



**NATIONAL INSTITUTE OF COMPUTER & MANAGEMENT**  
(AN ISO 9001:2008 CERTIFIED ORGANIZATION)

**APPLICATION FORM FOR NEW FRANCHISEE /  
AFFILIATION**

(This form must be deposited in triplicate and must be filled in capital LETTERS Only. )

To,  
The Director,  
National Institute of Computer & Management,  
Bagula Town Club 1<sup>st</sup> Floor, Bagula,  
Nadia-741502, W.B., IND.

Respected Sir,  
I, Director/ Proprietor/ Partner of \_\_\_\_\_ is very  
much interested to be a franchisee member of the Education & Training Programs of NICM, at  
\_\_\_\_\_ District \_\_\_\_\_  
in the state of \_\_\_\_\_.

I am forwarding my personal & centre profile herein with for your consideration.  
We will abide by the rules and regulations laid down by your organization. Also I/ we invite you  
for inspection and verification of our centre. I/ We will pay the necessary charges for the  
inspection.  
I request you to grant me a franchisee after going through necessary formalities.  
Thanking You,  
Yours faithfully,

\_\_\_\_\_  
STAMP

\_\_\_\_\_  
Signature of  
Director/ Proprietor/ Partner

Here i submit my all details:-

**1. Name of the Institute /Centre:**  
.....

**2. Postal Address with Pin Code (Kindly mention the nearest land mark also)**  
.....

.....City /town .....

State: ..... Pin Code .....

**4. Telephone No's: Office Landline ..... Mobile: .....**

**Fax: ..... Email id: .....**

Website (if any): ..... Pan No.: .....

.....  
Address (with Pin Code & nearest Landmark)  
.....

.....  
5. Attach a copy of the Driving License/Voter ID card/Passport:  
.....

6. Name of President/Chairman/Centre:  
.....

(a).Educational qualification of \_\_\_\_\_ & a give details as under:-

Degree/Diploma	University/ Institution	Subjects	Year of Passing

(b) Professional experience of the individual as stated above

Name of organization	Nature of Business	Year From	Year To	Annual Turnover in Rs.)	No. of Employees in organization

7. Nominate a Co-ordinator/Representative(if any):  
.....

Mobil.....Email ID: .....

8. Current Infrastructure details that is available with you for educational purpose

(A) Total area of the institute/Centre in (sq.ft.) \_\_\_\_\_

(B) Total covered area (in sq.ft.) \_\_\_\_\_

(C) Number of floors \_\_\_\_\_

(D) No. of rooms available \_\_\_\_\_

(E) Power Backup \_\_\_\_\_

(F) No. of Computers available \_\_\_\_\_

(G) Internet Facility available \_\_\_\_\_

(H) Others detail \_\_\_\_\_

**9. Details' of Premises (Attach Relevant Documentary Proof):**

(A) Whether the land & building are owned by the Center.....

(B) If the building is rented, enclose the lease deed of Society / institution. ....

**10. Whether the premises is ready for use if yes what it is currently used for**

.....

**11. If your Centre is also associated with any other university / institution. (Give Details).**

.....

**12. Grade your Centre:**

Perfect. [ ] Good [ ] Satisfactory [ ]

Justify:

.....  
.....

**13. Location of the Centre:**

(A) Remote Area Yes [ ] No [ ]

(B) Easily accessible Yes [ ] No [ ]

(C) Residential Area Yes [ ] No [ ]

(D) Commercial Area Yes [ ] No [ ]

(E) Within the City Yes [ ] No [ ]

(F) Outskirts of the city Yes [ ] No [ ]

(G) Nearest Airport..... Name of the City.....

(H) Distance Form Railway Station..... Name of the city: .....

(I) Distance from Bus Stop..... Name of the city: .....

**14. Any other relevant information writ competitors or market trends/market potential which you wish to disclose/share.**

.....  
.....  
.....

**15. Attach one set of Visiting Card, Letter Head & Profile of your Institute**

.....  
.....

**16. Program applied for authorization(please ✓ the option )**

COMPUTER COURSES. [    ], VOCATIONAL COURSES. [    ]

GOVT PROJECT. [    ], OTHERS. [                    ]

Remarks.....

***DECLARATION***

I/we hereby declare that the details provided by me/ us herein above are true to best of my / our knowledge...

Date: .....

Place: .....

Signature

***DD DETAILS /FEE PAYMENT DETAILS***

**MODE(please ✓ the option ):**

NET BANKING [    ], CASH DEPOSITE[    ], DD[    ], OTHER WAY [    ], FREE [    ]

Reference /DD. No: ..... Date: .....

Bank Name: ..... Amount (in figures) Rs: .....

Amount (in words) Rs:

.....

Latest Stamp Size  
Photograph of  
Director/Prop.

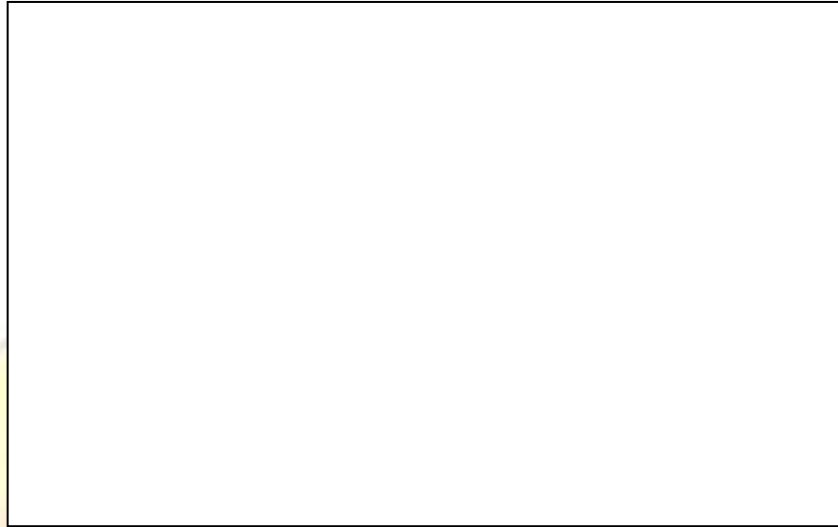
Signature & Seal of Director/Proprietor of Institute  
(In Original, with date)

