

प्रवाह स्वास्थ्य एवं व्यावसायिक प्रशिक्षण परिषद - नई दिल्ली  
PRAVAH HEALTH & VOCATIONAL TRAINING COUNCIL (PHVTC)

(MANAGED BY PRAVAH EDUCATIONAL AND CHARITABLE TRUST -PECT)

An Autonomous Organisation, REGD. By Govt. Of NCT - Delhi Under ITA 1882 Govt. Of India

REGD. By NCS-Ministry of Labour and Employment Govt. of India

REGD. By Ministry of Micro, Small & Medium Enterprises

REGD. By National Institute For Transforming India,

APPLIED UNDER CR-ACT, 1957, MINISTRY OF HRD GOVT. OF INDIA

(NITI AYOOG-DARPAN ID-DL/2020/0265263)

(AN ISO 9001-2015 CERTIFIED ORGANISATION)



FRANCHISE APPLICATION FORM

TO,  
THE SECRETARY  
PRAVAH HEALTH & VOCATIONAL TRAINING COUNCIL  
NEW DELHI.

PASS PORT  
SIZE PHOTO

Sir,

I/We have taken note of all the rules & regulation of the PHVTC, New Delhi. I will abide by the rules in the future.

I/We \_\_\_\_\_ am/are presenting the application form for the establishment of a Study centers of PHVTC Academy of \_\_\_\_\_  
\_\_\_\_\_ (Regular / Correspondence) Courses.

1. Name of the Institute / Center: \_\_\_\_\_

2. Postal Address (Kindly mention the nearest Land Mark also): \_\_\_\_\_

\_\_\_\_\_ City / Town

3. State \_\_\_\_\_ Pin Code \_\_\_\_\_

4. Telephone No./ Office Landline \_\_\_\_\_ Mobile \_\_\_\_\_

Fax. \_\_\_\_\_ Email \_\_\_\_\_

5. Name of the Registered Society / Trust (Enclose Copy of Registration  
\_\_\_\_\_ Address (with Pin Code & Nearest Landmark)  
\_\_\_\_\_  
\_\_\_\_\_

6. Attach a copy of the Driving License / Voter ID Card / Passport

7. Name of the President / Chairman / Trustee / Proprietor of the Society Trust / Centre  
(Please Fill up the following Details) :

Degree/Diploma	University/ Institution	Subjects	Year of Passing

Name of Organisation	Nature of Business	Year From	Year To	Annual Turnover (in Rs.)	No. of Employees in Organisation

8. Nominate a Co-ordinator / Representative: \_\_\_\_\_

Office Landline \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

9. Current Infrastructure that is available with you for educational purpose:

(a) Total area of the Institute / Center \_\_\_\_\_

(b) Total covered area (in sq. ft.) \_\_\_\_\_

(c) Number of Floors \_\_\_\_\_

(d) No. of Rooms available \_\_\_\_\_

(e) Power Backup \_\_\_\_\_

(f) No. of Computer available \_\_\_\_\_

(g) Internet Facility available \_\_\_\_\_

10. Details of Premises (Attach Relevant Proof):

(a) Whether the Land & Building are owned by the Center.

(b) If the building is rented, Enclose the Lease Deed of Society / Institute.

11. Whether the Premises is ready for use if yes what is currently used for:

12. If your Centre is also associated with any other University / Institute (Give Details)

13. Grade your Centre: Perfect  Good  Satisfactory

- (a) Remote Area
- (b) Easily Accessible
- (c) Residential Area
- (d) Commercial Area
- (e) Within the City
- (f) Outside of the City

(g) Nearest Airport \_\_\_\_\_

Name of the City \_\_\_\_\_

(h) Distance From Railway Station \_\_\_\_\_ Name of the City \_\_\_\_\_

(i) Distance from Bus Stop \_\_\_\_\_ Name of the City \_\_\_\_\_

15. Attach one set of Visiting Card, Letter Head & Profile of your Institute:  
\_\_\_\_\_

16. Programme Applied for Authorization:  
\_\_\_\_\_

### Centre Establishment Fees

Amount ( Rs ) : \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Place: \_\_\_\_\_

Bank Draft No.: \_\_\_\_\_ Date: \_\_\_\_\_

## DECLARATION BY THE APPLICANT

I hereby declare that I have read & considered the condition of the eligibility for the study center & I fulfill the condition. I have furnished about the necessary information in this record. In the event of any information found incorrect or misleading my candidature shall be liable to cancellation any and I shall not be entitled to get refund any amount paid by me to the Institute. In the event of any dispute it shall be resolved through the mediation of the chairman or a committee constituted under the constitution/ Attribution Act and its decision shall be binding on all concerned & I will liable the expenses.

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

Signature: \_\_\_\_\_

ENCL.:

1. Copy of Photo ID
2. Copy of Address Verification
3. Declaration on Rs. 100/- Non Judicial Stamp Paper

## FOR OFFICE USE ONLY

AUTHORIZED CENTER CODE: \_\_\_\_\_

DATE OF ISSUE: \_\_\_\_\_

R.R. NO: \_\_\_\_\_ AUTHORIZED SIGNATORY

# DECLARATION

The Chairman/Secretary

PRAVAH HEALTH & VOCATIONAL TRAINING COUNCIL, New Delhi-INDIA

I, \_\_\_\_\_ S/O Sh. \_\_\_\_\_ Age \_\_\_\_\_

Resident of \_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Office: \_\_\_\_\_ E-Mail ID: \_\_\_\_\_

## Declare as Under:

- Our Institute will work as an Authorized study center of PHVTC, New Delhi.
- All the Admission/ Examination documents collected from the organization will be kept safely/ confidentially by me & it will be my responsibility for its timely distribution in the center.
- That our institute will work according to the rules & regulation of the organization & I agreed with all the rules & regulation of the organization.
- In no circumstances the enrollment number or exam result will be asked for in the event of the does not being paid to the PHVTC, New Delhi.
- Franchisee Fee is nonrefundable.
- It's my responsibility to submit quarterly progress report to the Organization.
- That I have read and understand the rules & regulation of the Organization and only after complete satisfaction this declaration is being made which when necessary can be made use of for legal purpose. In the event of an dispute will be settled by the committee appointed by the PRAVAH HEALTH & VOCATIONAL TRAINING COUNCIL, NEW DELHI, under the provisions of the Indian Attribution Act 1940 and its decision will be binding on all concerned & I/ We will Liable to all the expense.

Therefore, I \_\_\_\_\_ declare that time the information furnished in the form for establishment of center are true to the best of my knowledge and belief and will remain in force and binding on me and my successor for the Center's association with the organization.

PLACE

NOTRY/ GAZETTED OFFICE

SIGNATURE OF DECLARANT