Medha Mentor Abacus & Skill Development

Collaborate With

Magnolia Welfare Trust

A National Institute of Information Techology Education & Research

(An Autonomous Institution Registered Under The Public Trust Act.)

Regd. No. IV-1901-0092212025 , Public Trust Act. WB.

Course Registered Under C.R. Act 1957 , MHRD

Govt. of India Registared Council

Chanel Partner Application From

** Fill the form in 'BLOCK LETTER'(English) Only Useing Only Black / Blue ink only.**

Information About The Indtitution.

Name Of The Franchise Holder

First Name   Midel Name   Last Name

Complete address For correspondence

Pin

Mobile No. :   **Email ID :**

Status of the Institution : Trust ☐ Regd. Society ☐ Other ☐   **Year Of Establishment**

Information About The Chief Executive / Principle / Principle of the Institute.

First Name   Middel Name   Last Name

Name :

Designation / Position Held :

Education Qualification :

Professional Experience :

Date of Birth :

Passport size Photo of Chief Executive / Principle / Principle

Postal Address (Home)

Pin

_____

Sign Head of the Institute

Medha Mentor Abacus & Skill Development

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Magnolia Welfare Trust
From to be filled by study center data Sheet for website

Information About The Institution.

Facilities Available :

Particulars	No. of Rooms	Seating Capacity	Total Area (SQ. FT.)
Staff Rooms			
Class Rooms			
Laboratories			
Reception			
Toilets			
Any Other			

Details of Laboratory Facilities Available.

(If necessary additional sheet may be used)

Computer Facilities

Sl. No	Coumputer With Type	No. of Terminals Vvailable	Year of Purchase	Cost	Software Facilities	Other Attaching

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Information About Faculty :

(as on date of proposal)

Sl. No	Name	Designation	Qulification	Teaching Experience	Date of Appointment	Status Full Time / Part Time

Library Facilities:

No. Of Text / Subject Books	
No. Of Reference Books	
No. Of Periodicals	
No. Of Journals	
No. Of CD's	
No. Cost Invested on Library	

Other (Specify) : _____

_____

Center's Address (In English) :

....

....

.... Pin Code ....

Mobile No. ....

Residential Address (In English) :

....

....

.... Pin Code ....

Mobile No. ....

The above information given by me are find correct & sign under by me.

_____   _____
Seal Of Institute   **Sign Head of the Institute**

Medha Mentor Abacus & Skill Development

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From to be filled by study center data Sheet for website

Study Center Name :

Center's Director Name :

Center Postal Address

P i n

Location :

City :

District :

State :

Mobile No. :

Email ID :

I here by Declare that the above furnished details are best to my knowledge .

_____
Seal Of Institute

_____
Sign Head of the Institute