Impulse Computer Shaksharta Mission

JAS -ANZ accredited An ISO 9001: 2008 Certified
Autonomous Body | A National Programme of Information
Technology Education & Development.

S. No.

APPLICATION FORM FOR AFFILATION

1. Name of the Centre: _____
2. Contact Details of The Training Centre :
     Postal Address:
     Pin code:
     Phone Number:
     Email ID:
3. Year of Establishment : .

4. Provide the contact Details of the Management Team Member and Operation Head(s):

NAME	CONTACT ADDRESS	CONTACT NUMBER	Email-ID

5. Details of the Teaching Staff pertaining to the Qualification Packs:

Sl. No	NAME	DEGREE	DIPLOMA	TRAINING CERTIFICATE	EXPERIENCE (Yrs)	REGULAR/ VISITING

6. Availability of Equipment/Document

counts	Requirements	Status
	Hardware	
1	Working Computer System	
2	Working Printer	
3	Dummy parts of computer (HD, Motherboard, RAM, Processor etc.)	
4	Dummy parts of laptop (HD, Motherboard, RAM, Processor etc.)	
5	CD/DVD ROM DRIVE.	
6	PC/LAPTOP Toolkits	
7	LAN Card	
8	STP/UTP Cable	
9	RJ 45 Connectors	
10	Networks Device	
11	External Storage (for data backup)	
12	Projector, microphone etc.	
	Operating System	
1	Windows 7/vista/xp	
1	MS Office 2010/2007/2003	
2	TALLY	
3	Internet Connection	
4	Network Connection	
5	Anti-Virus	
6	Adobe	
7		
8		
9		
10		

7. Infrastructure Facility.

Particulars	No of Room	Seating Capacity	Total Area (Sq.Ft.)
Staff Room			
Class Room			
Laboratory			
Reception			
Toilet			
Dirking Water			
Any Others			

8. Library Facility.

No of text / subject book	
No of reference book	
Others book 1	
2.	
3.	
4.	

9.   Other's (Specify)..
....
....

10.   Centre Address: Residential Address:
....
....
....
....
Pin No..   Pin No..
Contact Number: Contact Number:

The Above Information given by me, are find correct & sign under by me.

_____   _____

SEAL OF THE INSTITUTE   SIGNATURE HEAD OF THE INSTITUTE

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Form to be filled by Study Center data sheet for the website

1. Study Center Name:

2. Centre Director Name:

3. Location:

4. City:

5. District:

6. State:

7. Phone (0):

8. Mobile:

9. Email ID:

I here by declare that the above furnished details are best to my knowledge

Signature Center Director