



## FRANCHISEE FORM

FOR OFFICE USE ONLY

Signature with Seal/Stamp

FOR OFFICE USE ONLY

CENTER CODE

DATE OF AGREEMENT

DATE OF VERIFICATION

DATE OF VERIFICATION

Officer with Designation: \_\_\_\_\_

\_\_\_\_\_

### DETAILS OF AUTHORISED PERSON

1.0. Name of Authorized Person:

#### 2.0. Address in Detail

2.1. Name of the Organization:

2.2. Locality:

2.3. City/Town:

2.4. District:

2.5. State:  PIN Code:

2.6. Contact:  Alt Contact

2.7. E-mail:

3.0. Type of Premises: Own  Leased  Lease Duration

(Attach supporting documents in either case as proof)

4.0. Locality: State Capital  District  Sub-Division  Block

Registered (O): Garkha Chapra, Bihar- 841311

Contact Details: 8092375355

Website: [www.bdscomputer.in](http://www.bdscomputer.in)

E-mail – bdscomputer1@gmail.com

5.1. No.& Seating Capacity Area (Sqft)		
5.2. Theory Class Room		
5.3. Pratical Class Room/Lab		
5.4. Library		
5.5 Auditorium/Conference Hall		
5.6 Officer's Chamber/Office		
5.7. Other Amenities		

### 6.0. DETAILS OF HARDWARE & SOFTWARE

ITEMS	UNITS	TYPE/CONFIGURATION/DETAILS
6.1. Computers		
6.2. Dot Matrix Printer		
6.3. Laser Printer		
6.4. Ink Jet Printer		
6.5. Scanner		
6.6. UPS		
6.7. Software		

### 6.0. DETAILS OF HARDWARE & SOFTWARE

S.No	NAME	DESIGNATION	QUALIFICATION	EXPERIENCE	TYPE	
1					PART TIME	FULL TIME
2					PART TIME	FULL TIME
3					PART TIME	FULL TIME
4					PART TIME	FULL TIME
5					PART TIME	FULL TIME
6					PART TIME	FULL TIME
7					PART TIME	FULL TIME
8					PART TIME	FULL TIME
9					PART TIME	FULL TIME
10					PART TIME	FULL TIME

Signature:.....

Date: .....

Place: .....

Name: .....

Designation: .....

**BDS Computer Private Limited**

An ISO 9001:2015 Certified Company