



GLOBAL RURAL DEVELOPMENT ORGANIZATION

ग्लोबल रूरल डिवेलपमेन्ट ऑर्गेनाइजेशन

Regd. Govt. of India, NCT New Delhi
Ministry of HRD Govt. of India (Sec & Higher Education CR Act)
Department of Labour Govt. of NCT, New Delhi
AN ISO 9001:2008 Organization



"A National Digital Literacy Programme of GRDO Group"

Training Partner / Franchise Form

Please Fill up CAPITAL LETTERS & Carefully

Affix Applicant's
Recent Passport
Size Photograph

Applicant's Name Mr./Mrs.

Father's Name

Date of Birth Nationality

Qualification - Academic Professional

Address - Complete Permanent

Place Block/Post Office

Land Mark District

Pin State

Phone No. Mob. No.

e-mail ID Personal

Training Institute Name

Address - Complete Postal

Place Block/Post Office

Land Mark District

Pin State

Phone No. Mobile No.

e-mail ID Training Institute

AADHAR No PAN No

Name of Contact Person Signature of Applicant

Attachment Documents Detail -ID Proof / Aadhar Card / PAN Card / DL / Ration Card / Bank Passbook
Educational Qualification Certificate etc. _____

Note : Authorised Branch - Training Partner Center/Institute Not to be Transferable any conditions.

Enquire Time _____ Enquire Date _____ Place _____
Enquire Officer's Name Mr./Mrs. _____
Signature of Enquire Officer _____ Signature of Area Manager _____

<u>Computer Lab -</u>	<u>Class Room -</u>	<u>Instruments -</u>

Training Institute Name

Name (T./S./ Center/Institute Head)

Place _____ Date _____

DECLARATION

I/We hereby certify that the context stated Home page & above are correct and true to my knowledge and beliefs and hereby confirm that our Organization is Free from any Legal / Official dispute what so ever.

I/We accepted that any facts stated above. If found incorrect will automatically result in cancellation for nomination associate. However i will have no right What so ever fo Fight / Challenge legally against the judgement in any court of low.

Training Institute's SEAL -
(With Signature of Head)

Training Partner Center Report Should be Submitted to _____

(For Office Use Only)

Registration No.

Branch/Center Code

<input type="text"/>	<input type="text"/>
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Application Apply for Training Partner Type ~

State District Tehsil Block Basic Single Urban Rural

(Sheets Allotted For)

C.T.T.	N.T.T.	P.T.T.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Computer I.T.	Tailoring	I.T. I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Beautician	Vocational	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>

Managing Director
(Franchise Department)
FOR GRDO GROUP U.P.

AFFIDAVIT

To,
The Managing Director,
Global Rural Development Organization,
B-91, New Jankipuri, Uttam Nagar, New Delhi

I/ We _____ S/o, D/o, W/o _____
Full Address if the Institution _____

Pin Code _____ District _____ Contact No. _____
_____ Hereby

1. Declare that our above Institution will work as an authorized study/ training center of GRDO Group, Aligarh.
2. All the Admission/Examination documents collected from the GRDO Group shall be kept safely & confidently by me in personally & I shall be responsible for the timely distribution in the Center.
3. That our Institute will work according to the rules & regulation of the In GRDO Group.
4. I know that I cannot claim for the enrollment Number for the Exams, unless all dues are paid by me, I do not claim to refund any fee if my Student's enrollment is cancelled by GRDO.
5. That we are fully understood the rules & regulation of GRDO Group and after complete satisfaction only this affidavit is made. I know that the some can be used for legal purposes if necessity arises in this affidavit.

Date : _____

Palce : _____

Signature & Full Name of Center Head

Attested Notary/ Gazetted Officer