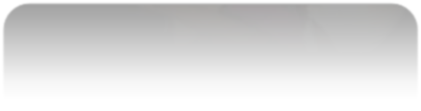
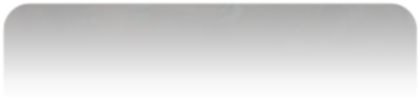
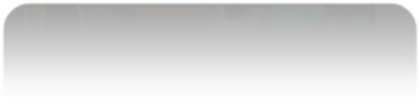
**ACCREDITATION FORM FOR TRAINING CENTRES**



**National Digital Literacy Mission**

*A collaborative approach to extend IT literacy to masses*

**BRIGHT FUTURE FOUNDATION TRUST**  
Regd. Office: J-1/406, Gali No-5,   
Sangam Vihar New Delhi- 110080  
Phone Number : 011 – 26041703 **Mobile No: +917303131952**

**Email:** [**bfft.delhi@gmail.com**](mailto:bfft.delhi@gmail.com)

**Website: ­­­­www.bimtindia.org**

**Approved By**

Programme Management Unit – National Digital Literacy Mission CSC e-Governance Services India Limited

3rd Floor, Electronics Niketan, 6, CGO Complex Lodhi Road, New Delhi - 110003

**Accreditation Form for Training Center**

**State : Delhi**

**District :**

**Block:**

**Panchayat:**

**Village:**

1. Name of the Training Centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of the Partner : Bright Future Foundation
3. Name/s of the Centre Manager :
4. Aadhar No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PAN No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Contact Details of the Centre:
6. Postal Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Phone No. with STD code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Fax No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Email and Mobile No. of the Centre Manager :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Centre Manager Qualifications :
2. No of computer at Centre :
3. Internet Connectivity at Centre :
4. Other IT Infrastructure at Centre :
5. Power backup at Centre :
6. Centre Area in Square Feet/Mts:
7. Centre Picture :
8. Bank Details:

Bank Name :

Bank A/C :

Branch Name :

IFSC Code :

I certify that, the foregoing information is correct and complete to the best of my knowledge and belief.

**Signature**

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14. Prior Exposure of the Training Partner in Education/ IT literacy (Enclose separate sheet, if required)

15. Year of Establishment: (Enclose Certificate of Registration)

16. 2. Turnover of the Training Center Rs……………………………..

List of documents to be attached:

1. Certificate of Registration for verifying year of establishment

2. Proof of prior exposure of the Training Centre in Education/ IT literacy

3. Photocopy of the PAN card and last IT return

4. Audited balance sheet of last 3 years

All Documents Please Sent To this Address

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