



# Maharashtra Industries Development Institute

## Authorized Training Centre (ATC)

### Application Form

Dear Sir/Madam,

I /We the undersigned, is/are desirous of being appointed as Authorized Training Center of Maharashtra Industries Development Institute (MiDi).

1. Name of Firm/organization : \_\_\_\_\_

Year Of Establish : \_\_\_\_\_

Name of the Proprietor/Partner/Director(In Capital): \_\_\_\_\_

Address(In Capital): \_\_\_\_\_

Place: \_\_\_\_\_

Taluka: \_\_\_\_\_

Dist.: \_\_\_\_\_

Pin code: \_\_\_\_\_

Tel. No.(With STD Code): \_\_\_\_\_

E-Mail ID: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Cell No. : \_\_\_\_\_

Qualification of promoters: \_\_\_\_\_

2. Registration Number & Date under, **(If applicable)**

a. Society Registration Act: \_\_\_\_\_

b. Public Trust Act: \_\_\_\_\_

c. Details of Shop & Establishment Licenses(Gumasta license-No: and Validity):-

\_\_\_\_\_

3. Activities of Application Firm.

a. \_\_\_\_\_ d. \_\_\_\_\_

b. \_\_\_\_\_ e. \_\_\_\_\_

c. \_\_\_\_\_ f. \_\_\_\_\_



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4. Please give details of the courses you propose to conduct in your centre under MiDi- ATC agreement.

SR. No.	Title of course	Duration	No. of Hrs/day	Fees

5. Location Details of ATC:

Name of the Institute \_\_\_\_\_

Location Address with landmark: \_\_\_\_\_

**(If available, please attach Location Map.)**

Tel No :( with STD Code) \_\_\_\_\_

Email: \_\_\_\_\_

No of classroom \_\_\_\_\_

Size (sq.ft.) \_\_\_\_\_

**(Please attach separate sheet with details of facility at your centre)**

I/ We confirm the entire information required by you is furnished herein above and it is true to the best of my/our knowledge and belief. I declared that, All necessary licenses/registration is operate business are in place with us.

Name & Signature of Signing Authority: \_\_\_\_\_

Date: \_\_\_\_\_

Seal/Stamp of the organization: \_\_\_\_\_

Signature of Official: \_\_\_\_\_