



Computer & Skill Development Centre

UK Accredited An ISO 9001: 2015 Certified
Autonomous Body | A National Skill Development Programme of
Information Technology Education & Development.

APPLICATION FORM FOR AFFILIATION

FORM RECEIVING DATE: CENTER CODE :.....
TOTAL FRANCHISEE FEES: AMOUNT RECEIVED:
RECEIVED/CHEQE/DRAFT NO:..... DATE:.....
AUTHORISED SIGNATURE:..... REMARKS:.....

FOR HEAD OFFICE USE ONLY:

1. Name of the centre: _____

2. Contact Details of the training Centre:

Postal Address:

Pin code:

Phone Number:

Email ID:

3. Year of Establishment:

4. Provide the Contact Details of the Management Team Member, Operation Head(S), And Affiliation Coordinator(S) For the Training Centre.

| NAME | CONTACT ADDRESS | CONTACT NUMBER | EMAIL-ID |
|------|-----------------|----------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

5. Details of the Teaching Staff Pertaining To the Qualifications Packs:

| SL. NO. | NAME | DEGREE | DIPLOMA | TRAINING CERTIFICATE | EXPERIENCE(YRS) | REGULAR/VISITING |
|---------|------|--------|---------|----------------------|-----------------|------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

6. Availability of Equipment/Document

| Counts | Requirements | status |
|--------|--|--------|
| | Hardware | |
| 1. | Working Computer System | |
| 2. | Working Printer | |
| 3. | Dummy parts of computer (HD, Motherboard, RAM, Processor etc.) | |
| 4. | Dummy parts of laptop (HD, Motherboard, RAM, Processor etc.) | |
| 5. | CD/DVD ROM DRIVE. | |
| 6. | PC/LAPTOP Toolkits | |
| 7. | LAN Card | |
| 8. | STP/UTP Cable | |
| 9. | RJ 45 Connectors | |
| 10. | Networks Device | |
| 11. | External Storage (for data backup) | |
| 12. | Projector, microphone etc. | |
| | | |
| 1. | Windows 7/vista/xp | |
| | | |
| 1. | | |
| 2. | TALLY | |
| 3. | Internet Connection | |
| 4. | Network Connection | |
| 5. | Anti-Virus | |
| 6. | Adobe | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

7. Infrastructure Facility.

| Particulars | No of Room | Seating Capacity | Total Area (Sq.Ft.) |
|---------------|------------|------------------|---------------------|
| Stuff Room | | | |
| Class Room | | | |
| Laboratory | | | |
| Reception | | | |
| Toilet | | | |
| Dirking Water | | | |
| Any Others | | | |

8. Library Facility.

| | |
|-----------------------------|--|
| No of text / subject book | |
| No of reference book book 1 | |
| Others Others | |
| 2. | |
| 3. | |
| 4. | |

9. Other's

(Specify).....

10. Centre Address:

Residential Address:

.....

.....

Pin No.....

Pin No.....

Contact Number:

Contact Number:

The Above Information Given By Me Are Find Correct & Sign Under By Me.

 SEAL OF THE INSTITUTE

 SIGNATURE HEAD OF THE INSTITUTE