## TERNATIONAL COMPUTER SHAKSHARTA MISSION Website: www.icsminternational.com. E-mail icsm02018@gmail.com APPLICATION FORM FOR AFFILATION - For Head Office Use Only -ASC Code Form Receiving Date Authorised Signatory Remarks Total Franchisee Fees ......Amount Received..... 1. Information About The Institution Name & Postal Address of the Institution (Use Block Letters only): PNPhone / Fax / Mobile No. : E-mail Address: Status of the Institution: Trust Regd. Society Year of Establishment Other 2. Information about the Chief Executive/ Principal/ Director of the Institute. Name: Designation/Position held: Photograph of the head of the Institute/ **Education Qualifications:** Chief Executive/ Principal/ Professional Experience: Director

Designation/Position held:

Education Qualifications:

Professional Experience:

Date of Birth:

Postal Address (Home):

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

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

Signature Head of the Institute

Seal

### 3-Infrastructure Facility:

#### 3.1 Facilities Available:

PARTICULARS	NO.OFROOMS	SEATING CAPACITY	TOTALAREA (SQFT.)
Staff Room			
Class Room			
Laboratory			
Reception			
Toilets			
AnyOther			

### 4-Details of Laboratory Facilities available.

(If necessary additional sheets may be used)

#### 4.1- COMPUTER FACILITIES

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

# 5-Information about Faculty (As on date of proposal) SI. Qualification Teaching Date of **Status** Name Designation Full Time/ Experience | Appointment | No. **Part Time** 6- Library Facilities: No. of Text / Subject Books Na of Reference Books No of Periodicals No. of Journals No. of CD's Total cost invested on library Other (Specify) Centre's Address (In Hindi): Residential Address (In Hindi): .....Pin Code..... .....Pin Code..... Phone/Mobile..... Phone/Mobile.... The above information given by me are find correct & sign under by me.

**SEAL OF THE INSTITUTE** 

SIGNATURE HEAD OF THE INSTITUTE

# INTERNATIONAL COMPUTER SHAKSHARTA MISSION

Form to be filled by study centre data sheet for website		
1.	Study Centre Name	
2.	Centre's Director Name	
3.	Location	
4.	City	
5.	District	
6.	State	
7.	Phone (O)	
	Phone (R)	
	Mobile	
	Fax	
8.	E-mail :	
	I here by declare that the	e above furnished details are best to my knowledge.
		Signature

**Centre Director**