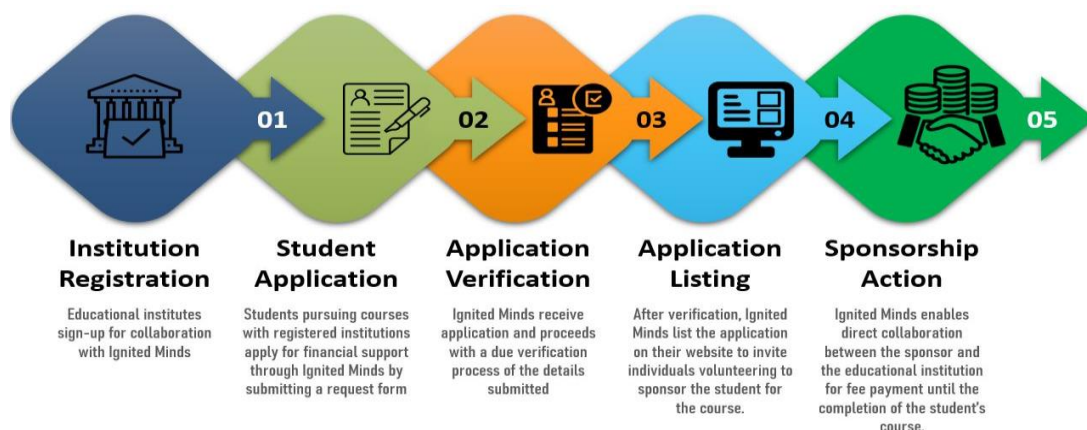


INSTITUTION REGISTRATION FORM

This form is for registering educational institutions with our organization Ignited Minds to work in collaboration for our common objective of helping underprivileged children complete their education and make them capable to get employment. By registering with our organization, we will be able to help underprivileged children coming through your institutions. The following is how the collaboration works:



EDUCATIONAL INSTITUTION INFORMATION

Registered Name of Institution

Registered Address of Institution

Bank Name

Bank Branch & Address

Bank Account Name

Bank IFSC Code

Bank Account Number

I Mr./Ms. _____ working as _____ (designation of the decision-making representative) at _____ (name of institute) has agreed to collaborate with nonprofit organization Ignited Minds to help find underprivileged students through our institution and arrange help for them through the organization Ignited Minds.

Signature of Representative

Stamp of Educational Institution

Date