

## ATP Application Form

### Guideline for filling in this form

1. Please answer all the questions. However if you feel a particular question is not applicable please indicate "N.A."
2. In case of questions with multiple options please tick the appropriate answer.
3. Whenever a name is asked for, please prefix it with Miss/Mr./Mrs.
4. If a group of individuals are planning to jointly setup the center please photocopy SECTION 1: Personal Fact Sheet and fill in the details of respective members.
5. If you can provide any additional information that will help us take a decision in your favor, please attach separate sheet.
6. Whenever additional personal fact sheets are being used, please re-number the pages of the application form accordingly.

In which location of the City / Suburb do you plan for the ATP center: \_\_\_\_\_

All future correspondence should be addressed to:

Name of the Institution / company: \_\_\_\_\_

Contact person (HOC): \_\_\_\_\_

Address: \_\_\_\_\_

P.O: \_\_\_\_\_ Dist: \_\_\_\_\_

Pin Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Company Seal:

Authorized Signatory:

Date:

## SECTION I: PERSONAL FACT SHEET

1. Name: \_\_\_\_\_ 2. Age: \_\_\_\_\_

3. Address: \_\_\_\_\_

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

4. Phone: ( ) (R) (M)

5. Email id: \_\_\_\_\_

6. Educational qualification beginning with most recent:

Qualification	Year	Name of the institution

7. Current Occupation (Please tick)

a.) Service

b.) Business

c.) Both

**To be filled in by those in service**

Name of the current employer : \_\_\_\_\_

Designation : \_\_\_\_\_

Previous Work Experience:

Period	Organization Name	Designation	Responsibilities

**To be filled in by those in business**

Company Name(s)	Proprietary/ Partnership/ Private Ltd./ Public Ltd.	Nature of the Business	Product	Year in Business	No. of Employee	Turnover (in Rs.)		
						Last 3 Years		

8. Does your professional background involve in any of the following?

1. Marketing / Sales

3. Teaching

5. Use of Computer

2. Software development & Training

4. Small Business Management

\_\_\_\_\_  
Full Signature

## SECTION II: THE PROPOSED CENTER

1. How do you proposed to set up the center?

a.) Proprietorship b.) Partnership c.) Private Ltd. d.) Public Ltd. e) Society/trust

If Partnership/Private Ltd/ Public Ltd/ Society/trust then mention the name of the

Partners/Director/Members

Sl. NO	Name	Address	Mobile Number

2. Is the business already in existence?

a.) Yes b.) No

3. Do you already posses a site?

a.) Yes b.) No

If Yes,

Nature of agreement* Ownership / Rental / Lease	Period of Lease	Total Tiled / Carpet Area	Address

\* Please provide copy of agreement

If No, how long will it take to locate one? Months: \_\_\_\_\_

4. What is your total investment capacity: Rs. \_\_\_\_\_

## SECTION III: DETAILS OF THE EXISTING COMPUTER CENTER

(TO BE FILLED BY THOSE WHO OWN EXISTING COMPUTER CENTER)

1. Please provide the following details:

Name of Center	Year inexistence	Space available	Address	People Employed (Nos.)	Turnover	
					Last year	Since inception

2. What are the Teaching aids available at your center?

Aids (Computer / LCD projector / White board / Printer / Scanner etc)	Qty	Description / Configuration

3. Please attach a note of the faculty / Computer professionals employed at your center:

Name	Designation	Work Experience (Months)	Technical Qualification

### ENCLOSURES:

- Trade license copy.
- Address Proof
- Proof of Faculty's qualification
- Income Tax return acknowledgement. (wherever necessary).
- Copy of Partnership Agreement (wherever necessary).
- Photo of Proposed / Existing center (Roadside view, front office, Computer lab)