

DR. B.R. AMBEDKAR INSTITUTE OF COMPUTER SCIENCES

(Run by Kalpana Early Sence Foundation, A National Program of Information Technology Education & Development, An Autonomous Institution Registered Under Ministry of Corporate Affairs, Govt. Of India)

Email: drbraics@gmail.com

Website: www.dbraics.org.in

Mob: +91 9679044495

COORDINATOR AGREEMENT LETTER

For Office Use Only

Date:

To,
Name:
Full Address: -
Vill: -
Po: -
P.S.: -
DIST.: -,
State:
Pin: -
Mobile No: -
Email: -

SELF
ATTESTED
ON THE
PHOTO

Subject: Appointment as Regional Coordinator for DR. B.R. AMBEDKAR INSTITUTE OF COMPUTER SCIENCES

Dear Sir/Madam,

With reference to your interest and proposal to join hands with DR. B.R. AMBEDKAR INSTITUTE OF COMPUTER SCIENCES (Run by Kalpana Early Sence Foundation), we are pleased to appoint you as a Regional Coordinator for the purpose of opening and maintaining Franchise Centres under our authorized brand name in your assigned region.

This letter of agreement outlines your roles, responsibilities, limitations, and the terms under which you will operate as a Coordinator.

Roles and Responsibilities:

- You are authorized to promote and establish authorized Franchise Centres under the brand DR. B.R. AMBEDKAR INSTITUTE OF COMPUTER SCIENCES in your assigned territory.
- You will ensure proper guidance, training, and coordination for the smooth functioning of all centres under your supervision.
- You will act as a bridge between the Franchise Centres and the Head Office, ensuring communication, updates, and support reach all centres promptly.
- You will assist Franchise Centres with:
 - Admission process
 - Student support and counselling
 - Technical access (like online login panel, registration issues)
 - Academic coordination
- You must submit regular reports and updates to the Head Office.

Coordinator Signature

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- Each District Coordinator is expected to open a minimum of five (5) centres per year within their assigned district until the district is fully covered.
- The minimum distance between any two centres under the same district must be at least 10 kilometres to ensure optimal reach and avoid area conflict.
- Once a district is fully covered, the coordinator may be offered the opportunity to expand into another district, based on performance and approval from the Head Office.
- The coordinator shall be fully responsible for maintaining the operational quality and smooth functioning of all centres established under their name.

Strict Prohibitions and Limitations:

- You are strictly prohibited from:
 - Misusing the brand name, logo, login panel, or any digital credentials
 - Collecting any unauthorized amount from Franchise Centres or students
 - Making false promises or misleading communications on behalf of the institution
 - Opening or running any unauthorized centre in our name
- All materials provided to you (login, certificates, banners, etc.) remain the property of the Institute and are not to be replicated or used for any personal or third-party benefit.

Confidentiality and Ethical Conduct:

- You are expected to maintain complete confidentiality of all login credentials, student data, and institute documents shared with you.
- Any action that causes damage to the brand reputation or creates conflict or negativity among Franchise Centres will lead to immediate termination of your coordination rights.
- You are to act professionally, ethically, and responsibly in all your duties.

Violation and Cancellation Clause:

- If you are found violating any of the above terms or misusing your responsibilities, your appointment will be immediately terminated without prior notice, and legal action may be initiated.
- You are liable to return any document or item belonging to the Institute upon termination of this agreement.

Declaration (To be Signed by Coordinator):

I, the undersigned, do hereby declare that I have read, understood, and agreed to all the terms and conditions mentioned in this agreement. I will abide by the rules and maintain the trust and responsibility bestowed upon me by the Institute. I accept that any violation may lead to termination and legal consequences.

Coordinator's Full Name: _____

Signature of Coordinator: _____

Mobile Number: _____

Email ID: _____

Date: _____

Coordinator Signature

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Warm regards,
For DR. B.R. AMBEDKAR INSTITUTE OF COMPUTER SCIENCES
(Run by Kalpana Early Sence Foundation)

CHAIRMAN

**DR. B.R. AMBEDKAR INSTITUTE
OF COMPUTER SCIENCES**
AT. KUNOR, KALIYAGANJ, U/D. WB-733129

Authorized Signatory
Name: Biswajit Roy
Designation: Director
Mobile: 9679044495

1. Appointment Purpose

This Agreement certifies the appointment of the undersigned individual as a **Centre Coordinator** for a Franchise Centre under the brand **Dr. B.R. Ambedkar Institute of Computer Sciences**. The coordinator shall act on behalf of the Institute to oversee, manage, and support the operations of the said Franchise Centre.

2. Roles and Responsibilities

The coordinator agrees to undertake the following responsibilities with complete dedication and professionalism:

- To **establish, manage, and maintain** the assigned Franchise Centre.
- To assist and guide students during the **admission process** and academic journey.
- To provide **technical support** to Franchise Centres, including:
 - Solving online panel login issues.
 - Addressing franchise concerns in a timely manner.
 - Communicating official updates properly.
- To promote the Institute's courses and policies **without misrepresentation**.
- To ensure **discipline and compliance** at the centre level.

3. Prohibited Activities

The coordinator must **strictly refrain** from:

- Misusing the **brand name, logo, or online login panel**.
- Sharing login access or institutional credentials with any unauthorized person.
- Creating conflict, miscommunication, or negative influence on any other Franchise Centre.
- Running unauthorized courses or collecting hidden fees from students.

Any violation of the above shall be treated as **serious misconduct**, leading to immediate termination of this coordination role.

4. Terms of Agreement

- This Agreement is **one-sided**, issued by the Institute.
- The coordinator acknowledges, accepts, and agrees to the terms by signing this letter.
- This Agreement remains valid until further notice from the Institute.
- The Institute reserves the right to **terminate** this coordination role without prior notice if any misconduct, negligence, or misuse is found.

Coordinator Signature

DR. B.R. AMBEDKAR INSTITUTE OF COMPUTER SCIENCES

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5. Declaration by the Coordinator

I, the undersigned, declare that I have read and fully understood the responsibilities and code of conduct outlined above. I **accept this role** as a Coordinator and promise to abide by the rules and regulations of the Institute. I shall always work for the growth of the Institute and shall never misuse the brand or platform in any way.

Coordinator's Details and Signature

- Name: _____
- Centre Name / Franchise Code: _____
- Mobile Number: _____
- Email ID: _____
- Signature: _____
- Date: _____

For Office Use Only

Approved By:

Dr. B.R. Ambedkar Institute of Computer Sciences
(Run by Kalpana Early Sence Foundation)
(Address: Kunor, Kaliyaganj, Uttar Dinajpur, WB-733129)


CHAIRMAN

**DR. B.R. AMBEDKAR INSTITUTE
OF COMPUTER SCIENCES**

AT. KUNOR, KALIYAGANJ, U/D, WB-733129

(Signature with Seal)



ESTD. 2024

Coordinator Signature