



RURAL COMPUTER TRAINING ACADEMY

(Sharing Rural People Skills Development Programme with Govt. Of Karnataka)

PERSONAL FACT SHEET OF THE CENTER INCHARGE/ HEAD

1. Name : _____

2. Father's Name : _____

3. Date of Birth :
D D M M Y Y Y Y

4. Residential Address : _____

City : _____ Teh . _____

Distt : _____ State : _____

LandLine No (With STD Code) : _____ Mobile : _____

Email ID : _____

5. Permanent Address : _____

City : _____ Teh . _____

Distt : _____ State : _____ Country : _____

6. Nationality : _____ Marital Status : Married Unmarried

7. Academic Qualification :

S. No.	Standard	Stream	Board / University	Year of Passing	Percentage
1.					
2.					
3.					
4.					

8. Investment Capacity (in INR/ USD) : _____ Approx.

Photograph
of the
Incharge
of the
Institute

Documents Required

Kindly Attached the Following Documents along with the application form :

1. Copy of Address Proof (Telephone Bill/ Elec. Bill/ Licence of the Municipal Corporation) of the Institute.
2. Copy of Identity Proof (PAN Card/ Voter Card/ Driving Licence/ Passport/ Bank Pass Book/ Aadhaar Card).
3. Copy of Academic Qualifications.
4. One Passport Size Colored Photograph of Owner/ Proprietor/ Partners.
5. if Building on Rent/Lease then Latest Rent/Lease Agreement.
6. Clearly Shown Photographs of the Institute.

Signature & Seal

Franchise Fee shall be Paid through Cash/Bank Transfer/ DD in favour of Rural Computer Training Academy payable at Mangalore.



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INSTITUTE PHOTOGRAPHS

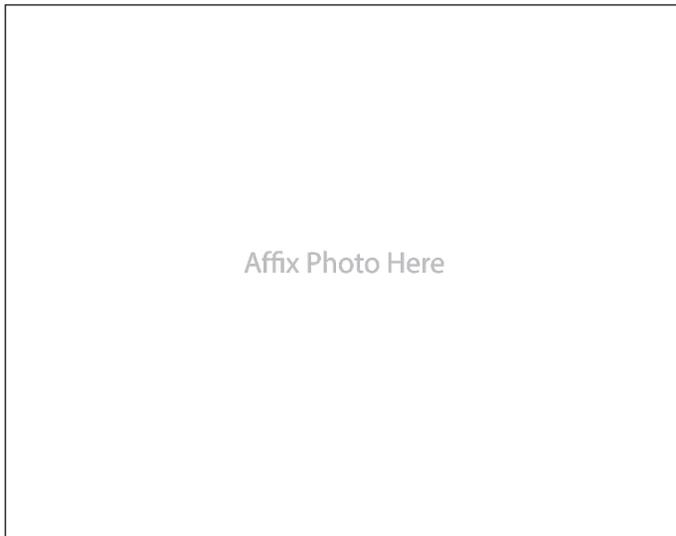
1. Paste Photograph of the Building (Front View)



2. Paste Photograph of the Reception/ Counselor's Room



3. Paste Photograph of Center Head Cabin



4. Paste Photograph of the Computer Lab



Signature & Seal



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1.

(Name & Designation)

Partner / Proprietor /Owner of _____

(Name & Address of the Institute)

Understood the RULES & REGULATIONS as of now & amended in future applicable to the Institute conducting RURAL COMPUTER & / or its collaborative Partners Courses explained in the Franchisee Proposal for Affiliation and agreed to abide by the same.

2.

I certify that I am the competent authority by virtue of the administrative and financial powers vested in me of the above mentioned Institute / Organization to furnish the above informations and to undertake the above stated commitment on behalf of my / our Institution.

3.

I am aware that in case my information given by me is false one misleading, RURAL COMPUTER may in its sole discretion take whatever actions or measures it deems necessary and appropriate and the Institute would be debarred form the Affiliation.

4.

I agree to abide by the rules & regulations and the decisions taken by the management of RURAL COMPUTER from time to time.

5.

I further understand that, I have to register each and every Trainees/Students studying at my/our Center at RURAL COMPUTER Head Office by paying the prescribed fee, failing which Rural Computer will have all the rights to take action.

6.

In case any dispute arising between RURAL COMPUTER & its Franchisee the Jurisdiction for all Legal purpose will be Mangalore, INDIA only.

Signature & Seal

Send All Duly Filled and Signed Documents to :



RURAL COMPUTER TRAINING ACADEMY

Administrative Office : Mangalore.

Mob. : 9740536637, 7892614050