



ALL INDIA
NURSING & PARAMEDICAL INSTITUTE
अखिल भारतीय नर्सिंग और पराचिकित्सा संस्थान
Registered under Ministry of Education department of higher education Govt. of India under C.R. Act. 1957



Application for franchise

Name of Director/Head of the Institute: _____

Mobile Mo: _____ Land Line No: _____ Designation: _____

Email: _____ Website: _____

Training Centre Info:

Training Centre Name: _____

Geographical Location: Rural Location Urban Location

Centre Ownership: Franchise Self Run

Training Centre Start Date: _____ Centre Area (in Sq.): _____

Infrastructure Details:

Candidate wise Centre Capacity: _____ Number of Training Room: _____

Number of Laboratory: _____ Number of Male Washroom: _____

Number of Female Washroom: _____ Number of Unisex Washroom: _____

Number of Library: _____ Distance From Airport: _____

Distance From Nearest Train Station: _____ Distance From Bus Stand: _____

Address: _____

Nearby Land Mark: _____ PIN Code: _____

State: _____ District: _____ Tehsil/Mandal/Block: _____

City: _____ Parliament Constituency: _____ Geo Location: _____

Facilities Available at the Centre:

Please tick

Internet Connectivity	<input type="radio"/> Y <input type="radio"/> N	AV Video Con Facility	<input type="radio"/> Y <input type="radio"/> N
Staff Room	<input type="radio"/> Y <input type="radio"/> N	Library	<input type="radio"/> Y <input type="radio"/> N
Cafeteria	<input type="radio"/> Y <input type="radio"/> N	Physically Disabled Friendly	<input type="radio"/> Y <input type="radio"/> N
Parking Facility	<input type="radio"/> Y <input type="radio"/> N	3 Phase Power Connection	<input type="radio"/> Y <input type="radio"/> N
Power Backup	<input type="radio"/> Y <input type="radio"/> N	Counselling Room	<input type="radio"/> Y <input type="radio"/> N
Fire Safety Equipment	<input type="radio"/> Y <input type="radio"/> N	First Aid Kit Availability	<input type="radio"/> Y <input type="radio"/> N
Biometric (Attendance)	<input type="radio"/> Y <input type="radio"/> N	CCTV Facility	<input type="radio"/> Y <input type="radio"/> N
AINPI Branding in Reception Area	<input type="radio"/> Y <input type="radio"/> N	Projector Facility	<input type="radio"/> Y <input type="radio"/> N

Declaration:

I hereby declare that I have read and considered the eligibility conditions for the Study Centre, I fulfil the conditions. I have provided the required information in this record. In the event of any information being found incorrect or my candidature being misrepresented, the Institute shall not be entitled to refund of any amount paid by me. In case of any dispute I shall be resolved through the arbitration of the Chairman or the Committee constituted under the Constitution/Attribution Act and its decision shall be binding on all the parties concerned and I shall be liable for the expenses.

Applicant Name:

Date: _____

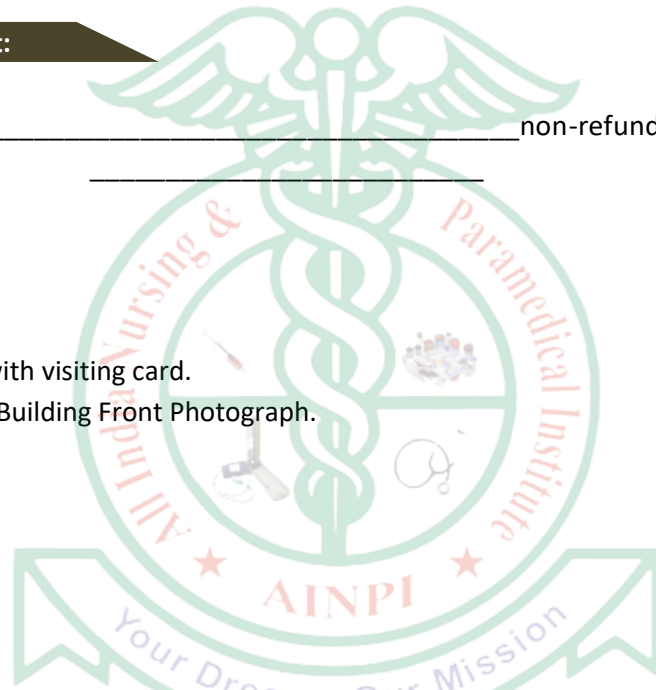
Applicant Signature

Franchise Application Fees Deposit:

Amount _____ non-refundable. Date: _____

Enclosures:

1. Complete application form with visiting card.
2. Room / Labs / Front Office / Building Front Photograph.
3. Internet Bill / Electricity Bill.
4. Centre Address Proof.
5. Fire Safety Proof.
6. First Aid Kit Proof
7. AINPI Branding Pic.



Note: All the above Enclosures are The Mandatory Submit at the Time of Along With Application Form.

