



LIAISON/SUB LIAISON/ BRANCH APPLICATION FORM

Paste your
Passport Size
Photo

APPLICATION FOR LIAISON SUB LIAISON

Full Name of the Applicant/ Applicants: _____

Address (Present) : _____

Address (Permanent) : _____

Date of Birth :

Contact Number (compulsory) : _____

Another Number (compulsory) : _____

E-mail Address (if any) : _____

Educational Qualification : _____

Other Qualification : _____

Current Occupation : _____

Whether you are currently running a institute: Yes No

if yes, then name of the Institute/if no, then Name the Institute you want to open: _____

Address: _____

District: _____ State: _____ Pin Code: _____ Country _____

Area: Urban Semi-Urban Rural Backward

Mobile No.: _____ / _____ Residence No. _____

Status of the Institute: a) Trust: b) Society: c) Partnership d) Proprietorship

Date of Incorporation/Commencement of Institute:

IT /PAN/GIR No. (If any): _____ 10. Voter ID Card No.: _____

Self attested Photo Copies of documents to be attached:- Ration Card, Voter ID card, PAN Card, Age Proof, Qualification Proof & Extra Qualification, Trade License, Rent Bill / Tax Receipt (with supporting evidence), Agreement / Resolution (in case of firm/ society) & others.

DECLARATION (should be written by applicant's own handwriting):- I do hereby declare that the statements furnished above are true to the best of my knowledge and belief and my candidature is likely to be cancelled if any of the particulars is found to be incorrect.

Date: _____

Signature of Applicant

ABOUT PROPOSED CENTRE

Location of the proposed Centre: _____

(City/Town Village) _____ State) _____

Address: _____

_____ Pin _____

Bus Stop / Railway Station: _____ Landmark: _____

Phone No.: _____ / _____ Fax No. _____

Total Area: Sq. ft. Office: Sq. ft. Study Room: Sq. ft. Others: Sq. ft.

Internet Connectivity:- Broadband Cable Wi-Fi Other

To be filled by liaison only

Whether you are interested for offering Sub-liaison: Yes No.

If yes, A. Number of sub liaison:- 1). One Sub-liaison 2). Three Sub-liaisons. 3) Four Sub-liaisons.

B. Full details of Sub-liaison in prescribed application form. Documents required for Sub-liaison.
[Attached the application from above]

1. Application form.
2. Copy of Address proof
3. Copy of Identity Proof
4. Rented copy / Agreement copy
5. 2 copy Passport size photograph.
6. Trade License.
7. Copy of Academic qualification.
8. Course details.
9. Photography of institute front and class room view

Place : _____

Date : _____ Signature of Applicant

1. Please provide the following details:

Ownership/Rental	Period of Lease	Tiled/Carpet Area	Location: Commercial Area/Residential Area(Address)
	From: _____ To : _____		

2. Please attach a note on the details of the Faculty / Computer Professionals employed at your centre.

Name	Designation	Work Experience (years)			Computer Qualifications
		Total	With you	Years of Computer Experience	

DECLARATION

Self attested Photo Copies of documents to be attached:-Ration Card, Voter ID card, PAN Card, Age Proof, Qualification Proof & Extra Qualification, Trade License, Rent Bill/ Tax Receipt (with supporting evidence), Agreement/ Resolution (in case of firm/ society) & others.

1. I/We hereby certify that I/We shall remain the applicants and if there is any change in the composition of applicants before signing of agreement or opening of franchise centre. I/We hereby agree to get the new applicants as well as the new form of organization approved by GCTI. I/We agree to the rejection of this application if the changes are not approved by GCTI.
2. I/We agree that GCTI has the absolute discretion to accept/reject this application for any reason whatsoever and in the event of the rejection of this application; the fee submitted by us would be forfeited.
3. I/We certify that all information in this application form and on any attachments there to is true and accurately represents my/our current and continuing financial conditions. I/We authorize GCTI 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.

Place :

Date :

Signature of Applicant