

COVER LETTER

**Application Form
for opening a new CPTC Centre
under Computer Point Technical College**

(AN ISO 9001:2008 COLLEGE)

(To be completed by the applicant)

To,
The Director
Computer Point Technical College
Babhnan(Basti)
Uttar Pradesh
India

Date: _____

Subject: Application for the establishment of a CPTC CENTRE

Dear Sir,

I submit here with an application to open a CPTC Centre. I am sending herewith the detail franchisee form in the above given prescribed format.

I am, herewith, also enclosing a crossed demand draft of a nationalized bank for Rs. 60000/- (Rupees Sixty Thousand Only)/Rs. 30000/- (Thirty Thousands Only) non-refundable, towards processing fees, in favor of CPTC and application form duly signed by the authorities concerned.

Thanking you and hope for early favorable reply.

CERTIFICATE

Certified that the information provided by me is correct and complete to the best of my knowledge.

Yours sincerely

(signature)
(NAME IN BLOCK LETTERS)
Designation

Office Stamp

APPLICATION

SUB: APPLICATION FORM FOR BECOMING A FRANCHISEE CENTER Please fill up this form and attach supporting documents.

1. Name of

Applicant: _____

(NGO/Trust/Institute/Cyber Café/School/Computer Teacher/Individual):

2. NGO/Trust/School Reg. No. (Please attach Certificate)

In case of an individual attach (PAN Card / DL copy / Voter ID photo)

3. Full address:

a) Postal Address:

City: Pin Code:

b) Email Address:

4. Telephone no's with STD Code:

a. Phone -

b. Mobile -

5. Work Experience of the Director:

6. Total carpet area (Please attach office photographs):

7. Assessment of the Center with respect to location: (Attach Lease/Rent Deed)

a. Location _____

b. Parking space. _____

c. Owned / On Lease / Rent etc. _____

8. Infrastructure of Center

a. No. of Rooms _____

- b. Seats, Tables, Furniture, Whiteboards: _____
- c. No. of PCs (Attach configuration details): _____
- d. Software source (Attach software details): _____
- e. Library / Educational CD available: _____
- f. Internet Connection & Type: _____
- g. Number of Scanner and printers: _____
- h. Power backup facility: _____
- 9. Any collaboration with any other organization for IT or any other programs:
 - a. Name of the organization _____
 - b. Programs being undertaken _____

NOTE: Provide Photographs of Center from Outside, Reception Area, Class Room, Lab

10. DECLARATION

I/We certify that all information in this application form and on any attachments is true and accurately represents my/our current and continuing financial conditions. I/We authorize or its representative to verify any information from whatever source it deems appropriate. I/We understand that any misrepresentation in this statement may result in rejection of this application.

.....
 (Name of applicant) (Signature) (Date)

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Note: Application received in an incomplete form or after the prescribed date will not be entertained.

