

PROSPECTIVE AUTHORIZED EDUCATION PROVIDER INFORMATION FORM

Name	
Office Address	
Tel. No.	
Fax No.	
E-Mail Address	
Weekly Holiday	
Principal Contact Person	
Residence. Tel. No.	
Name of Proprietor / Partner / Directors	
Type of Business (TICK)	Education Provider / Service Provider
Service Tax No.	
Area of operation	
Is the Company ISO 9001 Certified	
Can AAFM India Visit Your Premises For Audit / Inspection?	
Can You Provide Confidentiality Agreement With AAFM India?	

Employee Information Details		Technical	Non-Technical	
	Nos.			
Area in SQ. FT		Office :		
Details of Facilities Including IT Infrastructure (May attach a list to this requirements)	Sl. No	Description	Capacity	Year
Are inspection carried out at all stages of process execution? (Attach a process flow chart that including inspection stages and complete process flow)				
Are Standard operating procedure /work instructions/quality system manual etc. maintained? (Tick as applicable)				
Declaration by Proprietor / Partner / Director	<p>I declare that the information furnished is correct to the best of my knowledge. I undertake to inform you at the earliest change, if any in details mentioned above.</p> <p><i>Signature & Rubber Stamp.</i></p>			