



NAFSTM

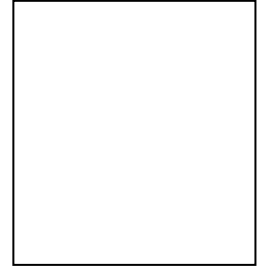
NATIONAL ACADEMY OF FIRE AND SAFETY ENGINEERING

APPLICATION FOR AUTHORIZED TRAINING/ADMISSION CENTER (ATC)

Affix recent passport size color photograph in the adjacent space.

Name of the City / Town / Locality Where you want to offer -

Place: _____ Dist: _____ State: _____



1. Name of the Institute/Org : _____

2. Date of Establishment : _____

3. Address of the Institute/Org : _____

Dist. _____ State: _____ Pin: _____

Telephone with STD Code: _____ Mob: _____

4. Institute E-mail Address : _____

5. Name of the Owner : _____ Age _____

6. Father Name : _____

7. Personal E-Mail Address : _____

8. Qualification : _____

9. Existing Courses : _____

10. Affiliations (if any) : _____

11. Existing No. of students : _____

12. Experience : _____

FACULTY PARTICULARS-

SR. NO.	FACULTY NAME	QUALIFICATION	DESIGNATION	EXPERIENCE	FULL/ PART TIME

How many students can be comfortably accommodated in the theory and practical sessions, library in various rooms-

SR. NO.	PARTICULARS	ROOM SIZE / NO	FURNITURE AVAILABLE	SEATING CAPACITY
1.	Lab			
2.	Class Rooms			
3.	Counselor Room/Area			
4.	Centre Owner / Headroom			

DETAILS OF EQUIPMENTS AVAILABLE WITH THE INSTITUTE-

SR.NO.	EQUIPMENTS	QUANTITY / NO.
1.	Computer	
2.	Printers	
3.	Ac's	
4.	CCTV	

DETAILED SPECIFICATION OF EQUIPMENTS

CENTRE PHOTOGRAPHS-

CONFIDENTIAL

FRONT VIEW

CLASS ROOM

CONFIDENTIAL

RECEPTION

LAB

CONFIDENTIAL

GIVE TWO LOCAL REFERENCES-

1. Name: _____
Occupation: _____
Address _____
Phone No. _____

2. Name: _____
Occupation: _____
Address _____
Phone No. _____

REGISTRAION FEE DETAILS:

Amount: _____ Demand Draft No. _____ Date _____

Drawn Bank: _____

Remarks _____

(Note- Once fees paid are not refundable or transferable)

ENCLOSURES TO THE APPLICATION-

1. Registration of Society / Trust along with details of constitution memorandum of association of the society / trust.
2. Institutional Owner Profile
3. Owner Residential Proof
4. Account Number (Attached Cancel Cheque)
5. ID Proof & Address Proof
6. Supporting Documents for Technical Purpose.
7. Institutional Photos (Reception/Lab/Classroom/Equipments etc.)
8. Letter from company/Institution, showing your employment details.
9. Pan Card
10. Audited Statement

UNDERTAKING

I hereby declare that the information given in this application form is true to the best of my knowledge. In case my application is accepted, I undertake to run the center as per the Rules and regulations of NAFS- NATIONAL ACADEMY OF FIRE AND SAFETY ENGINEERING and also those issued from time to time. The submission of the application does not automatically confer on me the right for franchise and I shall be bound by the decision of the NAFS Management. I have also hereby undertake that I shall conduct courses/ programmes strictly as per MOU/ Agreement and not conduct courses parallel or similar to those authorized in the MOU/ Agreement.

PLACE:

SEAL

SIGNATURE:

DATE:

NAME:

DESIGNATION:

OFFICE USE ONLY

Application received on

Verification completed on

Franchisee/ATC Approved/Not Approved at the Board Meeting held on

If Approved from.....To.....

Franchisee/ATC Code.....

If not approved, the reason/grounds

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CONFIDENTIAL

Authorized Signature And Seal

Registrar

Managing Director