Kushal Youth Program (KYP)

MCI EDUCATIONAL GROUP

RUN UNDER CHANDRASHEKHAR & NARAYAN EDUCATIONAL TRUST

MCI CAMPUS: Vandana Cinema Road, Opp. Hotel Gulmarg, Quamruddin Ganj, Bihar Sharif, Nalanda - 803101

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CHANDRASHEKHAR & NARAYAN
EDUCATIONAL TRUST
AUTHORISED TRUST SEAL

CLIENT INFORMATION AND SERVICE AGREEMENT

Agreement No.: _____ Date: ___/___/_____	Place: _____
Client/Applicant Name: _____	Father/Spouse Name: _____
Firm/Institution Name: _____	Use: Personal [ ] Commercial [ ] Institutional [ ]
Mobile: _____ Email: _____	ID Type: _____ Last 4 digits: _____
Residential Address: _____	
Business/Work Address: _____	
PAN/GST/Registration (if applicable): _____	Website/Domain/User ID: _____
Product/Service/Approved Scope: _____	
Total Fee: Rs._____ Advance: Rs._____ Balance: Rs._____	Delivery/Duration: _____

Service: CIT, CLS, CSS, AI/Digital and employability training. These terms, the accepted quotation/scope sheet and payment receipts together form this Agreement.

TERMS AND CONSENT

1. Trainees shall comply with eligibility, attendance, practice, assessment and discipline requirements.
2. Certification/grades are issued only after successful completion of prescribed modules and assessments.
3. The program develops skills but does not guarantee employment, salary or appointment.
4. False documents or unlawful use of digital skills shall be the trainee's responsibility.
5. Both parties shall use confidential and personal data only for this Agreement and apply reasonable access, retention and disposal safeguards.
6. Disputes shall first be addressed through written mutual resolution; otherwise competent courts at Bihar Sharif, Nalanda shall have jurisdiction.

DECLARATION: I confirm that the information above is correct and that the scope, fees, limitations, responsibilities and prohibited uses have been explained to me. I accept responsibility for lawful use, supplied content, required user/employee consent and regulatory compliance.

CLIENT / GUARDIAN / AUTHORISED PERSON	AUTHORISED REPRESENTATIVE - Kushal Youth Program (KYP)
Signature: _____	Signature: _____
Name: _____	Name: _____
Date: _____ Client Seal: _____	Date: _____ Institution Seal: _____