



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: **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 Information

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.: _____