



**APPLICATION FORM FOR SETTING UP MGCSM AUTHORIZED**



**CENTER/REGIONAL CENTER/SCHOOL EDUCATION PROJECT**

1. In which city/town/village do you plan to set up the center :

City/Town/Village : \_\_\_\_\_

Dist : \_\_\_\_\_ State : \_\_\_\_\_

2. Population of the city/town/village :

- (a) Less than 10000
- (b) 11000 – 50000
- (c) 51000 – 100000
- (d) 101000 – 500000
- (e) More than 500000

All future correspondence shall be addressed to (Address of the Center):

Name / Firm Name : \_\_\_\_\_

Address of Center : \_\_\_\_\_

\_\_\_\_\_

Place : \_\_\_\_\_ State : \_\_\_\_\_

Pin : \_\_\_\_\_

Phone Number : STD Code \_\_\_\_\_ Phone \_\_\_\_\_

Email : \_\_\_\_\_

Web site : \_\_\_\_\_

**ABOUT THE PROPOSED CENTER**

1. Do you wish to apply for :

- (a) Authorized training center
- (b) Regional Center
- (c) School Education Project

2. What is/ will be the legal status of the proposed center

- (a) Sole Proprietorship
- (b) Partnership
- (c) Private Limited Co.
- (d) Trust/Society
- (e) Others

3. Is the center already in existence:

- (a) Yes
- (b) No

4. If yes, than since when is the center in existence:

Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_



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5. How much area (in square feet) do you have for :

Computer lab \_\_\_\_\_ Sq. Ft.  
Theory Class \_\_\_\_\_ Sq. Ft.  
Counseling / Reception \_\_\_\_\_ Sq. Ft.  
TOTAL AREA : \_\_\_\_\_ Sq. Ft.

6. Nature of agreement of the premises:

Rental  
Ownership

7. Location of the center

Residential  
Commercial

7. Details of existing/ proposed infrastructure:

(a) Total number of computer systems \_\_\_\_\_  
Configuration of the systems (Processor/Speed/RAM/HDD):  
(i) \_\_\_\_\_ (ii) \_\_\_\_\_  
(iii) \_\_\_\_\_ (iv) \_\_\_\_\_  
(v) \_\_\_\_\_ (v) \_\_\_\_\_  
(vii) \_\_\_\_\_ (viii) \_\_\_\_\_  
(ix) \_\_\_\_\_ (x) \_\_\_\_\_

(b) Number of Printers \_\_\_\_\_  
Dot Matrix  
Ink Jet  
Laser

(c) Name of the software available/proposed to be purchased  
(i) \_\_\_\_\_ (ii) \_\_\_\_\_  
(iii) \_\_\_\_\_ (iv) \_\_\_\_\_  
(v) \_\_\_\_\_ (vi) \_\_\_\_\_  
(vii) \_\_\_\_\_ (viii) \_\_\_\_\_  
(ix) \_\_\_\_\_ (x) \_\_\_\_\_

(d) Name of the books available in library:  
(i) \_\_\_\_\_ (ii) \_\_\_\_\_  
(iii) \_\_\_\_\_ (iv) \_\_\_\_\_

(e) Internet Connectivity:  
Dial up  
Broadband  
Cable  
Wi-Fi  
None



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(f) Details of other furniture:

S.No.	Particulars	Quantity (in Numbers)
1.	Computer Tables	
2.	Computer Chairs	
3.	Classroom Chairs	
4.	White board/Black Board	
5.	OHP	
6.	Others (Specify)	

8.Details about Faculties:

S.No.	Name	Qualification	Experience
1			
2			
3			
4			



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**PERSONAL FACT SHEET OF THE CENTER INCHARGE**

1. Name : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Date of Birth : \_\_\_ DD/ \_\_\_ MM/ \_\_\_ YYYY
4. Res. Address : \_\_\_\_\_  
\_\_\_\_\_
- Place \_\_\_\_\_ Dist. \_\_\_\_\_  
State \_\_\_\_\_  
Phone (with STD Code) \_\_\_\_\_  
Mobile No. \_\_\_\_\_ Email \_\_\_\_\_
5. Investment Capacity: Rs. \_\_\_\_\_

(Signature & stamp)  
Authorized person

Date: \_\_\_\_\_

**PLEASE SEND APPLICATION WITH THE FOLLOWING ATTACHMENTS:**

1. Copy of address proof (Telephone bill/electricity bill/ rent deed/ registry/ license of municipal corporation)
2. Copy of identity proof (PAN Card/ Election card/ Driving license/ Passport/ Bank pass book)
3. One Passport size colored photograph
4. Photograph of center from inside

Our mailing address is:

**MAHATMA GANDHI COMPUTER SAKSHARTA MISSION**

**TF-1 Rukmani Complex Sussen road Tarsali Vadodara 390009 (Gujarat).**

**Ph. 0265-3083215, 9825794143, 9824236256. Email. : info@mgcsmindia.com**

**Website: www.MGCSMINDIA.com**