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.

<div align="center">

APPLICATION FORM FOR FRANCHISEE CENTER   **Photo**

</div>

No. FC/   Rs. 5275/-   **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