



# I-MAX INDIA

RUN BY NAVGOV IMAXINDIA SERVICE PVT.LTD

CERTIFIED BY AN ISO 9001:2019, GOVT.OF INDIA

MINISTRY OF CORPORATE AFFAIRS, MSME Govt. of India



## APPLICATION FOR INTITUTE AUTHORIZATION

### Centre Location

State

Dist.

Block/City/Town

Village/Ward. No.





### Information Of Centre

Name of Centre/Institution/organization/Company \_\_\_\_\_

Name of Owner/Directors \_\_\_\_\_

Father's Name \_\_\_\_\_

D.B.O \_\_\_\_\_

Address of Centre/Institutions/Company:

Near \_\_\_\_\_

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

PO. \_\_\_\_\_

Tehsil/Taluka \_\_\_\_\_

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

State \_\_\_\_\_

Pin Code \_\_\_\_\_

Mob. \_\_\_\_\_

Alternate Cont. No. \_\_\_\_\_

WhatsApp Mobile No. \_\_\_\_\_

Institute Email \_\_\_\_\_

Centre Head Email \_\_\_\_\_

Date Opening Centre/institutions/Organizations/Company \_\_\_\_\_

Photo of  
Centre Head

### Information Of Centre Head

Name of Owner/Directors \_\_\_\_\_

D.B.O \_\_\_\_\_

Father's Name \_\_\_\_\_

Gender

Male

Female

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

Post. \_\_\_\_\_

Tehsil/Taluka \_\_\_\_\_

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

State \_\_\_\_\_

Pin Code \_\_\_\_\_

Mob. \_\_\_\_\_

Alternate Cont. No. \_\_\_\_\_

WhatsApp Mobile No. \_\_\_\_\_

Email id.

Centre head Adhar No.

Nationality \_\_\_\_\_

Centre Head Pan No. \_\_\_\_\_

Religion \_\_\_\_\_

## Details of Available Infrastructure Facility of the Centre

[a] Total Centre Area \_\_\_\_\_ (sq. feet)

[b] Toilet/Urinal available

Yes	No
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OFFICE ROOM	
THEORY ROOM	
PRACTICAL ROOM	

STAFF ROOM	
WAITING ROOM	
OTHER ROOM	

## Details of Available Facility of Centre

No. of Computer	
No. of Printer	
No. of Scanner	
No. of UPS/Inverter	

No. of Generator	
No. of Book	
No. of LED/Projector	
No. of Journal	

## Applying for Centre Authorization of below Mentioned Zone/s (Tick on Require Zones)

<b>Software Zone</b>	<b>Hardware Zone</b>	<b>Teacher Training Zone</b>	<b>ALL ZONE OF IMAXINDIA</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Authorization Fee —Payment Details

Affiliation Fee	Payment Date	Paid by Online/Mobile Banking/IMAXGOV Website	Bank Name	Payment Slip No

## Centre Head/Owner/Director/ Partner Profile:

A) Centre Head Name \_\_\_\_\_ B) Father Name \_\_\_\_\_

C) Date of Birth.... \_\_\_\_\_ D) Language Known \_\_\_\_\_

E) Centre Head Permanent Address (Street/Sector/Village \_\_\_\_\_ Post Office \_\_\_\_\_

Tehsil/ Taluka. \_\_\_\_\_ City/District \_\_\_\_\_ State. \_\_\_\_\_ Pin Code \_\_\_\_\_

Qualifications (Attach Copies of Certificates) \_\_\_\_\_

Experience (If any). \_\_\_\_\_

Active Email-ID... \_\_\_\_\_ Home Mobile No. \_\_\_\_\_

WhatsApp No 1. \_\_\_\_\_ Tell about your Family/ Nominee Name — \_\_\_\_\_

Nominee Age \_\_\_\_\_ Relation \_\_\_\_\_ Nominee Mobile Number \_\_\_\_\_

Nominee Qualification Detail \_\_\_\_\_

1. Name of my/our centre is \_\_\_\_\_

2. That I/We, have established/opened above mentioned Centre/institute on (date) \_\_\_\_\_

**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 accept that any facts stated above. I found incorrect will automatically result in cancellation for nominations associate. However, I will have no right whatsoever to fight / challenge legally against the judgment in any court of law.**

Signature of Centre Head	Left thumb Impression of Centre Head	Date of Declaration	Place

**Attach centre front photo with centre code, centre room/lab photo. (If the centre is not ready, send the mentioned photo through email within one month from the date of centre authorization.**