IT Institute for any other programs:

a. Name of the IT Institute/University/Any other Body

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b. Authorizing Body Address:

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c.   Programs being undertaken:

                                                    I. Diploma   : _____

 II. Undergraduate   : _____

III.   Post Graduate   : _____

IV. Any other Program : _____

16. Please fill in the Actual details of your existing set – up

General Infrastructure:

Particulars	Minimum Requirement	Actuals
Premises	Minimum carpet area – 2000 Sft	
Furniture & Fixtures	2 classrooms, 20 seats per class	
Basic facility	Conference rooms, staff rooms, etc	
Air-conditioning	Mandatory for computer Lab	
Training Aids	LCD/OHP	

IT Infrastructure

PC Configuration	P IV machine with at least 256 MB memory Windows XP professional Network interface card 10/100 Duplex sound card CD drive for loading software Headset with microphone	
Network	Switch based network 10/100 on TCP/IP PC's will be assigned a fixed IP	
Administrative Equipment	Telephone, Fax, CD-WRITER Audio Visual tapes Headsets for audio Listening UPS Provisioning – Min 60 minute back up	
Internet Connection & Type	Broad Band	
Modems	One	
Printers & Copiers	One	
Library	Minimum 100 Books & 5 sets of course material	
Manpower/Staff Required		
- Total no of courses	1 Counselor for up to 4 programs	
- Total no of counselors	Ratio should be 1 counselor : 50 students	

- Total No of students	100 (maximum)	
- Faculty experience	PG with 5 years PG teaching or Managerial experience	
- No of Teaching Associates	One Associate to 30 students 1:30	
Others	Genset , UPS Systems	

Computer Lab :

Particulars	Minimum Requirement	Actuals
No of Computer Labs 1	One (1)	
No of Computers in Lab 2	Twelve (12)	
Configuration of Computers	Intel P IV, 256 MB RAM, 40 GB HDD, etc	
Software : All programs	MS Office ver 2003, Windows XP	
IT programs	MS Visual Basic, Corel Draw, SQL Server	
Type of Networking in Computer Lab	UTP	

Declaration: I hereby declare that the informations given above are true to the best of my knowledge and belief.

_____
Signature of the Applicant 1

_____
Signature of the Applicant 2

Annexure – A

To attach the following Information along with the application form: -

1. **Institution**
   a. Copy of the Trade License Certificate
   b. Copy of the MOU / Partnership Agreement duly attested by a Gazette officer.
   c. Last financial year's Form – 16 & Tax certificate

2. **Head / Partners / Directors / Trustees of the Institution**

   a. Detailed Resumes of all members of management & Faculty
   b. Residential Proof. (PAN Card, Ration Card, Passport, etc.)
   c. Name & Address of Bank

STUDY CENTER APPLICATION FORM
(For new Centers)

Application No… .... (For Office use only)

Application for Programs :

(a) Engineering Courses ☐ **(b) Management Courses** ☐

(c) Medical & Paramedical courses ☐

(d) Traditional Courses ☐ **(e) Research Courses** ☐

1. INFORMATION ABOUT THE INSTITUTION

1.1 Name of the Institution
    (Use BLOCK letters only) —————————————————————

1.2 Postal Address —————————————————————
    (With Pincode, District & State)
    (Use BLOCK letters Only) —————————————————————
 Phone………………………Fax/E-Mail………………

1.3 Permanent Address —————————————————————
    (With Pincode, District and State)—————————————————————
    (Use BLOCK letters only)
    —————————————————————

 Phone…………………………Fax/E-Mail……………..

1.4 Year of Establishment —————————————————————

1.5 Status of Institution —————————————————————
    (Relevant Documents to be attached)
- Institution
  [Central/State/U.T.] —————————————————————
- Private Institution
  [Trust/Regd. Societies/others to be Specified]
  —————————————————————

1.6 Place is rented or own site —————————————————————

PERSONAL DETAILS FORM

1. NAME:_____**2. AGE:** _____

3. FATHER'S NAME/HUSBAND'S NAME: _____**4.AGE:**_____

5. (A) RESIDENTIAL ADDRESS (TEMPORARY):_____

_____

_____**PIN:**_____**PHONE:**_____

  (B) RESIDENTIAL ADDRESS (PERMANENT):_____

_____

_____**PIN:**_____**PHONE**_____

 (C)OFFICEADDRESS: _____

_____

_____**PIN:**_____**PHONE:**_____

6. FAMILY BACKGROUND: (FATHER/MOTHER/BROTHER/SISTER/SPOUSE):

  (A) _____

   (B) _____

   (C) _____

   (D) _____

   (E) _____

   (F)_____

7. ANY OTHER DETAILS YOU WOULD LIKE TO MENTION REGARDING YOUR FAMILY BACK GROUND:

_____

_____

_____

_____

_____

Application no: NIMTT/FRAN/HO/20___/_____

Dated :_____(For Office use only)

To,
The Director
NIMTT Computer Technology Pvt Ltd
Kolkata ,West Bengal

SUB – Request for opening NIMTT Study Center

Sir / Madam,

With reference to your advertisement made on TIMES OF INDIA /HINDUSTAN TIMES /

ANANDA BAZAR / BARTAMAN/ASSAM TRIBUNE dated ………………….…………………….…….……

Here by I would like to apply for the above to open center at …………….……………………….....

…….……

I would be thankful if you kindly grant me permission to open the center at my requested place.

Thanking you

Yours faithfully

……………………………………