

NATIONAL COMPUTER LITERACY & DEVELOPMENT

For Head Office Use Only Application Form											
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Form Receiving Date	ASC	Code	Authoriood	oignotom/							
			Authorised								
Total Franchisee Fees	d	Rema	arks								
Receipt/Cheque/Draft No	D	ate									
1. Information About The Indtitution.											
Name & Postal Address of the Institution (Use Block Letters Only):											
			Pin								
Phone / Fax / Mobile No. :											
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E-mail Address :											
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Ctatus of the Institution . Trust	Dond Cosists	Othor	r of Cotablishes and								
Status of the Institution : Trust	Regd. Society	Other Year	r of Establishment								
2. Information About The Ch	ief Executive/ Pri	nciple/ Director o	f the Institute.								
Name :											
Designation/Position held :				hotograph of the ad of the Institute/							
Education Qualifications :				Chief Executive/ Principal/							
Professional Experience :		Director									
Date of Birth :											
Postal Address (Home) :											
			Pin								
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Seal			Signature Hea	d of the Institute							

3- Information About The Institution.

Facilities Available :

PARTICULARS	NO. OF ROOMS	SEATING CAPACITY	TOTAL AREA (SQ. FT.)
Staff Rooms			
Class Rooms			
Laboratories			
Reception			
Toilets			
Any Other			

4- Details of Laboratory Facilities Available. (if necessary additional sheets may be used)

Computer Facilities

SI. No.	Computer with Type	No. of Terminals Available	Year of Purchase	Cost	Software Facilities	Other Attaching

5- Information About Faculty (as on date of proposal) Name Designation SI. Qualify Teaching Date of **Status** Full Time/ No. cation Experience **Appointment Part Time** 6- Library Facilities: No. of Text / Subject Books No. of Reference Books No. of Periodicals No. of Journals No. of CD's No. Cost Invested on Library Other (Specify) ____ Centre's Address (In English): Residential Address (In English):Pin Code.....Pin Code..... Phone/Mobile..... Phone/Mobile..... The above information given by me are find correct & sign under by me.

SIGNATURE HEAD OF THE INSTITUTE

SEAL OF INSTITUTE

NATIONAL COMPUTER LITERACY & DEVELOPMENT

Form to be filled by study centre data sheet for website

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1.	Study Centre Name										
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2.	Centre's Director Name										
3.	Location										
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4	City										
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5.	District										
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6.	State										
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7.	Phone (O)										
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	Mobile										
	Fax										
8.	E-mail										
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I here by declare that the above furnished details are best to my knowledge.

SEAL OF INSTITUTE

SIGNATURE HEAD OF THE INSTITUTE