

**The Director  
NIMTT Group  
Mumbai | Kolkata**

**Sub – Request for opening NIMTT Collaboration Center**

Sir / Madam,

We have gone through your Collaboration Centre proposal and intend to join your reputed Institution as Collaboration Center with our school /college situated in

.....

I would be thankful if you kindly grant us the permission to open the center at our requested place.

Thanking you

Yours faithfully

*Collaboration Center Application Form*





**10. Assessment of the Center with respect to location:**

- |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| a. Location Prime / on Road etc.                           | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b. Commercial / Residential                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c. Owned/ On Lease / Rent etc.<br>(Attach Lease/Rent Deed) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d. Visibility from Road & Parking space.                   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| e. Familiarity of the location                             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**12. Total carpet area (Please attach the layout plan) :**

**13. Infrastructure of Center**

- |  |   |                              |                             |                      |                      |
|--|---|------------------------------|-----------------------------|----------------------|----------------------|
| a. No. of Class Rooms  | : | <input type="text"/>         | <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| b. Seating capacity with furniture                           | : | <input type="text"/>         | <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| c. No. of Class Rooms  | : | <input type="text"/>         | <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| d. Total no. of students who can be trained at a time        |   | <input type="text"/>         | <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| e. Air conditioning  | : | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                      |                      |
| f. Training Aids such as overhead projectors / boards        | : | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                      |                      |
| g. Computer / TV / VCR based classroom                       | : | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                      |                      |
| h. UPS for computer System                                   | : | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                      |                      |
| i. No. Of Counseling Rooms                                   | : | <input type="text"/>         | <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| j. Conference / Meeting room                                 | : | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                      |                      |
| k. No. of Computer Labs                                      | : | <input type="text"/>         | <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| l. No. of computers in each lab and total no. of computers : |   | <input type="text"/>         | <input type="text"/>        | <input type="text"/> | <input type="text"/> |



- m. Configuration of Computers (Attach configuration details) YES  NO
- n. Software's used and their source (Attach software details) YES  NO
- o. Any specialized multimedia lab with CD-ROM/Speakers/Headphones : YES  NO
- p. Educational CD available : YES  NO
- q. Networking in lab and its type (UTP/OFC/ETC) : Specify
- r. Internet Connection & Type : Specify
- s. No. of Modems : 

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- t. Number of printers: 

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- u. Staff room and other facilities provided to staff :
- v. Generator for Power backup YES  NO

**14. Faculty/Lab Assistants/Support Staff\*:**

(Provide name, qualification, experience and date of joining – detailed resume of each faculty member to be attached to the application)

**a) Center Manager / Center Head / Technical Head:**

1																				
2																				

**b) System Administrator:**

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**c) Network Administrator:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**d) Senior Faculty Members:**

1																				
2																				



e) Junior Faculty Members:

1																			
2																			
3																			
4																			
5																			

f) Lab Assistants:

1																			
2																			

g) Clerical staff:

1																			
2																			

h) Counselors:

1																			
2																			
3																			

i) Any other Supporting Staff:

1																			
2																			
3																			



17. Please fill in the Actual details of your existing set – up

General Infrastructure:

Particulars	Minimum Requirement	Actuals
Premises	Minimum carpet area – 2000 Sft	
Furniture & Fixtures	2 classrooms, 20 seats per class	
Basic facility	Conference rooms, staff rooms, etc	
Air-conditioning	Mandatory for computer Lab	
Training Aids	LCD/OHP	

IT Infrastructure

PC Configuration	P IV machine with at least 256 MB memory Windows XP professional Network interface card 10/100 Duplex sound card CD drive for loading software Headset with microphone	
Network	Switch based network 10/100 on TCP/IP PC's will be assigned a fixed IP	
Administrative Equipment	Telephone, Fax, CD-WRITER Audio Visual tapes Headsets for audio Listening UPS Provisioning – Min 60 minute back up	
Internet Connection & Type	Broad Band	
Modems	One	
Printers & Copiers	One	
Library	Minimum 100 Books & 5 sets of course material	
Manpower/Staff Required		
- Total no of courses	1 Counselor for up to 4 programs	
- Total no of counselors	Ratio should be 1 counselor : 50 students	



