

GLOBAL COMPUTER INSTITUTE





A NATION PROGRAMME OF INFORMATION TECHNOLOGY EDUCATION & SKILL DEVELOPMENT

PREENQUIRY FORM FOR THE ESTABLISHMENT OF NEW STUDY CENTER

(ALL ENTRIES TO BE FILLED IN CAPITAL LETTERS ONLY)

NAME OF THE STUDY CENTRE		
CENTRE HEAD/DIRECTOR'S NAME		
COMPLETE ADDRESS OF THE PROPOSED SIGHT		
Block Tehsil		
DistrictState		
PN CODEPHONE /MOBILE NO (WITH STD CODE)		
E-mail ID		
ESTABLISHMENT YEAR OF STUDY CENTRE, Since		
TICK ON THE CLASS OF STUDY CENTRE -		
MAHA NAGAR	ВІОСК]
DISTRICT	PANCHAYAT	
Total Space Available in the Study Centre (in Sq. Feet)		
AREA	NO. OF ROOMS	AREA IN SQ FT
CENTRE HEAD/DIRECTORS OFFICE		
CLASS ROOMS		
LAB ROOMS		
LIBRARY ROOM (IF ANY)		
COUNSELLOR ROOM/RECEPTION		
STAFF ROOM		
COMPLITER'S AVAILABLE IN THE STLIDY CENTRE (Mir	nimum No. 5)	
COMPUTER'S AVAILABLE IN THE STUDY CENTRE (Minimum No. 5)		
ARE YOU PRESENTLY (Franchisee/Franchiser/NGO/Trust/Society/Pvt. Firm/Partnership) fill up?		
NUMBER OF STUDENTS IN CURRENT SESSION?		
NO. OF FACULTIES / TEACHER / TRAINER	QUALIFICATION OF FACULTIES / TEACHER / TRAINER	
1.		
2.		
3.		
4.		
DECLARATION		
All the information given above are true to the best of my knowledge & nothing is concealed therein. I have read &		
understood the rules and regulation made by the GCI & GTISD & accept the same.		
Date:	HEAD/INCH	ARGE OF THE STUDY CENTRE
Place:	Sign with Seal	