

CADD HOME

GLOBAL EDUCATION

CADD HOME COMPUTER CENTRE

AN ISO 9001 : 2008 CERTIFIED INSTITUTE

74, Ansari Marg, Near Kalika Mandir,

Dehradun-248001 (UK) India Ph.: 0135-2659248

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AUTHORISED TRAINING CENTRE APPLICATION FORM

C O N F I D E N T I A L

Affix recent
Passport sized
coloured
photograph

Applicant's Name _____ Date of Birth _____

Application made for: Name of the Institute _____

H.No. _____ Street/Road _____ Land Mark (If any) _____

Village _____ Tehsil _____ District _____ PIN _____

State _____ Country _____ Tel.No. _____ Mobile No. _____

E-mail ID _____ Website URL _____

Society's name & Full Address _____

(Attach Bylaws & Resolution)

Residential Address: H.No. _____ Street/Road _____ Land Mark (If any) _____

Village _____ Tehsil _____ District _____ PIN _____

State _____ Country _____ Tel.No. _____ Mobile No. _____

(Attach being residential proof the Photostat copy either of Electricity Bill/Driving License/Voter's ID/Telephone Bill/PAN Card/Passport/Ration Card)

INFRASTRUCTURE DETAILS:

Details of Present Facilities Available in the Centre (Use separate sheets for details, if required)

Constitution (Enclose key officers list with name, address & Tel. Nos.) _____ Society/Trust/ Ownerships/Partnership/others (Specify) _____

Registration No. (Enclose Photocopy) _____

Website & Email ID _____ Website _____ Email ID _____

No. of branch with full address _____

& Telephone No. _____

Date of Establishment _____

Present Affiliation with _____

No. of Students for previous 3 years _____ Year _____ Year _____ Year _____

Building Area sq. ft. (Enclose Map) _____

Whether owned or on rental basis _____

No. of class Rooms with size in sq.ft. _____

FACILITIES: (Yes/No) No. of computers _____

Configuration of each computer _____

Library _____
 No. of Computer labs _____
 Games Ground _____
 Toilets _____
 Others _____

OWNER'S DETAILS:

Full Name _____
 Father's Full Name _____
 Spouse/Husband's Name _____
 Date of Birth _____
 Present Postal Address _____
 Permanent Address _____
 Telephone No. Office _____ Residence _____
 Mobile No. _____
 Website & Email ID Website: _____ Email ID: _____

QUALIFICATIONS:

Name of University/Board	Degree/Diploma	Year of Passing	Percentage of Marks	Rank

EXPERIENCE:

Name of Employer	Designation	Tenure of Service		Salary Drawn
		From	To	

Describe in brief your purpose to take franchise _____

Reference _____ Signature _____

Bank Draft No. _____ Dated _____ Issued by (Bank) _____

Amount (Rs.) _____ (In words) _____

I/We hereby DECLARE that the information furnished above are TRUE & CORRECT to the best of my knowledge and belief and nothing is UNTRUE or CONCEALED.

Place _____ Signature _____