



Vyom Infotech

1st Floor,109,VATSALYA, Shirdinagar, Behind Apulaki Vairagade
Hospital, Manewada Road, Nagpur (Maharashtra) India.
Ph: +91-0712-3293345 , 09373955155

Email:info@vyominfotech.com Website:http://www.vyominfotech.com

ASSOCIATE APPLICATION FORM No.....

Before filling up the form please read the instructions carefully.
Please fill the form in capital letters.

Paste your recent
passport size colour
photograph here

Name of Institute* [Grid]

Owner's Name * [Grid]

Established since * [Grid] Day Month Year

Email id * [Grid] # [Grid]

Nationality * [Grid] # Mobile No. [Grid]

Address for Correspondence * [Grid]
City * [Grid]

State * [Grid]

Pin Code * [Grid]

Phone No with STD code * [Grid]

Permanent Address [Grid]
City [Grid]

State [Grid]

Pin Code [Grid]

Phone No with STD code [Grid]

DETAILS

Infrastructure (PC's) _____

Broadband connection details _____

No. of existing batches _____

Details of existing courses _____

No. of existing students _____

Courses interested in _____

Others information _____

DECLARATION

I / We hereby declare that the information provided in this application form is true to the best of my/our knowledge.
I / We agree to abide by all the rules & regulations of Vyom Infotech, Nagpur.

Signature of Applicant

Payment Details:

DD No. _____ Dated _____ Amount _____

Drawn on (Name of the Bank) _____

It is mandatory to fill all fields marked * .

It is advisable that applicant fill the fields marked # so that they can be contacted individually by email or on their mobile phones which is easier, convenient, less time consuming, accurate and cheaper.

Please keep a photocopy of the duly filled and signed application form with you for reference or enquiries.