

**APPLICATION FOR AUTHORISED TRAINING CENTRE (ATC)**

To,

The Director,

ALL INDIA COUNCIL FOR PROFESSIONAL EXCELLENCE

SUBJECT : APPLICATION FOR BECOMING AUTHORISED TRAINING CENTRE OF AICPE

Dear Sir,

I am running / starting an educational institution with the details as follows;

|  |  |
| --- | --- |
| Name of Institution / Academy / Training Center / Organisation ? |  |
| Contact Person |  |
| Designation |  |
| Email ID |  |
| Mobile Number |  |
| Address Line 1 |  |
| Address Line 2 |  |
| City |  |
| Country | INDIA |
| State |  |
| ZIP / Postal Code |  |
| Please provide details about Staff, Infrastructure, Current Business, and Reason of Joining AICPE. |  |

I agree to the terms and conditions for AICPE ATC, Kindly consider my application and authorize us to become ATC for AICPE.

Thanking You

Yours Faithfully,

(Name of Authority)