## FRANCHISEE APPLICATION FORM



## YOUTH SUCCESS COMPUTER SHAKSHARTA MISSION (YSCSM)

**SILIGURI, DARJEELING -734012** 

## **IMPORTANT NOTE:**

- (i) Kindly ensure that your institution fulfills all the requirements as stated in the norms for becoming Franchisee/study centre as per the program(s) selected.
- (ii) Kindly provide all the details/documents as stated in the application form and norms for becoming Franchisee/study centre.
- (iii) Kindly put your signature and seal of your institution on each page of the application form and documents enclosed.

[Fill in Capital Letters and Black Ball Pen]

4. Details of Proposed Franchisee Centre:

Name of the Institution

(i)

1. Connectivity Details	nnectivity Detail	ls:
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(i)	Nearest Airport:								
(ii)	Nearest Railway Station:								
(iii)	Nearest Bus Stand / Stop:								
(iv)	Distance from Airport:								
(v)	Distance from Railway station:								
(vi)	Distance from Nearest National / State highway:								
	icant Name (Fill in Capital):  anent address of the Applicant:								
•••••	•••••••••••••	• • • • • • • •	••••	• • • • • •	••••	• • • • • •	• • • • •	• • • • •	•
•••••					•••••				•
•••••		Pl	IN						

<ul><li>(ii) Type of Institution</li><li>✓ (Tick on appropriate option)</li></ul>	Proprietor Registration
	Partnership Firm Registration
Select the appropriate option. Kindly enclose the	Trust Registration
entire necessary document. Kindly enclose attested Deeds, Memorandum and Rules / Regulations (as	Society Registration
applicable)	Company Registration
	Others
(iii) Registration Number of the Institution with Date	
(iv) Postal address of the Institution	
(v) Phone Number with STD Code	
(vi) Mobile Number	
(vii) E-Mail Address	
(viii) Website details if available	
	Enclosed
(ix) Address proof of the Institute (Lease Deed/Rent Agreement/Sale deed/Rental	Eliciosed
agreement/Ownership Document)	Not Enclosed
5. Name of the Centre Director (Fill in Capital)	·
S. Name of the Centre Director (Till in Capital)	
6. Permanent address of the Centre Director:	
	. PIN
7. Personal details of the Centre Director:	
(i) Education Details	
(ii) Mobile Number	

(iii) E-	Mail ID								
(iv) Ex	perience	Details							
(v) Co	mputer I	Knowledge details							
8. Infra	structur	e Details:							
					Metro				
<ul><li>(i) Location of Proposed Institution Area</li><li>✓ (Kindly tick whichever is applicable)</li></ul>					District HQ				
					Town				
				=	Others				
(**)	TI D	1111 C.1 C. 4			Own self				
<ul><li>(ii) The Building of the Centre is</li><li>✓ (Kindly tick whichever is applicable)</li></ul>				•	Rented				
✓ (Kind	ny nck w	menever is applica	bie)	•	Others				
(iii)	Total C	Carpet area of Franc	chisee Centre (in Sq.	. ft):					
(iv)	Total a	rea of Franchisee C	Centre (in Sq. ft):						
(v)		f Flooring of the F	<del>-</del>						
9. Instit	ution Fo	cilities Available:		u.					
						1			
Sl. No.		pe of Facility	No. of Rooms	Area	a (in Sq. ft)	<b>Seating Capacity</b>			
(i)	Class I								
(ii)		iter Lab Room							
(iii)		elling Room							
(iv)		g Room							
(v)	Toilet(	Yes/No)	For Male		For Fem	ale			
10. Hard	ware Av	ailable:							
Sl. No	) <b>.</b>	Tyı	oe of Facility			Count			
(i)		Number of Comp							
(ii)		Number of Lapton							
(iii)		Number of Printer							
(iv)		Number of Scann	er						
(v)		Number of UPS							
(vi) Any others Hardware Details									
11. Type	of Inter	net Facility							
				1					
Leased Line		Broad Band	Dialup	] O1	ther				
	ls of Sof	tware Available:							
12 Detai		evale invaliance.							
		1				1			
12. Detai		_	er / Package / Progr			VERSION			
		_	er / Package / Progr Application Develo			VERSION			
		_	9			VERSION			

Sl. No	).	Cat	egory			cou	ınt
(i)	Ref	erence Books	<u> </u>				
(ii)	Tex	t / Subject Books					
(iii)	Peri	odicals Subscribe	ed				
(iv)	Jour	rnals Subscribed					
(v)	Nev	vspapers Subscrib	oed				
(vi)	Cou	rse CDs					
(vii)	Cou	rse Audio / Vide	o Cass	ettes			
(viii)	Boo	ks other than IT	Course	Books			
	pment's Avail No.		quipm	nent		Cou	ınt
(i)		Generator	1 1				
(ii)	LCD Projector						
(iii)	OHP						
(iv)		Fax					
(v)		Photocopier					
Sl. No	Nan	ne	Des	signation	Qualifi	ication	Teaching Experience (in Year)
		a, Self-Attested pl			-		
		y Other – Yes /					
If Answer	is Yes then K	indly gives the f	ollowi	ng details:			
SL. NO	Name of the Organization			Recog	nized As	Progra	m Undertaker

## **DECLARATION**

- (i) I /We certify that all the information given above and in the preceding pages signed by me / us / is / are complete and correct.
- (ii) I / We declare that the institute will abide by all the rules and directions of Youth Success Computer Saksharta Mission (YSCSM)
- (iii) I / We declare that I / We am / are authorized to sign on behalf of my organization and that my directors and shareholders / members (Where relevant) are in total agreement of my / our application.
- (iv) In case of any information furnished by me / us is found wrong or incomplete, I/ We declare that the institute may be derecognized and is also open to any action as per law.
- (v) I/ We here by undertake that if it is ever found that the institution is not able to run as per the norms, rules and procedures laid down by Youth Success Computer Saksharta Mission shall be free to withdraw the study centre recognition.
- (vi) I / We understand that the approval of my / our institution as Study Centre shall be done as per the norms of the Youth Success Computer Saksharta Mission.

Place:	
Date:	Applicant Signature, Name and Seal
Place:	
Date:	Centre Director Signature Name and Sea