



# HI-TECH INSTITUTE OF INFORMATION TECHNOLOGY™

- ✓ Registered Under UP Gov Of india
- ✓ Registered under MSME Gov Of india
- ✓ Registered under NITI Aayug
- ✓ Registered Under NIELIT Delhi
- ✓ Registered Under NCVT

(AN ISO 9001:2015 Certified)  
Since 2010....  
Unit of Udgam Welfare Foundation

## Franchise Form

### (Fill the Personal Details in CAPITAL LETTER)

Name of Director : .....

Father's Name : .....

Address(Home) : .....

City : ..... State: ..... Pincode : .....

Mobile No. : .....

Email ID : .....

Highest Qual. : .....

### (Fill the Center Details in CAPITAL LETTER)

Name of Center : .....

Address of Center : .....

Societ/Trust Reg No. : .....

City : ..... State: ..... Pincode : .....

Mobile No. : .....

Email ID : .....

### (Fill the Infrastructure Details in CAPITAL LETTER)

No. of Classrooms : .....

No. of Computer Systems : .....

Office Equipment : .....

Faculties Details : ..... Full Time.....Part Time

Franchisee Fee : .....

## Certificates & Diploma Fee :

Certificate fee's( 3 Months) : 300

Diploma Fee( 6 Months) : 500

Advance Diploma fee(1yr) : 700

Master Diploma fee(18 months) : 900

NTT/PTT/NPTT (Per yr) : 900

Prospectus : 100

IGD (.....) with copy (.....)

NTT (.....)

Yoga ( DYE..... DYT..... PGDY.....)

## DECLARATION

I hereby certify that the context stated above are correct and true to my knowledge and belief and hereby confirm that our Organization / Society / Trust is free from any legal / official disputes whatsoever. I accept that any facts stated above. If found incorrect will automatically result in cancellation for franchisee.

Name (Head of the Organization):

Designation & Signature with seal:

Date & Place:

हाई-टेक सूचना तकनीकी संस्थान

Address: C/O - 504 Shiv Nagar Colony near ITI, Pilibhit-262001, (UP)

Mob NO. - 8941093738, 9639297740, 7905645980

Email: - info.hiitpbt@gmail.com Website: www.hiitedu.info



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## Application Form for Establishment of Study Centre

Note: (Kindly fill in English - BLOCK Letters)

To,

SECRETARY

HI-TECH INSTITUTE OF INFORMATION TECHNOLOGY,  
PILIBHIT.

SIR,

I/We have taken note of all the rules & regulation of the Hi-Tech Institute of Information Technology, Pilibhit. I will abide by the rules in the future.

I/We \_\_\_\_\_ am/are presenting the application form for the establishment of a study center's of Nursery Teachers Training (NTT)/ Primary Teachers Training (PTT)/ Nursery Primary Teachers Training (NPTT) / Vocational Training/ Computer Training (Regular / Correspondence) Course.

Name of Applicant(s): ..... Designation: .....

Father's / Husband's Name : .....

Address of Applicant : .....

.....

City/District : ..... State : ..... Pin Code : .....

Contact No : ..... E-mail ID : .....

Name of Study Centre : .....

Address of Study Centre : .....

.....

City/District : ..... State : ..... Pin Code : .....

Centre Establishment Fees Amount (₹) : ..... 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 centre & 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/ Arbitration Act and its decision shall be binding on all concerned & I will liable the expenses.

Date: .....

Signature of Applicant

Encl.: 1. Copy of Photo I.D.

2. Copy Address verification

3. Declaration on ` 10/- Non Judicial Stamp Paper

4. Please attach Colored photo of establish centre

## FOR OFFICE USE ONLY

Authorized Centre Code : .....

Date of Issue : ..... Date of Expiry : .....

Authorized Signatory

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Address: C/O – 504 Shiv Nagar Colony near ITI, Pilibhit-262001, (UP)

Mob NO. - 8941093738, 9639297740, 7905645980

Email: - info.hiitpbt@gmail.com Website: www.hiitedu.info



**Declaration**

**Before The Chairman/Secretary**

**Hi-Tech Institute of Information Technology/Udgam Welfare Foundation, Pilibhit.**

I/Shri.....Father's Name.....Age.....Resident of  
.....Distt.....Pin.....Phone No  
.....Office.....E-mail ID.....

**Declare as Under:**

1. Our Institute will work as an Authorized study Centre of Hi-Tech Institute of Information Technology (HIIT).
2. 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.
3. That our institute will work according to the rules & regulation of the organization & I agree with all the rules & regulation of the organization.
4. In no circumstances the enrollment number or exam result will be asked for in the event of the does not being paid to the Hi-Tech Institute of Information Technology (HIIT).
5. In any case I will not receive Examination Fees in cash from students and examination Fees will be excepted by Bank Draft in favor of Udgam Welfare Foundation, Pilibhit, payable at Pilibhit.
6. All The Course NTT(Ist & IInd) Year, PTT, NPTT(Ist & IInd) Year & Vocational Course Run By Hi-Tech Institute of Information Technology(HIIT) is Valid For Self Employment. There is No Commitment for TET, CTET& Govt. Job.
7. That I/We have read and understood the rules & regulation of the Organization and only after complete satisfaction, this declaration is being made, which may be used for legal purposes whenever required. In the event of an dispute will be settled by the committee appointed by the Hi-Tech Institute of Information Technology/Udgam Welfare Foundation, Pilibhit, 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/We.....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:                      Signature of Centre Owner with Seal

Signature of the declarant  
Attested Notary/ Gazette Officer

**Coloured Photo of Establish Centre Front**

**Coloured Photo of Establish Centre Office**

**Coloured Photo of Establish Centre Computer Lab**