

Configuration of each computer

CADD HOME COMPUTER CENTRE

AN ISO 9001: 2008 CERTIFIED INSTITUTE

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AUTHORISED TRAINING CENTRE APPLICATION FORM CONFIDENTIAL Affix recent Passport sized _____Date of Birth _____ Applicant's Name ___ coloured photograph Application made for: Name of the Institute _____ _ Street/Road ___ Land Mark (If any) _____ Tehsil _____ District _____ PIN _____ State _____ Country____ Tel.No. ____ Mobile No. ____ _____Website URL_____ E-mail ID___ Society's name & Full Address____ (Attach Bylaws & Resolution) Residential Address: H.No.______ Street/Road _____Land Mark (If any)______ _____District ___ ____ Tehsil ___ 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) Society/Trust/ Ownerships/Partnership/others (Specify)____ Constitution (Enclose key officers list with name, address & Tel. Nos.) Registration No. (Enclose Photocopy) Website & Email ID _____Email ID _____ Website No. of branch with full address & Telephone No. Date of Establishment Present Affiliation with ____ Year_____Year____ No. of Students for previous 3 years 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

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