



CSCE EDU SKILLS
1218 BK STREET DEVERAJA
MOHALLA MYSURU-570001,
KARNATAKA INDIA.

Franchisee / Study Center
Application Form - 01

Name : _____ Father's name : _____

Gender : Male / Female : _____ Date of Birth : _____

Marital Status : _____ Contact No. : _____

Education Qualification : _____

Address of communication : _____

Phone no. Res. _____ Office _____

Preferred Place (City name) : _____ Building Own / Rental : _____

This Place is a (tick) : District Heat Qtrs / Small Town / Taulk HQ / Taulk

Gross income last financial year : _____

Currently if you are running any institute, then give the following details :

Center Name : _____

No. of System : _____ No. of years running : _____

No. of Students : _____ Average Monthly Collections: _____

Currently if you are working / worked in any Institute, then give the following details :

Institute Name : _____ Designation _____

Experience in No. of years : _____ How much amount you can invest ? : _____

Expected monthly collections? : _____

For being eligible applicant should have Physical / Mental health. Are you having sound Physical

/ Mental health : _____

Declaration

I hereby declare that all the above facts are true to the best of my knowledge.

Date :

Place :

Signature

(Form to be filled up in CAPITAL LETTERS using blue/black ball point pen)

For Office Use



FRANCHISEE / STUDY CENTER
FORM – 02

Branch Center Code

- 1 Name of the Location (Center) : _____
- 2 District : _____ City : _____
- 3 State : _____ Country : _____
- 4 Status of Application : Individual / Partnership / Organization (tick)
- 5 Scheme Details : _____
6. Center Address : CSCE EDU SKILLS COMPUTER EDUCATION, _____

Passport Size
Photograph
with specimen
signature on
the photograph

Pin Code(zip code) _____

Dist _____ Taulk _____ City _____

7. Contact Number - Office (Branch Center) Std Code : _____
i. _____ ii. _____
iii. _____ E-Mail _____

8. Contact Number – Owner (Branch Director) Std Code : _____
i. _____ ii. _____ Email : _____

9. If affiliated to any other organization (given details of afflation) : _____

10. Total number of the system available : _____ Total Area available _____ sq.ft,

11. Details of the courses conducted by the organization (tick) : HARDWARE / SOFTWARE /
MULTIMEDIA / CELLPHONE SERVICEING / TEXTILE DESIGN / PATTENT MAKING / CAD / _____

12. Have you any Branches : Yes / No. If yes specify details _____

Declaration

I hereby declare that all the above facts are true to the best of my knowledge.

Date :

Place :

Signature
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TERMS AND CONDITIONS FOR STUDY CENTRES - Form 03

1. The Centre will be appointed by the CSCE EDU SKILLS (COMPUTER SOFTWARE COLLEGE FOR EXCELENCE) for the purpose of Admission the Trainees and teach the CSCE SAYALLBUS
2. Centres has no power to Transfer or sale the Affiliation to other persons or Organizations.
3. The Course Fees for each course is recommended by the Head Office or Regional Office. However can be altered as per the requirement and financial background of the area where the centre is located.
4. The Centers should Renewal their Affiliation on or before 30th of March month of every year, Otherwise the Affiliation will be automatically cancelled.
5. If Centres desired to shifting their Centres it other Place in the same town that should be informed two week before to the CSCE EDU SKILLS Administrative Office. Also the distance should not exceed one kilometer.
6. The Centre is required to maintain the records like Enquiry register, Admission register, Attendance register, Student Dairy, Split-up Syllabus, Week-war Syllabus, Fees register, Practical records and Trainees Monthly Exam Marks register, etc., as per the directions given by the CSCE EDU SKILLS
7. If CSCE EDU KILLS finds any misconduct or false promises from the Centres, the Centres affiliation will be cancelled.
8. The CSCE EDU SKILLS expects Quality, punctual, Truthful and Co-Operations in all respects from the all centres.
9. Subject to MYSURU (KARNATAKA) Jurisdiction only
10. You are hereby adviced to obtain proper license from the concern software companies and use the same for providing computer education to your students otherwise you will be held sole liable for lost and consequences there of. Further we are not responsible/liable for your act of using such unauthorized software without obtaining proper license for the same.

DECLARATION

I hereby declare that i have read and understood the terms and Conditions of CSCE EDU SKILLS for the Centre. I fulfill the minimum eligible criteria and have provided necessary information in this regard. In the event of any information begin found incorrect or misleading my Centre affiliation shall be liable to cancellation by the CSS at any time and I shall not be entitled to refund of any fee paid by me to the CSS.

Date: _____ Place : _____ Applicant signature
I, _____ daughter of /son of / wife of Shri
_____ herby confirm that the information given above is true and correct. Any
wrong information / misrepresentation / suppression of facts will make me ineligible for this
franchisee / Center.

Applicant Signature

Applicant left finger print

List of enclosures : 1. Prof of photo Identity (Ration card / Driving License / Voter ID / any others)
2. Passport size photo 3 nos.

For Office Use :

Branch No. : _____ date _____ others _____