

INSTITUTE OF COMPUTER TALLY ORGANISATION

An ISO 9001: 2015 Certified Organization

Under Societies Registration Act XXI of 1860
Copyright Office Dairy No. 55230/2014-CO/L
Trust Regd. Under Revenue Department of NCT Delhi (Regd. No. 480)

Franchisee Proposal

| | Application For: | Authorized Training C | enter | State Co-ordinator |
|----|-----------------------|---|---------------------|---------------------------|
| | | District Co-ordinator | | State Master Franchise |
| 1. | Name of the Applic | ant/Applicants : | | |
| 2. | , | currently running an institute of institute | | Yes No |
| 3. | | | | |
| | | | | State: |
| | PIN : | Email ID : | | |
| | Website : | | Area : | Urban Semi Urban |
| | Mobile : | La | ndline : | Rural Backward |
| 4. | Status of Institute: | Trust Society | Partnership | Proprietorship Pvt. Ltd. |
| 5. | Date of Incorporation | n/Commencement of Institu | te: D D M M | YYYY |
| 6. | • | te is currently Associated/ From the second | ranchise/ Partner o | |
| 7. | | nse Budget for One Year : R | | |
| 8. | Business Turnover of | the previous Financial Year | r (in INR/USD): _ | |
| 0 | Courses currently bei | ng conducted at your Institu | te: (Please Attac | h a List of Such Courses) |



Details of the Head of the Institute

| S.No. | Name | Designation | Qualification | Experience |
|-------|------|-------------|---------------|------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

Details of the Faculty Staff

| S.No. | Name | Designation | Specialization | Qualification | Experience | Part Time/ Full Time |
|-------|------|-------------|----------------|---------------|------------|-------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

Infrastructure Available

| S.No. | Particulars | | ize . Ft.) | Carpet Area (in Sq. Ft.) | Unit |
|-----------------------|-----------------------------|--|---------------|-----------------------------|------|
| 1 | Reception / Counseling Room | | | | |
| 2 | Theory Class Room | | | | |
| 3 | Computer Lab | | | | |
| 4 | Library | | | | |
| 5 | Visiting Area / Open Space | | | | |
| Total Area in Sq. Ft. | | | | | |

Details of the Furniture & Fixtures Available

| S No. | Particulars | Quantity (Nos.) |
|----------|---------------------------|-----------------|
| 1 | Computer Tables | |
| 2 | Computer Chairs | |
| 3 | Class Room Chairs | |
| 4 | White Board / Black Board | |
| 5 | Projector | |
| 6 | Others (Specify) | |

2

Books Available in Library

| S.No. | Name of the Books | Author's Name | Syllabus Covered | Quantity |
|-------|-------------------|------------------|------------------|----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10. | | | | |

Computer & Peripherals

| S.No. | Computer Type | | Configuration of System | | | Quantity |
|------------------|--------------------------|-------------------------|-------------------------|-------------|------------------|----------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| Printe Intern | r : et Connectivity : | Dor Matrix Dor Matrix | Inkjet Cable | Laser Wi-Fi | All in One Other | _ |

Software Available

| S.No. | Name of Software | Version |
|-------|------------------|---------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |



PERSONAL FACT SHEET OF THE CENTER INCHARGE

| • | Name : _ | | | | | |
|----|------------|---------------|---------------|--------------------|-----------------|--------------------|
| 2. | Father's l | Name : | Ph | otograph | | |
| • | Date of I | Birth: D | Iı | of the ncharge | | |
| | Resident | ial Address: | D M M Y | | | of the nstitute |
| | City : | | Te | eh | | |
| | Distt : | | | State : | | |
| | LandLin | e No (With S | STD Code) : | | Mobile : | |
| | Email ID |): | | | | |
| 5. | | ent Address: | | | | |
| | City : | | Te | Геh | | |
| | Distt : _ | | | State : | Country: | |
| 6. | Nationa | lity : | | Marital Status : 1 | Married | Unmarried |
| 7. | Academ | ic Qualificat | on: | | | |
| | S. No. | Standard | Stream | Board / University | Year of Passing | Percentage |
| | 1. | | | | | |
| | 2. | | | | | |
| | 3. | | | | | |
| | 4. | | | | | |
| 8. | Investm | ent Capacity | (in INR/ USD) |): | | Approx. |

