



**Franchisee / Study Centers**  
**Application Form - 01**



Name : \_\_\_\_\_ Father's name : \_\_\_\_\_

Gender : Male / Female Date of Birth : \_\_\_\_\_

Marital Status : \_\_\_\_\_ Contact No. : \_\_\_\_\_

Education Qualification : \_\_\_\_\_

Address of communication : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone no. Res. \_\_\_\_\_ Office \_\_\_\_\_

Preferred Place (City name) : \_\_\_\_\_ Building Own / Rental : \_\_\_\_\_

This Place is a (tick) : District Heat Qtrs / Small Town / Taulk HQ / Taulk

Gross income last financial year : \_\_\_\_\_

Currently if you are running any institute, then give the following details :

Center Name : \_\_\_\_\_

No. of System : \_\_\_\_\_ No. of years running : \_\_\_\_\_

No. of Students : \_\_\_\_\_ Average Monthly Collections: \_\_\_\_\_

Currently if you are working / worked in any Institute, then give the following details :

Institute Name : \_\_\_\_\_ Designation \_\_\_\_\_

Experience in No. of years : \_\_\_\_\_ How much amount you can invest ? : \_\_\_\_\_

Expected monthly collections? : \_\_\_\_\_

For being eligible applicant should have Physical / Mental health. Are you having sound Physical / Mental health : \_\_\_\_\_

Declaration

I hereby declare that all the above facts are true to the best of my knowledge.

Date :

Place :

Signature

\_\_\_\_\_

(Form to be filled up in CAPITAL LETTERS using blue/black ball point pen)



**FRANCHISEE / STUDY CENTER  
FORM - 02**

For Office Use

Branch Center Code

Passport Size  
Photograph  
with specimen  
signature on  
the photograph

- 1 Name of the Location (**Centers**) : \_\_\_\_\_
- 2 District : \_\_\_\_\_ City : \_\_\_\_\_
- 3 State : \_\_\_\_\_ Country : \_\_\_\_\_
- 4 Status of Application : Individual / Partnership / Organization (tick)
- 5 Scheme Details : \_\_\_\_\_
  
6. Center Address : CSS COMPUTER EDUCATION, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin Code(zip code) \_\_\_\_\_  
  
Dist \_\_\_\_\_ Taulk \_\_\_\_\_ City \_\_\_\_\_
7. Contact Number - Office (Branch Center) Std Code : \_\_\_\_\_  
i. \_\_\_\_\_ ii. \_\_\_\_\_  
iii. \_\_\_\_\_ E-Mail \_\_\_\_\_
8. Contact Number – Owner (Branch Director) Std Code : \_\_\_\_\_  
i. \_\_\_\_\_ ii. \_\_\_\_\_ Email : \_\_\_\_\_
9. If affiliated to any other organization (given details of afflation) : \_\_\_\_\_
10. Total number of the system available : \_\_\_\_\_ Total Area available \_\_\_\_\_ sq.ft,
11. Details of the courses conducted by the organization (tick) : HARDWARE / SOFTWARE /  
MULTIMEDIA / CELLPHONE SERVICEING / TEXTILE DESIGN / PATTENT MAKING / CAD / \_\_\_\_\_
12. Have you any Branches : Yes / No. If yes specify details \_\_\_\_\_

Declaration

I hereby declare that all the above facts are true to the best of my knowledge.

Date :

Place :

Signature

\* Terms and condition apply

TERMS AND CONDITIONS FOR STUDY CENTERS - Form 03

1. The Centers will be appointed by the (CSS Computer College) for the purpose of Admission the Trainees and teach the CSS Syllabii.
2. Centers has no power to Transfer or sale the Affiliation to other persons or Organizations.
3. The Course Fees for each course is recommended by the Head Office or Regional Office. However can be altered as per the requirement and financial background of the area where the centre is located.
4. The Centers should Renewal their Affiliation on or before 30th of March month of every year, Otherwise the Affiliation will be automatically cancelled.
5. If Centers desired to shifting their Centers it other Place in the same town that should be informed two week before to the CSS Administrative Office. Also the distance should not exceed one kilometer.
6. The Centers is required to maintain the records like Enquiry register, Admission register, Attendance register, Student Dairy, Split-up Syllabus, Week-war Syllabus, Fees register, Practical records and Trainees Monthly Exam Marks register, etc., as per the directions given by the CSS.
7. If CSSs founds any misconduct or false promises from the Centers, the Centers affiliation will be cancelled.
8. The CSS expects Quality, punctual, Truthful and Co-Operations in all respects from the all centers.
9. Subject to Tamilnadu (TN) Jurisdiction only
10. You are hereby adviced to obtain proper license from the concern software companies and use the same for providing computer education to your students otherwise you will be held sole liable for lost and consequences there of. Further we are not responsible/liable for your act of using such unauthorized software without obtaining proper license for the same.

**DECLARATION**

I hereby declare that i have read and understood the terms and Conditions of (CSS Computer College) for the centers. I fulfill the minimum eligible criteria and have provided necessary information in this regard. In the event of any information begin found incorrect or misleading my Centers affiliation shall be liable to cancellation by the CSS at any time and I shall not be entitled to refund of any fee paid by me to the CSS.

Date: \_\_\_\_\_ Place : \_\_\_\_\_ Applicant signature  
I, \_\_\_\_\_ daughter of /son of / wife of Shri  
\_\_\_\_\_ herby confirm that the information given above is true and correct. Any  
wrong information / misrepresentation / suppression of facts will make me ineligible for this  
franchisee / Center.

Applicant Signature

Applicant left finger print

List of enclosures : 1. Prof of photo Identity (Aadhar Card / Ration card / Driving License / Voter ID / any Govt ID-others) 2. Passport size photo 3 nos. 3. Place Agreement or Document (Xerox)

For Office Use :

Branch No. : \_\_\_\_\_ date \_\_\_\_\_ others \_\_\_\_\_