

CIO ASSOCIATE VERIFICATION FORM

APPLICANT'S NAME : _____

Company Name (If any): _____

Photograph
of the
Applicant

POSTAL ADDRESS: _____

_____ District: _____ Pin Code: _____

STD Code: _____ Tel. No. _____ Mob: _____

E-mail id: _____

RESIDENCE PROOF: Passport Aadhar Card Electricity Bill Ration Card
 Other _____

IDENTITY PROOF: Passport Aadhar Card PAN Card Driving License
 Other _____

BANK ACCOUNT NO.: _____ IFSC CODE: _____

BANK NAME: _____

BRANCH: _____ CITY / TOWN: _____

PRESENT ACTIVITY / OCCUPATION: _____

DECLARATION:

- ✓ I / we hereby confirm that above information is true.
- ✓ I / we have read and understood the rules as per the document titled "TERMS & GUIDELINES FOR CIO ASSOCIATE" and agree to strictly follow the same and also abide by all the guidelines as declared by Proactive career Education and / or CBITVT from time to time.

- ✓ I / we shall ensure proper guidance and support to all the schools registered by me as per the prevailing norms. This includes getting the Online Registration of students, Coordination for exams, CIO Fee deposit in designated Bank account among others.
- ✓ I / we shall encourage and assist the schools to make all financial transactions through Bank as Online transfer OR through crossed Cheque / Demand draft as advise by Proactive Career Education.
- ✓ I / we shall not collect any money / CIO fees in Cash from any school or any student directly. Under specific circumstance, if any school offers CIO Fees in Cash, I shall inform the H.O. before accepting such money and ensure that any such amount collected is deposited with Proactive H.O. directly or in the designated bank account of Proactive Career Education within 24 hours maximum.
- ✓ In case I / we fail to deposit any Cash collected within stipulated time, Proactive reserves the right to take action against me / us including but not limited to legal one.
- ✓ I / we shall strive to get maximum enrolments.

Signature of the Applicant: _____

Place: _____ **Date:** _____

Witness Name & Address: _____ TM

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Signature of Witness: _____