Documents Required

Kindly Attached the Following Documents along with the application form:

- 1. Copy of Address Proof (Telephone Bill/ Elec. Bill/ Licence of the Municipal Corporation) of the Institute.
- 2. Copy if Identity Proof (PAN Card/ Voter Card/ Driving Licence/ Passport/ Bank Pass Book/ Aadhaar Card.
- 3. Copy of Academic Qualifications.
- 4. One Passport Size Colored Photograph of Owner/ Proprietor/ Partners.
- 5. if Building on Rent/Lease then Latest Rent/Lease Agreement.
- 6. Clearly Shown Photographs of the Institute.

Franchise Fee shall be Paid Through Cash/Bank Transfer/DD in favour of "Institute of Computer Tally Organization" Payable at Barsar, Hamirpur India



INSTITUTE SNAPS

| 1. Paste Photograph of the I | Building (Front View) in below mention box. |
|------------------------------|---|
| | Affix 4x6 Photo Here |
| | |
| 2. Paste Photogra | aph of the Reception/ Counselor's Room |
| | in below mention box. |
| | Affix 4x6 Photo Here |
| | |



INSTITUTE SNAPS

| 3. Paste Photograph of Theory C | lass Room in below mention box. |
|---------------------------------|--------------------------------------|
| Affix | x 4x6 Photo Here |
| | |
| 4. Paste Photograph of the | e Computer Lab in below mention box. |
| Affix | 4x6 Photo Here |
| | |



INSTITUTE SNAPS

| 5. Paste Photograph of Library Photo in below mention box. |
|--|
| Affix 4x6 Photo Here |
| |
| 6. Paste Photograph of Center Head Cabin in below mention box. |
| Affix 4x6 Photo Here |
| |
| |



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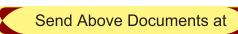
Head Office: Near PNB Bank, Salouni, Teh. Barsar, Distt. Hamirpur (H.P.) Ph.: 86288-83626, 94187-83626,

Web Site: www.ictoindia.com E-mail: icto.tally@gmail.com

UNDERTAKING

| (Name & Designation) | | | |
|-----------------------------|-------|------|--|
| Partner / Proprietor / Owne | er of | | |
| | | | |

- Understood the RULES & REGULATIONS as of now & amended in future applicable to the Institute conducting ICTO & or its Collaborative Partners Courses explained in the Franchise Proposal for Affiliation and agreed to abide by the sam.
- 2. I certify that I am the competent authority by virtue of the administrative and financial powers vested in me of the above mentioned Institute / Organization to furnish the above informations and to undertake the above stated commitment on behalf of my / our Institution.
- 3. I am aware that in case my information given by me is false or misleading, ICTO may in its sole discretion take whatever actions or measures it deems necessary and appropriate and the Institute would be debarred from the Affiliation.
- 4. I agree to abide by the rules & regulations and the decisions taken by the management of ICTO from time to time
- 5. I further understand that, I have to register each and every Trainees/Students studying at my/our Center at ICTO Head Office by paying the prescribed fee, failing which ICTO will have all the rights to take action.
- 6. In case of any dispute arising between ICTO & its Franchisee the Jurisdiction for all Legal purpose will be Hamirpur, Himachal Pradesh, India Only.



Institute of Computer Tally Organisation

Near PNB Bank Salouni, Teh. Barsar, Distt. Hamirpur (H.P.) 01972-251626, 86288-83626, 94183-49443 94187-83626 (W)