

APPLICATION FOR FRANCHISE

Name of the Institute :

Name of the Director :

Date of Birth :

Qualification a) Academic :

b) Technical :

Year of Establishment :

Address for Communication :

:

Contact No Mobile :

Land Line:

EMAIL ID :

Total no. of Students in the Institute:

Faculty Name & Qualifications Faculty 1:

Faculty 2:

DECLARATION

I / We hereby declare that the information given in this application form is true to the best of my knowledge. In case ATC is allotted, I shall abide to the Rules and Regulations of **SLCE** which are in force and also to those altered in the course of time. I / We request you to kindly grant us license for conducting Computer course as applied.

Place:

Date:

SEAL

SIGNATURE

Passport
Size Photo
of Centre
Director