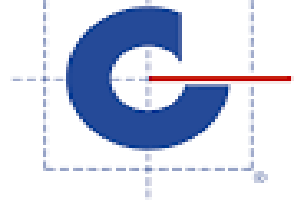




# BIT

JAS-ANZ



**Bhardwaj InfoTech**  
(A Unit of Bhardwaj Foundation)

### ORGANISATION PROFILE

1. Name of the Organisation: \_\_\_\_\_

2. Year of Establishment: \_\_\_\_\_

(Please attach proof)

3. Type of Organisation: Ltd.  Pvt. Ltd.  R & D Organisation

(Tick most appropriate)

Society  Bank / Insurance Co.  LLP

(Enclose the necessary details and proofs)

Trust  Educational Institution  PSU/Govt. Organization

Others \_\_\_\_\_

4. Full Postal Address: \_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Pin Code:

5. Official Communication:

Phone No:

Telefax:

Mobile No.: +91

Email: \_\_\_\_\_

Fill the following and enclose proper Proof:

6. Premises Details: Owned  Rented  7. Ready for Operations: Yes  Not Yet

8. Total Carpet Area of Organisation (Sq. Ft.): \_\_\_\_\_

9. Total Site Area of Organisation (Sq. Ft.): \_\_\_\_\_

10. Internet Connectivity: Leased Line  Broadband  Dial-Up  Speed \_\_\_\_\_

11. Details of Computers (Dedicated earmarked for Training and Research purpose)

Type	Processor	RAM	HDD	Network (Y/N)	Internet (Y/N)
Server Computer					
Client Computer					

12. Infrastructure Details: Generator  LCD Player  FAX  Photo Copier

Sr. No.	Other Infrastructure for Training Program	Units	Area (Sq. Ft.)	Seating Capacity
1	Training Rooms			
2	Library (Total Books: _____)			
3	Reading Room/ Conference Room / Audio Visual Room			
4	Administrative Area			
5	Trainer Room			
6	Service Area - Toilets etc.			
7	Other _____			

(Use separate sheet, if necessary)

## COORDINATOR PROFILE

1. Name: \_\_\_\_\_

2. Designation: \_\_\_\_\_

3. Sex: M  F  4. Qualification: \_\_\_\_\_

5. Experience : \_\_\_\_\_

6. Photo ID Proof : Driving License  Passport  Voter ID  PAN Card   
*(Kindly enclose the copy)*

Latest Colour  
Photograph in Passport  
Size of the Proposed  
Coordinator

### **DECLARATION**

I / we hereby declare that the details provided by me / us herein above are true to best of my / our knowledge. I also certified that at the time of admission the documents produced and verified by the student, all document will be re-verified and stamped by the undersigned. I ..... will be responsible for any discrepancies.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

*Specimen Signature of the Proposed Coordinator*

*Seal & Signature of the Head of the Organisation*

**Note :** Filling up the above application form does not indicate that the applicant has given the authorization to open the BIT's Information & Counseling Centre, it's on the sole discretion of the BIT after the verification if done by the official.

**KINDLY SUBMIT INFORMATION CENTRE FORM AT: Bhardwaj Infotech (BIT)**

**Other Details**