

SANJAY GANDHI COMPUTER SAKSHARTA MISSION

A National Programme of Information Technology Education & Development An Autonomous Institution Registered Under the Public Trust Act Govt. of India, N.C.T New Delhi.

An ISO 9001:2015 Certified Organization

Franchise Form for Affiliation

— For Head Office Use ——————————————————————————————————							
Form Receiving Date		Auth	oris	ed S	igna	tory	
Total Franchisee fees Amount Received			Re	mar	ks		
Receipt/Cheque/Draft No							
Information about the institution.							
Name & Postal address of the institution (Use Block Letters Only):	No.	1	•	1	1		_
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Phone /Fax / Mobile No. :		N.					
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		701					
-mail Address:							
Status of the Institutions: Trust Regd. Society Other Yea	ar of es	_ stabl	ishm	nent			
. Information about the Chief Executive /Principal/Director of th	e Insti	tutic	on.				
Name:		7					l
Designation/Position held:							
Educational Qualifications:							
Professional Experience:							I
Date of Birth:							
Postal Address:							
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3. Infrastructure Facility

Facilities Available:

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

(As on date of Proposal)

S.No	Name	Designation	Qualification	Teaching	Date of	Status
	1	37 ()		Experience	Appointment	Full/Time/
	-			No.		Part Time
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Centre's Address (in Hindi):	Centre's Address (in English):			
Pin Code	Pin Code			
Phone/Mobile	Phone/Mobile			

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