



APPLICATION FORM



Since 1978
IS/ISO 9001

FOR

LICENSE SCHEME FOR TCIL-IT EDUCATION & TRAINING CENTRE

Managed by **ICSIL**

Intelligent Communication Systems India Ltd., Joint Venture of
TCIL-A Govt. of India Enterprise and DSIIDC-A Govt. of Delhi Undertaking)

FORM NO. _____

ISSUE DATE:

PART -I

❖ HOW DO YOU COME TO KNOW ABOUT TCIL-IT ?

- ❖ NEWS PAPER.MAGZINE ()
- ❖ TV/RADIO ()
- ❖ WORD OF MOUTH ()
- ❖ FREINDS ()

❖ WHY DID YOU BECOME INTERESTED IN TCIL-IT?

❖ ARE YOU PLANNING THIS VENTURE AS AN EXPANSION OR DIVERSIFICATION OF YOUR EXISTING PROFESSION/BUSINESS? IF YES, WHY COMPUTER EDUCATION BUSINESS?

❖ WHERE YOU WANT TO OPEN TCIL-IT COMPUTER EDUCATION INFORMATION TECHNOLOGY CENTRE ?

ORDER OF PREFERENCE

STATE _____ 1. _____

DISTRICT/TOWN _____ 2. _____

CITY _____ 3. _____

LOCALITY _____ 4. _____

❖ APPROXIMATE POPULATION OF SUGGESTED PLACE : _____

PERSONAL INFORMATION:

1. NAME :
(Name of the Applicant who is potential licensee)
2. DATE OF BIRTH :
3. MARITAL STATUS : SINGLE MARRIED
4. FATHER/HUSBAND NAME : _____
5. ADDRESS FOR CORRESPONDENCE : _____

6. RESIDENCE ADDRESS : _____

7. TELEPHONE NO. (OFF.) : _____
8. TELEPHONE NO. (RESL.) : _____
9. FAX/E-MAIL NO./WEBSITE : _____

EDUCATIONAL QUALIFICATION

S.NO.	DEGREE/ DIPLOMA	UNIVERSITY COLLEGE/INST.	SUBJECT (MAIN)	YEAR	DIVISION

* Please attach photocopy of relevant certificates.

I. PROFESSIONAL/BUSINESS ACTIVITIES

I IF IN BUSINESS

1. NAME OF THE COMPANY : _____
2. TYPE OF BUSINESS : _____
3. ADDRESS OF THE ORGANISATION : _____

4. TEL./ FAX NO. : _____
5. PERIOD OF INVOLVEMENT IN THE BUSINESS : _____

6. JOB DESCRIPTION : _____
7. NO. OF EMPLOYEES IN THE COMPANY : _____
8. ANY OTHER BUSINESS : _____
9. NAME AND ADDRESS OF YOUR BANKER : _____
: _____
:
9. (a) ACCOUNT NO. : _____
9. (b) INCOME TAX/PAN NO. : _____
10. ANNUAL TURNOVER FOR THE : _____
LAST THREE (3) YEARS (In Lacs) : _____

II IF IN SERVICE

S.NO.	NAME OF THE COMPANY With Address & Tel. No.)	PRODUCT OF THE COMPANY OFFERS	DESIGNATION JOB SPECIFICATION	YEARS OF SERVICE

- ❖ ARE YOU PLANNING TO DISCONTINUE YOUR SERVICE? : YES () NO ()
- III. ARE YOU ALREADY RUNNING A COMPUTER INSTITUTE : YES () NO ()

IF YES

- ❖ NAME OF YOUR INSTITUTE: _____

- ❖ DO YOU HAVE ANY FRANCHISE FOR EXISTING INSTITUTE. IF YES, WHY YOU WANT TO CHANGE PRESENT ARRANGEMENT?

- ❖ YOUR PRESENT BUSINESS IS: PROFITABLE () NON PROFITABLE ()

- ❖ WHY YOU WANT TO HAVE TCIL- IT STUDYCENTRE LICENSE ?

- ❖ DO YOU HAVE ANY OTHER BUSINESS RELATED TO THE FIELD OF INFORMATION TECHNOLOGY?

IF YES, PLEASE PROVIDE DETAILS:

❖ **HARDWARE MANUFACTURING** : YES () NO ()

❖ **HARDWARE MARKETING** : YES () NO ()

❖ **SOFTWARE DEVELOPMENT** : YES () NO ()

❖ **Any other**

❖ **NAME AND ADDRESS OF YOUR BANKER:** _____
(FOR LICENSEE TRANSACTION) :

❖ **ACCOUNT NO. / PAN NO.** :

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❖ **IF YOU GET TCIL – IT LICENSE; HOW MUCH AMOUNT YOU ARE PREPARED TO INVEST ?**

❖ 10 – 15 LAKHS 15 – 20 LAKHS ANY OTHER AMT.

❖ **NUMBER OF COMPUTER EDUCATION CENTRES IN YOUR CITY:**

NIIT _____ APTECH _____ CMC _____

STG _____ TULEC _____ OTHER _____

❖ **DETAILS OF THE COMPANY IN WHOSE NAME YOU WOULD LIKE TO TAKE UP THE LICENCE?**

NAME & COMMUNICATION : _____

ADDRESS : _____

❖ **YOUR COMPANY IS UNDER
PROPRIETORSHIP
OR PARTNERSHIP**

(Names & Addresses of Partners)

: _____
:
1. _____

2. _____

OR PVT. LTD. : _____

OR ANY OTHER COMPANY : _____

❖ **COMMUNICATION FACILITIES**

❖ **TEL. No. (OFF.)** _____

❖ **FAX (RESI)** _____

❖ **E – MAIL / WEB SITE** _____

❖ **ANY OTHER** _____

PROCESSING FEE DETAILS : **AMOUNT RS.** _____

DD NO. _____ **DT.** _____ **DRAWN ON** _____

REFERENCES : _____

1. **NAME**

ADDRESS

TEL/FAX NO.

2. **NAME**

ADDRESS

TEL/FAX NO.

THE ABOVE PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

PLACE _____

SIGNATURE _____

DATE _____

NAME _____

Seal

PS. ANY EXTRA DESIRED INFORMATION: