

MEMBERSHIP FORM



MCC[®]
Academy

Where care leads a career

Regd. Trademark No. 1116484

ISO 9001 : 2008 Certified

Corporate Office

MINDMART COMPUTER CENTRE PVT. LTD.

B-10, 2nd Floor, Indradhanu Market, IRC Village, Nayapalli,
Bhubaneswar (Odisha). Phone: 0674-6570257

E-mail: info@mccacademy.com, Web: www.mccacademy.com

Authorised Learning & Information Centre of **Punjab Technical University & CMJ University**

1. Name and Address : _____

_____ Phone : _____

Fax : _____ E-mail : _____

2. Father's Name : _____

3. Academic Qualification : _____

4. Technical Qualifications : _____

5. Existing/Fresh Institute : _____

6. Place of Interest for Opening the Centre : _____

6.1 It is a : Business Area Residential Area Industrial Area

*Affix Pass Port
size Photo*

7. Details of your City/Town

7.1 No. of High Schools : _____

7.2 No. of Colleges : _____

8. Nearest Public Transport Facility :

Railway Station _____ kms. Bus station _____ kms.

9. If you are a working in a computer institute

9.1. Name of the organisation : _____

9.2. Designation : _____

9.3. Proficiency in : _____

9.4. Experience : _____

9.5. Level of your activities in that organisation : _____

9.6. Do you want to take up the Project along or in partnership : _____

(If Partnership, attach your Partner's Bio-Data in a separate Sheet)

10. If you are running a Computer Education Institute

10.1. Name of the Centre : _____

10.2. Own [] Franchise []
* If franchisee attach copy of Franchisee Certificate.

10.3. Date of Establishment : _____

10.4. The Turnover of a Financial Year : _____

10.5. Enclose Course Details, Prospectus,
Fee Structure of the courses offered
by you : _____

10.6. No.of Students : _____

10.7. Details of Hardware

Sl.No	Equipment	Quantity	Capacity
1	Computer		
2	CVT		
3	UPS/Genset		
4	PRINTER		
5	AC		

10.8. Details of space available : a) Class room : _____ b) Lab : _____
c) Staff room : _____ d)Total Area: _____

10.9. Background of Partner/Proprietor/Director

Name	Designation	Age	Qualification	Experience	% Share Holding

10.10. Number of Employees : _____

10.11. Details of Employees :

Sl.No	Employee's Name	Qualification	Salary	Post held	Experience	Responsibilities
1						
2						
3						
4						
5						
6						
7						
8						

**SPACE FOR PHOTOCOPY
FRONT SIDE PHOTOCOPY OF TRAINING CENTRE**



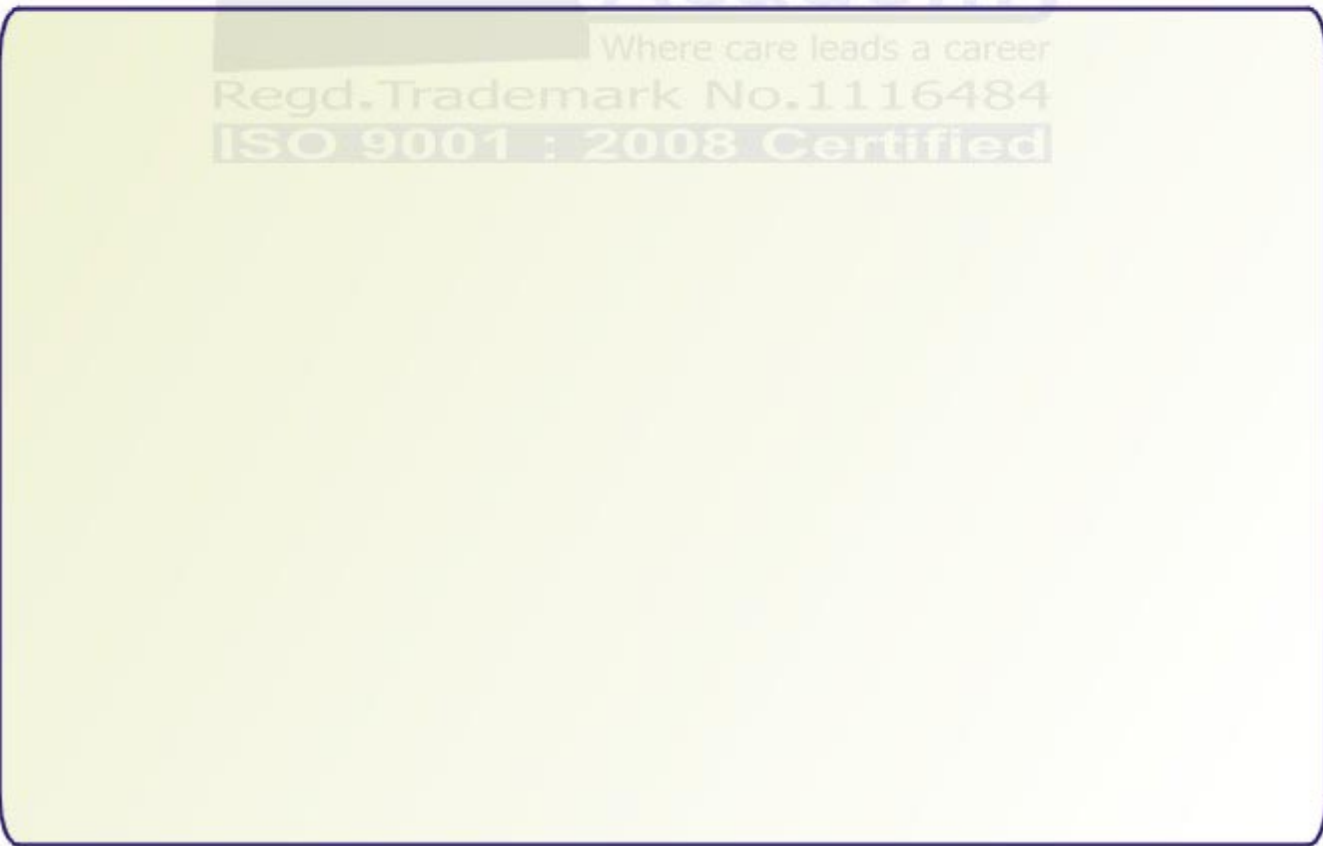
WIDE RANGE PHOTOCOPY OF TRAINING CENTRE TO IDENTIFY ITS LOCATION



PHOTOCOPY OF COMPUTER LAB



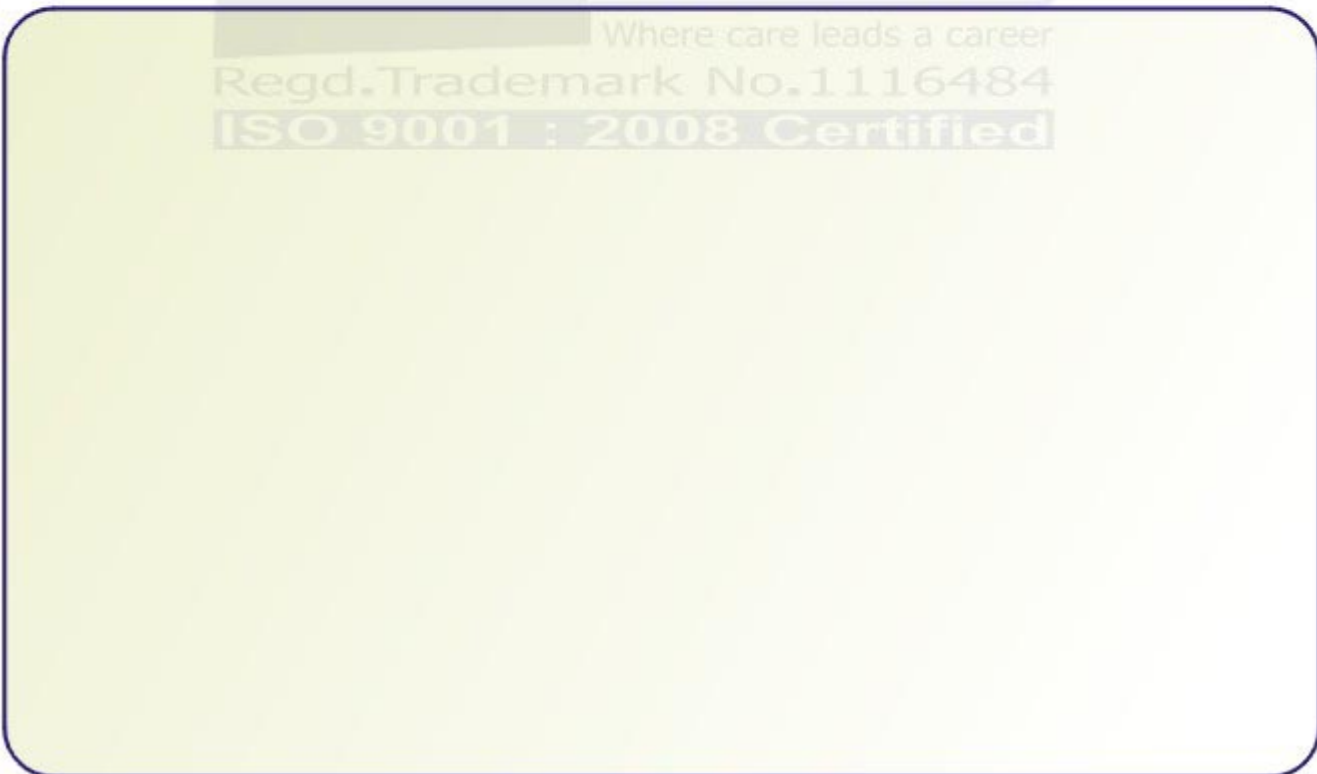
PHOTOCOPY OF CLASS ROOM



PHOTOCOPY OF COUNSELLING/OFFICE ROOM



Other's if any



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Self Appraisal (Use extra sheets if necessary)

- 1 Please give in brief why do you consider yourself suitable for taking up our project highlighting especially your major interest and strengths. :

- 2 Please give in brief on "If selected as our partner institution, how would you ideally handle our objectives to spread the Project in your City/Town/Village. :

- 3 Please give a note on "What do you expect from us to enable you to become an ideal partner institution?" :

DECLARATION

I/We hereby declare that all the above furnished particulars are true and correct to the best of my/our knowledge and belief. In case of any false statement found by the organisation at later period our candidature is liable to be cancelled and if necessary, legal action shall be taken against me/us.

Signature of the Applicant

Place : _____ Partners : 1. _____

Date : _____ 2. _____

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