



COMPUTER APPLICATION CENTRE

AFFILIATED TO UTKAL UNIVERSITY, BHUBANESWAR, GOVT. OF ORISSA

ACCREDITED BY DOEACC, MCIT, GOVT. OF INDIA

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FRANCHISEE APPLICATION FORM

PERSONAL DETAILS

Name : _____

Postal Address : _____

(With Police Station, Post Office, District, Pin) _____

City : _____

Telephone No. : _____

Mobile : _____

Email Address : _____

Web Site : _____

INFRASTRUCTURE DETAILS: (Put Mark wherever Applicable)

1. Is your premises in Residential or Commercial Area ? Residential Commercial

2. Is it owned by you ? Yes No

3. Sq. feet area of the premises :

4. Do you have any of the following items for the institute ?

(If yes cost details will be Annexed)

(a) Computer Hardware Yes No

(b) Furniture & Fixture Yes No

5. Who will look after the centre ? Myself Family Members Employed Manager

6. What is the approximate population of the locality within 5kms radius where you intend to set up the centre ? _____

7. Number of Colleges, Schools, Computer Institutes within 5 Kms area ?

_____ Colleges _____ Schools _____ Computer Institutes

8. Economics class of people residing within 5kms radius where you intend to setup the centre?

Affluent Upper Middle Class Middle Class Lower Middle Class

OCCUPATION DETAILS : (Put Mark wherever Applicable)

Services Business Profession _____

IF SERVICE (Put Mark wherever Applicable)

Private Ltd. Co. Private Ltd. Co. Others (Specify) _____

LENGTH OF SERVICE _____

IF BUSINESS

(Nature of Business) _____

Year Estd : _____

COMPANY CONSTITUTION (Put Mark wherever Applicable)

Proprietary Partnership Private Ltd.
 Public Ltd. Others (Specify) _____

SOURCE OF FINANCE FOR FRANCHISE (Put Mark wherever Applicable)

Self Bank Loan Others (Specify) _____

(a) If Partners / Directors

Sl. No.	Names	Address	Equity Holdings (%)
1			
2			
3			

If more partners / Directors attach a separate sheet given above details.

(b) Bankers Details: (Put Mark wherever Applicable)

Banker's Name: _____

Type: SB CA CC OD

(c) Financial Status

Gross Annual Income / Turnover: _____

Why are you interested in setting up a CAC centre?

Date :

Place :

Signature of the Applicants