



RABINDRANATH NATIONAL YOUTH COMPUTER SAKHARATA MISSION

APPLICATION FORM FOR AFFILIATION

Passport
size
photos

Branch Details:

Name of the study Centre:

.....

Center address:

..... Location:

District: Pin No:

State:

Director Details:

Director Name:

C/o: Religion:

Director Address:

.....

..... Qualification:

Contact No:/.....

Email Id:

I do hereby declare that, all the above information is fact fully correct to the best of my knowledge and belief.

Date:

Signature of Director with Seal

Infrastructure Details:

<i>Particulars</i>	<i>No. of Rooms</i>	<i>Room Size in (sqft)</i>
<i>Office Room</i>		
<i>Theory Room</i>		
<i>Practical Room</i>		
<i>Staff Room</i>		
<i>Library</i>		
<i>Reception</i>		
<i>Toilet</i>		
<i>Waiting Room</i>		
<i>Any Other</i>		

Faculty Details:

<i>Name</i>	<i>Qualification</i>	<i>Teaching Experience</i>	<i>Status Full time Part time</i>

Facilities Details:

<i>No. of Computers</i>		<i>No of reference Books</i>	
<i>Licensed Software</i>		<i>No of CD's</i>	
<i>No of Projectors / LED</i>		<i>Internet Facility with Speed</i>	
<i>Drinking Water facility</i>		<i>Inverter/Generator Facility</i>	

I do hereby declare that, all the above information is fact fully correct to the best of my knowledge and belief.

Date:

Signature of Director with Seal