RAJEEV GANDHI COMPUTER SAKSHARTA MISSION®

RECTS RGCSM

Head Office : "Rajrani Tower" H-1-6, IT Park, I.P. Industrial Area, Road No.-4, Jhalawar Road,
Kota-324005 (Raj.) Ph.: 0744-2410299, 2410399
Registered Office : New Delhi (India) Mob.: 09310030299, 09313228428
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APPLICATION FORM FOR AFFILIATION

For Head Office Use Only

Form Receiving Date

ASC Code

Authorised Signatory

Remarks

Total Franchisee Fees ....Amount Received...........................

Receipt/Cheque/Draft No... Date ....

1. Information About The Institution

Name & Postal Address of the Institution (Use Block Letters only) :

PIN

Phone / Fax / Mobile No. :

E-mail Address :

Status of the Institution : Trust ☐ Regd. Society ☐ Other ☐ Year of Establishment

2. Information about the Chief Executive/ Principal/ Director of the Institute.

Name :

Designation/Position held :

Education Qualifications :

Professional Experience :

Date of Birth :   Aadhar No. :

PAN :

Postal Address (Home) :

PIN

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

_____
Seal

_____
Signature Head of the Institute

3-Infrastructure Facility :

3.1 Facilities Available:

PARTICULARS	NO. OF ROOMS	SEATING CAPACITY	TOTAL AREA (SQ. FT.)
Staff Room			
Class Room			
Laboratory			
Reception			
Toilets			
Any Other			

4-Details of Laboratory Facilities available.

(If necessary additional sheets may be used)

4.1- COMPUTER FACILITIES

Sl. 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)

Sl. No.	Name	Designation	Qualification	Teaching Experience	Date of Appointment	Status Full Time/ Part Time

6- Library Facilities :

No. of Text / Subject Books	
No. 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) :

....

....

...............................Pin Code...........................

Phone/Mobile..

Residential Address (In Hindi) :

....

....

...............................Pin Code...........................

Phone/Mobile..

The above information given by is true to best my knowledge & believe.

SEAL OF THE INSTITUTE   **SIGNATURE HEAD OF THE INSTITUTE**

Rajeev Gandhi Computer Saksharta 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. **Pin Code**

7. **State**

8. **Phone (O)**

   Phone (R)

   Mobile

   Fax

9. **E-mail :**

I here by declare that the above information given by is true to best my knowledge & believe.

Signature

Centre Director