USE
COMPUTER EDUCATION
DOE & T, Govt of A.P., Recog. No. J1/7098/07

Passport Size Photo of Centre Director

APPLICATION FOR FRANCHISEE

1. Name of the Institute :
2. Year of Establishment :
3. Address of the Institute
   - Street :
   - D.No :
   - City :
   - District :
   - Pin Code :
   - Ph.No with STD Code :
   - Mobile No :
   - E - Mail :
4. Centre Director Name :
5. Date of Birth :
6. Caste :
7. Qualification
   :
   :

DECLARATION

I / We hereby declare that the information given in this application form is true to the best of my knowledge. In case ATC is alloted, I shall abide to the Rules and Regulations of USE Computer Education which are in force and also to those altered in the course of time. I / We request you to kindly grant us license for conducting Computer course as applied.

PLACE: SIGNATURE

SEAL

DATE: NAME: