



FACILITATOR ENROLLMENT FORM

Note: This form is to be completed by the coordinator and facilitator. Upon completion by the facilitator, the form should be sent to FFE's Bengaluru Office (Foundation For Excellence India Trust, No. 840, MHT House, 1st Floor, 5th Main, Indiranagar 1st Stage, Bengaluru 560 038. Tel. 080 2520 1925). Upon approval, an identification number will be assigned and the coordinator and facilitator will be advised of the ID #. This number must be used in all correspondence with the Foundation.

Coordinator's Introduction and Recommendation

I would like to introduce _____ to the Foundation.

I have known him/her for the past _____ years(s) as _____.

I have briefed him/her on the mission of the Foundation, its objectives, policies, activities, and expected roles and responsibilities of a coordinator and facilitator.

I recommend _____ for enrollment as a facilitator.

The facilitator's particulars are given below.

Coordinator's Name: _____ I.D. # _____ Signature: _____ Date: _____

Facilitator's Particulars

Name (in capitals): _____ Birth Date: _____

Address in India: _____

_____ City: _____ State: _____ Pin Code: _____

Tel. No (Home): _____ (Mobile): _____ (Work) _____ E-mail: _____

Academic Background (Educational Qualifications): _____

Higher Secondary School/Pre-university/Intermediate College attended in India (name, city and state): _____

Degree College(s) attended in India (name, city and state): _____

Professional Background/Work Experience: _____

If employed, employer name, city and state: _____

Community/Volunteer activities: _____

Connections with educational institution in India: _____

Connections with charitable trust/organization in India: _____

6. Are you familiar with the educational system in your home state(s)? If yes, provide details: _____

I have familiarized myself with the mission of the Foundation for Excellence, its objectives, policies and activities and my expected role and responsibilities as a Facilitator.

I understand that I cannot recommend any of my relatives for assistance by the Foundation either by myself or through any other facilitator. I volunteer my services as a Facilitator to the Foundation and do not expect any reimbursement from the student or FFE.

Signature: _____ Date: _____

FFE Approval: Signature: _____ Name/Title _____ Date: _____ ID No.: _____