



17. Payment Details :

| Mode of Payment | Bank Name | Bank Branch | Cheque No. | Cheque Date | Amount (In Rs.) |
|--------------------|-----------|-------------|------------|-------------|-----------------|
| Cash/DD/ Cheque | | | | | |
| Cash/DD/ Cheque | | | | | |

I request you to Kindly register my Centre as an Authorised Franchise of MITCON e-School for the above mentioned category, courses and location. Kindly Consider the Validity of Authorization of my MITCON e-School franchise from _____ to _____



Centre Stamp



Signature

FOR OFFICE USE ONLY

| Authority | Remark | Signature |
|--|---|-----------|
| Divisional Manager/DC | Details of Payment Received | |
| | Inspection Charge | Rs. |
| | Startup Kit Charges | Rs. |
| | License Fee | Rs. |
| | Registration Fee | Rs. |
| | Faculty Training | Rs. |
| | Total Affiliation Fees | Rs. |
| | Service Tax% | Rs. |
| | Total | Rs. |
| | (A) Documents Attached:- Copy of Following , attested by the Centre Owner- | |
| | 1) Pan Card | |
| | 2) Address Proof: (Electricity Bill /Telephone Bill/Other) | |
| | 3) Photo ID Proof :- (Driving Licence/ Pan Card/ Other.....) | |
| | 4)Shop Act License/Grampanchayat NOC/Certificate of Registration of Society or Trust/ Memorandum & Article Of Association | |
| | 5)Partnership Deed | |
| | 6)Photocopy of Blank Cheque or Cancelled Cheque | |
| | 7) Service Tax Registration | |
| 8)Rent Agreement | | |
| 9) Resolution Of Organization | | |
| 10) List of Member of Organization | | |
| (B)Photographs of Centre Owner (2 Copies) | | |
| Accounts Executive | | |
| Assistant Vice President | | |
| Executive Vice President | | |