**NOTE:**

**PLEASE ATTACH XEROX COPY OF ALL DOCUMENT OF CENTRE,BANK A/C STATEMENT ,PAN CARD.ETC...  
AND ALSO INCLUDE VOTER ID, PAN, AND PASSPORT ETC OF THE CENTRE DIRECTOR OR PROPRIETOR.**

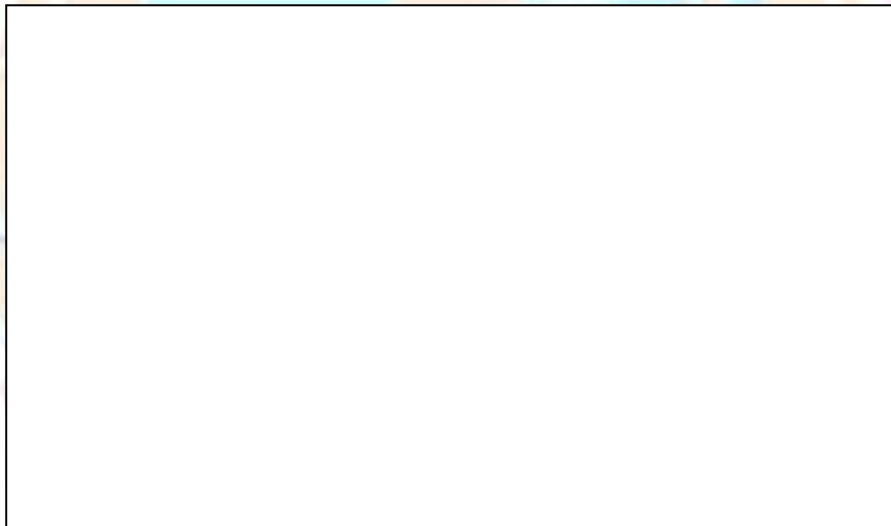
**PLEASE ATTACH SOME PHOTOGRAPH OF THE CENTRE**

PICTURE/PHOTO-1



REMARKS/ABOUT:.....

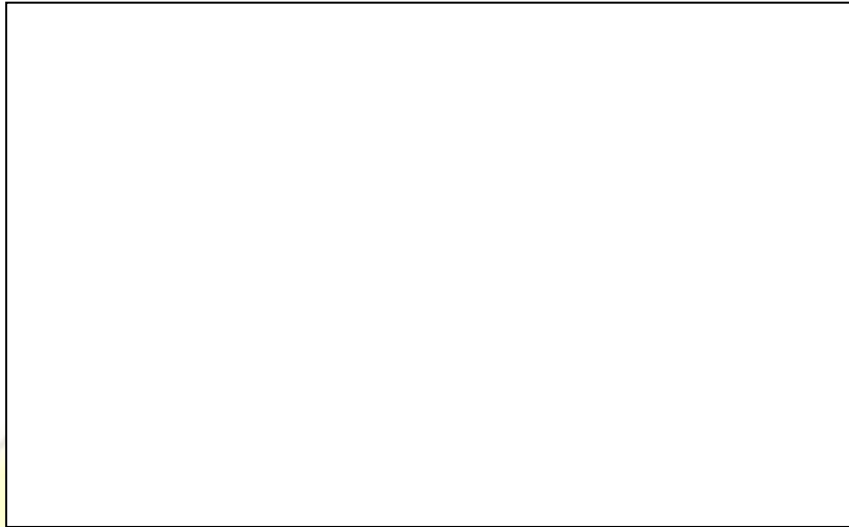
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REMARKS/ABOUT:.....

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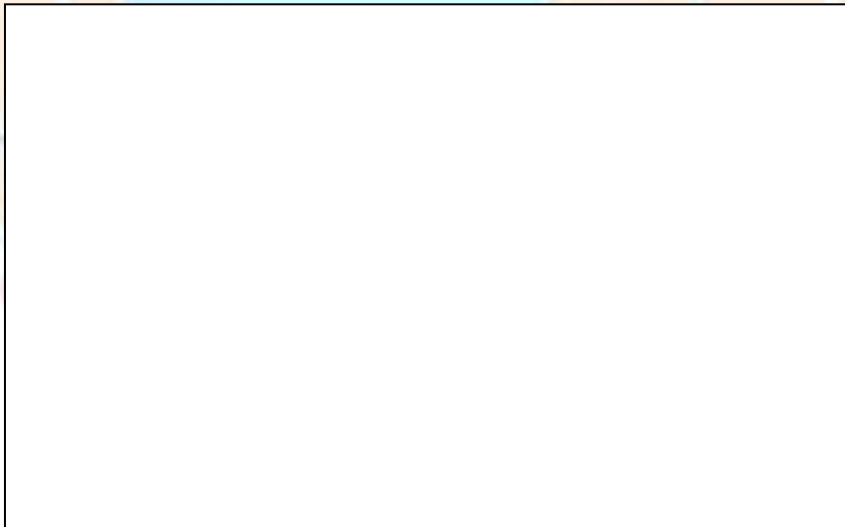
PICTURE/PHOTO-3



REMARKS/ABOUT:.....

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PICTURE/PHOTO-4



REMARKS/ABOUT:.....

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