- Total No of students	100 (maximum)	
- Faculty experience	PG with 5 years PG teaching or Managerial experience	
- No of Teaching Associates	One Associate to 30 students 1:30	
Others	Genset , UPS Systems	

Computer Lab :

<b>Particulars</b>	<b>Minimum Requirement</b>	<b>Actuals</b>
No of Computer Labs 1	One (1)	
No of Computers in Lab 2	Twelve (12)	
Configuration of Computers	Intel P IV, 256 MB RAM, 40 GB HDD, etc	
Software : All programs	MS Office ver 2003, Windows XP	
IT programs	MS Visual Basic, Corel Draw, SQL Server	
Type of Networking in Computer Lab	UTP	

Declaration : I hereby declare that the informations given above are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of the Applicant Collaboration Center 1 ( With Stamp)

\_\_\_\_\_  
Signature of the Applicant Collaboration Center 2 ( With Stamp)



**NIMTT**

Under MCA, Govt of India  
An ISO 9001:2015 Certified

## **Annexure - A**

To attach the following Information along with the application form: -

### **1. Institution**

- a. Copy of the Trade License Certificate/School Affiliation Certificate
- b. Sponsored Trust Deed/Company AOA & MOA.
- c. Last financial year's Audit Report ( Optional)

### **2. Head / Partners / Directors / Trustees of the Institution**

- a. Detailed Resumes of all members involved in Collaboration Center Operation
- b. KYC Details of Operation Head/Signatory of Collaboration Center (PAN Card, Aadhaar Card and Photo.)
- c. One Bank Details of your choice for reimbursement of your benefits or incentives.



**ANNEXURE- B**  
(For new Centres)

**Application No.....**(For Office use only)

**Application for Programs :**

- (a) Engineering Courses  (b) Management Courses
- (c) Medical & Paramedical courses
- (d) Traditional Courses  (e) Research Courses
- (f) Vocational Courses

**1. INFORMATION ABOUT THE INSTITUTION**

- 1.1 Name of the Institution  
(Use BLOCK letters only) \_\_\_\_\_
- 1.2 Postal Address  
(With Pincode, District & State)  
(Use BLOCK letters Only) \_\_\_\_\_  
Phone.....Fax/E-Mail.....
- 1.3 Permanent Address  
(With Pincode, District and State)  
(Use BLOCK letters only) \_\_\_\_\_  
Phone.....Fax/E-Mail.....
- 1.4 Year of Establishment \_\_\_\_\_
- 1.5 Status of Institution \_\_\_\_\_  
(Relevant Documents to be attached)
  - Institution  
[Central/State/U.T.] \_\_\_\_\_
  - Private Institution  
[Trust/Regd. Societies/others to be Specified]  
\_\_\_\_\_
- 1.6 Place is rented or own site \_\_\_\_\_



## ANNEXURE- C ( For Operation Head Only )

### PERSONAL DETAILS FORM

1. NAME: \_\_\_\_\_ 2. AGE: \_\_\_\_\_

3. FATHER'S NAME/HUSBAND'S NAME: \_\_\_\_\_ 4. AGE: \_\_\_\_\_

5. (A) RESIDENTIAL ADDRESS (TEMPORARY): \_\_\_\_\_

\_\_\_\_\_ PIN: \_\_\_\_\_ PHONE: \_\_\_\_\_

(B) RESIDENTIAL ADDRESS (PERMANENT): \_\_\_\_\_

\_\_\_\_\_ PIN: \_\_\_\_\_ PHONE \_\_\_\_\_

(C) OFFICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PIN: \_\_\_\_\_ PHONE: \_\_\_\_\_

6. FAMILY BACKGROUND: (FATHER/MOTHER/BROTHER/SISTER/SPOUSE):

(A) \_\_\_\_\_

(B) \_\_\_\_\_

(C) \_\_\_\_\_

(D) \_\_\_\_\_

(E) \_\_\_\_\_

(F) \_\_\_\_\_

7. ANY OTHER DETAILS YOU WOULD LIKE TO MENTION REGARDING YOUR FAMILY  
BACK GROUND:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_