**Application Form for Partnered Certificate Courses**

*(Please strike-off or mention NA, wherever not applicable)*

|  |  |  |
| --- | --- | --- |
|  | 1. **Name of the Organization**
 |  |
| 1. **Registered Office Address**
 |  |
| 1. **Address for Communication**
 |  |
| 1. **Contact Details**
2. Phone No.
3. Mobile No.
4. E-mail Id
5. Name of the contact person
 | i…………………….ii…………………….iii…………………...iv…………………... |
|  | **Year of Establishment/Incorporation** |  |
|  | **Constitution of Firm/Organization***(choose the correct option)* | * Sole proprietorship
* Partnership
* Private Ltd.
* Public Ltd.
* Any other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  | **Name(s) of the Proprietor/Partners/Directors of the Organization/Firm.** |  |
|  | **Details of Registration with Registrar of Companies/ Registrar of Firms in India** |  |
|  | **Organizational Structure of Company/Firm** |  |
|  | **Registration with Government Authorities:**1. Income Tax (PAN) No.
2. Tax Deduction Account no. (TAN)
3. Goods & Service Tax (GST) No.
 | a)…………………………………..b)…………………………………..c)………………………………….. |
|  | **Last three years’ financial statement** | FY | Tot. Turnover (₹) | Net Profit (₹) |
| 20ww-xx |  |  |
| 20xx-yy |  |  |
| 20yy-zz |  |  |
|  | **Antecedent: Whether the company has been****Black listed by any IIT’s/IIM’s/Central Govt./State Govt./PSU/Govt. Bodies thereof.** | Yes/No*(If yes, furnish details. If no, kindly attach a self-declaration in this regard)* |
|  | **Whether the company has been under litigation/arbitration cases during last 2 years**  | Yes/No*(If yes, furnish details. If no, kindly attach a self-declaration in this regard)* |
|  | **Please explain the reason behind interest in collaboration with IITP within 200 words.** |  |
|  | **Details of the proposed collaboration**1. Course name
2. Course type/mode (online/offline)
3. Course objectives
4. Syllabus
5. Duration and number of occurrences/year
6. Target audience and market survey
7. Minimum expected enrollment
8. Maximum allowable enrollment
9. Fee structure and justification thereof
10. Honorarium for proposed course coordinator and instructors from IITP
11. Flowchart of activities
12. Evaluation/examination plan and schedule
13. Strategy proposed for seeking feedback
14. Detailed time schedule of realization and delivery
15. Quantitative deliverables and success criteria for each item defined in the previous step
 | *(Separate sheets as numbered annexures may be added for each item, if required)*  |
|  | **Name of the Coordinator/Instructor(s) (From IITP)** | *(It is desirable that a consent letter from IITP Faculty Members is attached)*  |
|  | **Details of the personnel involved from the side of service provider** |
| 1. Name
2. Qualification
3. Responsibilities

*(add more columns in case of more personnel involved)* | (1) | (2) | (3) |
|  | **Experience in Providing Similar Services** |
| 1. Year of experience in providing services in the area of proposed collaboration
 |  |
| 1. Any association with Centrally Funded Technical Institutes (CFTIs)/Universities
 |  |
| 1. Any association with top 100 Institutes (in any of the sub-category) as per the latest published National Institutional Ranking Framework (NIRF) in India
 |  |
| 1. Any association with International University of repute
 |  |
|  | **Company Capabilities** |
| 1. Number of employees as on date of application
 |  |
| 1. Number of paid enrolments at national level in last two financial years (20xx-20yy, 20yy-20zz)
 |  |
| 1. Number of paid enrolments at International level in last two financial years (20xx-20yy, 20yy-20zz)
 |  |
| 1. Number of programmes successfully concluded in last two financial years (20xx-20yy, 20yy-20zz) with Top 100 institutes (in any of the sub category) as per the latest published National Institutional Ranking Framework (NIRF) in India
 |  |
| 1. Number of programmes successfully concluded in last two financial years (20xx-20yy, 20yy-20zz) with any International University of repute
 |  |
|  | **Programme Management Capabilities** |
| Average completion rate based on registration in all programmes (in %) in last two financial years (20xx-20yy, 20yy-20zz)  |  |

## NOTE

All columns must be filled and submitted along with all necessary documents/credentials/copies of the certificates, among others. Please add additional information as numbered annexures wherever required. Any other relevant information in support of eligibility may please be voluntarily submitted by the applicant. Incomplete application(s) may be summarily rejected without reference to the applicant. Interested organizations may kindly send their proposal with all required enclosures in a sealed envelope to

* + The Office of Associate Dean of Resources, IIT Patna, Bihta, Bihar 801106, India
	+ Email communications in this regard may be addressed to cep\_off@iitp.ac.in and pic\_outreach@iitp.ac.in

The Application submitted will be evaluated by a committee constituted for the purpose. The decision of the committee would be final and binding.

## DECLARATION

I**/**We, hereby certify that all the information and data furnished by our organization with regard to this Proposal are true and complete to the best of our knowledge. I/We have gone through details of the proposal and agree to comply with the requirements and intent of specification.

## Place: --------------------------- Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: ---------------------------- Name & Designation: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Seal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List of Enclosures**

|  |  |
| --- | --- |
| ***DESCRIPTION*** | ***CHECKBOX*** |
| **1.** | Address Proof *(Reference to S. No 1)* | Yes/No |
| **2.** | Copy of Certificate of Incorporation and Partnership Deed, if any. *(Reference to S. No. 2 & 3)* | Yes/No |
| **3.** | Certified documents *(Reference to S. No. 5)* | Yes/No |
| **4.** | Company’s Organogram duly signed by authorized signatory of the company on the organization’s letter head *(Reference to S. No. 6)* | Yes/No |
| **5.** | Copy of PAN No., TAN No. and GST Number.*(Reference to S. No. 7.a & 7.b.)* | Yes/No |
| **6.** | Audited balance sheet for last three (3) years. CA certified document with the name of CA and registration number, signature and stamp. *(Reference to S. No. 8.)* | Yes/No |
| **7.** | Undertaking by the authorized signatory of the company on the organization’s letter head *(Reference to S. No. 9 & 10)* | Yes/No |
| **8.** | Documents in support of statements made against S. No. 14 to 17 | Yes/No |
| **9.** | Sample copy of the certificate to be issued, if any | Yes/No |

**Declaration Sheet**

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby certify that all the information and data furnished by our organization with regard to this Proposal/Application are true and complete to the best of our knowledge. I/ We have gone through the guidelines, terms and conditions including financial, and stipulations in detail and agree to comply with the requirements and intent of engagement.

I/We further certify that our organization meets all the conditions of eligibility criteria laid down in this proposal document.

I/We, further specifically certify that our organization has not been Blacklisted/De-registered/debarred by any Institutional Agency/ Govt. Department/ Public Sector Undertaking as per GoI norms.

**(Signature of the Proposer)**

 **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Seal of the Company**