



ALL INDIA NURSERY TEACHER TRAINING COUNCIL, PATNA

visit site – www.ainttc.in

CENTER REGISTRATION FORM

Passport Size
Photo

PERSONAL INFORMATION

Full Name			
Email-ID		Phone Number	
Designation		Last Qualification	
Qualification			
PAN Card Number		Work Experience	
Permanent Address			
State		Pin Code	

ATTACHMENTS

Qualification Certificate	Full Adhaar Card	Full PAN Card

INSTITUTE DETAILS

Department	Department of Nursery Teacher Training		
Name of Institute			
Full Address			
City		Pin Code	
District		State	
Phone (Landline/Mobile)		Website	
Registered? (Yes/No)		Type	
Registered Name		Registration Number	

ATTACHMENTS

Registration Certificate			
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INFRASTRUCTURE DETAILS

Total Area (SQ/FT)		Geographical Location	
Total Number of P.C.		Total Number of Staff Members	
Total Number of Practical Labs		Total Number of Theory Rooms	
Office?		Toilet?	

ATTACHMENTS

Practical Lab Picture	Theory Room Picture	Office Picture (Inner)	Office Picture (Outer)
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RULES FOR ESTABLISHMENT OF THE CENTER

1. The centre in charge has to make the arrangement for the Practical Exams.
2. The center will be canceled with out prior notice for working against the rules of the institution. The head of the center will be responsible for all the expenses
3. No center will be allowed to open its own sub center or branch .
4. Teachers salary & educational institute rent are paid by the center in-charge
5. The NTT department course is applicable for English and Hindi medium ,pre-primary , private and public school only. On the contrary ,if the center makes false or wrong commitments, it will have accountability and responsibility
6. That I/We have read and understood the rules and regulations of the all India nursery teacher training council and only after completes satisfaction , this declaration is being made , which may be used for legal purpose whenever required. Any dispute will be settled by the chairman or committee constituted by the all India nursery teacher training council Patna. and its decision will be final and binding on all concerned and I/We liable to all the expenses.

Place-----

Date-----

Signature of Center Incharge-----
(with declarations)