FOR H.O. USE ONLY

Comments:

Testing Centre for Inspection Report

Name of the Organisation Inspected: _____

Full Address of the Training Centre: _____

Trades In Which Training Imported:

S.N	Name of course	Space/size of class room as per norms (yes or no)	Tools/Equipment's Are available as per norms (yes or no)	Trainers qualified As per norms (yes or no)	Space/size of Laboratory as per norms (yes or no)

The Centre inspected on DD / MM / YYYY by _____ (name) and found confirming/not confirming to slandered as observed in the table above.

Date _____

Authorized signatory

Check list

Particular	Infrastructure
Theory Classroom	With a minimum Capacity of 30 chair
	White/black Board -1
	Notice Board
	Almira -1
Practical Room	In case of computer related course
	Tools/Equipment's as per AINPI norms
	Human torso with Patient Bed
Others Facilities	Water cooler
	Separates wash room
	Electricity
	UPS
	Parking
Study Material	Hand Book related Course
	Motivational Book
	Chart / Cut loges (human anatomy)
Documents files	Attendance Register (Trainees & Trainers)
	Visitor Register
	Trainees Assessments Report
	Biometric Device
Office	Printer
	Internet with Computer

Fee Based Course-Working Process and T&C For Infra Partner

Terms & Conditions For Infra Partner

1. AINPI provide the Project implementation support to the infra partner (TC)
2. All payments will be made after receiving the same from TC.
3. Trainer's experience and educational qualification should match with healthcare Guideline.
4. The Quality of the Training execution, Monitoring and MIS guidelines shall be as per the SOP and shall be bonded with absolute compliance amendments shall be intimated periodically, if any shall be mandatory for claiming the playouts.
5. Infra partner should be ready as per AINPI guideline the same will be inspected by visiting the department team and the AINPI team on periodic manner.
6. The infra Partner to inform about the batch inception for selection of candidates to PARAMEDICAL or NURSING proactively before 7 days
7. It's mandatory to compliance with 80% attendance of each candidate
8. The Training batch size should be B/W 30 50 Candid
9. The Class schedule to be displayed on Notice Board per day is mandatory.
10. Documents relate to training progression placement and handholding per the Annexure 1A & (B) to be submitted in proper manner on time without failure.
11. No advance shall be provided to TC.
12. PARAMEDICAL will not be responsible for any delay in payment from department.
13. Candidate's Assessment through SSC will be taken care by Infra Partner TP should communicate the same to the trainees and organize it on mention dates of assessment.
14. CCTV footage of training/batch to be submitted to NURSING OR PARAMEDICAL alter completion of three months training and photography, softcopy of different events like Mobilization, selection, training, industrial visit, OJT, Placements etc. with their date and time to be submitted to AINPI by keep one copy.
15. Any change in terms & conditions from the department will affect the T&C mentioned herein
16. In case of delay/failure in submission of information, documents and/or performance, penalty will be levied on infra Partner as AINPI may deem fit.
17. Any failure in commitment in the above conditions may termination of your association with us
18. All the disputes and/or grievances shall be under the Legal jurisdiction of UP Govt. (U.P. courts)



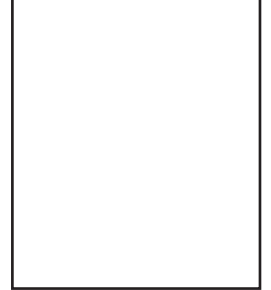
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Application form no:

Date:

APPLICATION FORM FOR NEW FRANCHISE
(KINDLY FILL IN ENGLISH BLOCK LETTER)



To,
THE SECRETARY
CENTRAL EDUCATIONAL COMMITTEE. (AINPI)

SIR

I/We have taken note of all the rules & regulation of the AINPI. I will abide by the rules in the future. I/We am/are presenting the application form for the establishment of Study centers of AINPI Academy of (Regular / Correspondence) Courses.

Name of Applicant(s): Designation:

Male/Female: Nationality:

Father's / Husband's Name:

Name of Institute:

Correspondence Address:

E-Mail ID:

PAN CARD: ADHAR NO:

Contact No: Pin Code:

Name of Study Center:

Address of study Center:

Shop Act No. / Registration No.(IF ANY).....

Stamp & Signature

Payment Details:

Mod of Payment: Cash / Online Transfer / Cheque Amount: _____

Bank name	Branch	DD/ Cheque no.	DD/Cheque Date	Amount

I Request AINPI to kindly Register My Center as an Authorized center of AINPI

Declaration by applicant

I hereby declare that I have read & considered the condition of the eligibility for the Study center I fulfill the condition. I have furnished about the necessary information in this record. In the event any information found incorrect or misleading my candidature shall be liable to cancellation any a shall not be entitled to get refund any amount paid by the Institute. In the event of any dispute I shall be resolved through the mediation of the chairman or a committee constituted under the constitution/ Attribution Act and its decision shall be binding on all concerned & I will liable expenses.

DATE:

Signature...

ENCL.:

1. Copy of Photo ID
2. Copy of Address Verification
3. Declaration on Rs. 100/- Non Judicial Stamp Paper

OFFICE USE ONLY

AUTHORIZED CENTER CODE:

DATE OF ISSUE:

R.R. NO:

AUTHORIZED SIGNATORY

