



AN ISO 9001:2008 CERTIFIED COMPANY

DATA SHEET

- 1. Name of the Institute :
- 2. Address :
- 3. Phone Number :
- 4. E-mail ID :
- 5. URL :
- 6. Name of the Authorised Person :
- 7. Educational Qualification :
- 8. Educational Qualification :

Details:

S.No.	Qualification	Year of Passing	Name of the Institution
1			
2			
3			

- 9. Work Experience:

Details:

S.No.	Duration	Name of the Organisation	Designation
1			
2			
3			

- 10. Your Professional Background includes:

(Tick one applicable)

- 1. Marketing and Sales : Yes / No
- 2. Software Training : Yes / No
- 3. Teaching : Yes / No
- 4. Profit Center Management : Yes / No
- 5. Use of Computers : Yes / No
- 6. Small business Administration : Yes / No

If already running a center

- 1. Name :
- 2. Place :
- 3. District :
- 4. State :
- 5. Date of Establishment :
- 6. Address of the Institute :

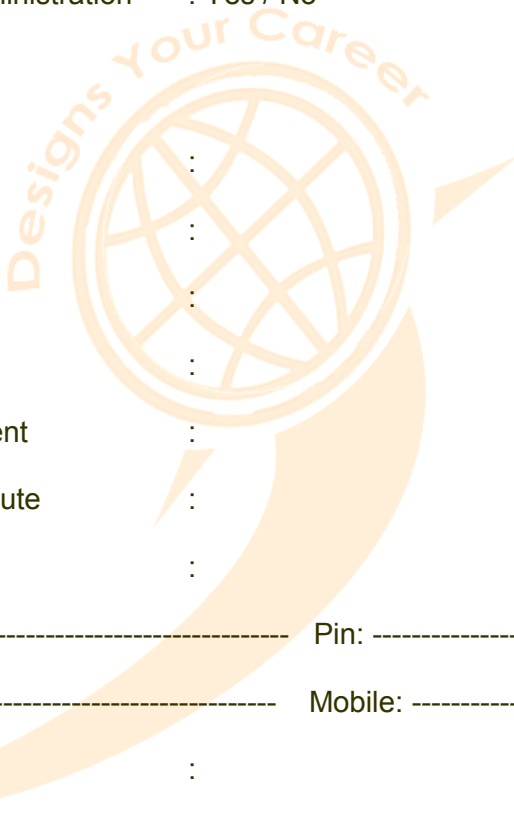
Dist: ----- Pin: -----

Phone: ----- Mobile: -----

- 7. E-Mail :

- 8. Existing Courses : -----

- 9. Affiliations (If any) :1. -----
2. -----
3. -----



10. Software and Hardware :

a) Details of available Hardware

b) Details of available Software

11. Faculty Particulars :

<u>Faculty</u>	<u>Qualification</u>	<u>Designation</u>	<u>Experience</u>	<u>Fulltime/ Part time</u>
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1.

2.

3.

4.

5.

12. Existing No. of Students :

13. Center Details:

1. Prospective city / Town :

2. Proposed Location :

3. Available area in SFT :

4. If the proposed center would be on proprietor or on partnership basis or a private limited firm.

If partnership, Name of Partners

1.

2.

3.

(Attach copy of Partnership deed)

Estimated targets annually.

<u>Year</u>	<u>No. of students</u>
1 st Year	:
2 nd Year	:
3 rd Year	:

How soon can you start :

Registration fee Details :

1. Amount : _____

2. D.D / Cash (Details) : _____

3. Drawee Bank : _____

DECLARATION

I ----- S/O ----- responsible office
Bearer of ----- here by declare that I have gone through the
HRDS scheme and have understood the provisions of **HRDS** study center and I agree to abide
By them.

Place :

Signature:

Date :

Name :

Designation:

TOTAL FRANCHISEE AMOUNT: _____

PAYMENT MODES: _____