KARNATAKA STATE ELECTRONICS DEVELOPMENT CORPORATION LIMITED.
Regd Office: 2nd Floor, TTMC, "A" Block, BMTC, Shanthinagar,
K. H. Road, Bangalore 560 027.
Tel: +91-80 – 22272203/, **Fax :** +91-80-22232652, Website : www.keonics.in.

APPLICATION FORM FOR FRANCHISEE CENTER

No. FC/   **Rs. 5600/-**

Photo
Affix

1. **Name of the Firm / Applicant** **Phone No……………....Fax……………….**	**E-mail. …………….…………………….**
2. **a) Name of Propritor/Partner/** **Chief Executive in case of Firms**	
b) Qualification:	
c) Experience (Attach Extra Sheets if required)	
3. **Address of existing center**	

4. **a) Name & Address of proposed center**
   (Indicate Name of Taluks/Separate
   application must be filled for each Taluk)
   b) Registration of Firm by TMC/CMC/DIC etc,
   (Enclose copy of registration)
   c) Registration of Service Tax (Enclose copy)	

5. **Population of the location**	
6. **a) Year of Establishment**	

b) Reg. No. (Enclose Certificate)
   (Registrar of Companies/ Registrar of
   Societies / Shops Establishment etc.	

7. **Space available for Trg. Center (in Sq.Ft.)**
   i) Space for Computer Lab
 	
   ii) Space for Class Room
 	
   iii) Space for Receptionist/Counselling
 	
   iv) Space for Library
	…………………… ………………………
	
	…………………… . ……………………..
	
	…………………… ……………………..
	
	…………………… ………………………

v) **Space for Utilities**	…………………… …………………............
vi) **Any other area**	…………………… ………………………….
vii) **Total area**	…………………… ………………………….
8. HARDWARE :	
i) **Computers (No of systems with configuration)**	………………….. …………………….
ii) **Printers (No of printers with configuration)**	………………….. ………………………
iii) **UPS (Make capacity with backup)**	………………….. … ..…………………..
9. SOFTWARE : Details of legal software & License No	
1 **2** **3** **4** **5**	
10. FURNITURE : Details in the centers	
1 No. of Table **2 No. of Computer Table** **3 Chairs** **4 White Board** **5 Projector / Monitor** **6 Display Board** **7 Any other**	
11. MISC, FIXED ASSETS : Details	
12. a) Name of the Banker	
b) **Type of Account**	
c) **A/C No.**	
13. Turnover for last three years **(for existing center)** **Enclosed audited Balance Sheets**	**Years** **Amount in Rs.**

14. FACULTY Details :

Sl.No.	Name of the Faculty	Qualification	Experience	Enrolments Paid
1				
2				
3				
4				
5				

15. Name of the Existing computer training institute & its details :

Sl.No.	Name of the Institute	Courses Offered	Appx. Annual Income
1			
2			
3			
4			

16. No. of colleges in the location :

Sl.No.	Name of the college	Appx. Student strength
1		
2		
3		
4		

17. List of Govt. offices in the area :

   i)

   ii)

   iii)

18. No. of candidates trained for the last 3 years (Attach list of candidates with Names, Addresses & Qualification as per the format-1)	

19. REFERENCES :
 	
  i)
 	
   iii)
	ii)
	
	iv)

20. The above information furnished by me is true and correct to the best of my knowledge

Date :

Place :   Signature of the Applicant with ……. Name & Seal