



# RASHTRIYA COMPUTER SAKSHARTA MISSION

## Application Form

For Head Office Use Only

Form Receiving Date

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ASC Code

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Authorized signatory

Total Franchisee Fees.....Amount Received.....

Receipt/Cheque/Draft No.....Date.....

Remarks

### 1. Information about the Institution

Name & Postal Address of the Institution (Use Block Letters Only):


Pin

Phone / Fax / Mobile No.:


E-mail Address:

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Status of the Institution: Trust  Regd. Society  Other  Year of Establishment

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### 2. Information about the Chief Executive / Principle / Director of the Institute

Name: 

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Designation/Position held: 

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Education Qualifications: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Professional Experience: 

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Date of Birth: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal Address (Home):

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Photograph of the head of the Institute/  
Chief Executive/  
Principal/  
Director

### 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

Sl. 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)

Sl. No.	Name	Designation	Qualification	Teaching Experience	Date of Appointment	Status Full Time/ 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) :**

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.....Pin Code.....

.....Pin Code.....

Phone/Mobile.....

Phone/Mobile.....

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Form to be filled by study centre data sheet for website

1. Study Centre Name	<input type="text"/>
2. Centre's Director Name	<input type="text"/>
3. Location	<input type="text"/>
4. City	<input type="text"/>
5. District	<input type="text"/>
6. State	<input type="text"/>
7. Phone (O)	<input type="text"/>
Phone (R)	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
8. E-mail	<input type="text"/>

I hereby declare that the above furnished details are best to my knowledge.

SEAL OF INSTITUTE

SIGNATURE HEAD OF THE INSTITUTE