



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

(Under CSS Educational Trust)

CSS COMPUTER EDUCATION  
7A, K.S.C. School Road,  
TIRUPUR – 641604  
Tamilnadu, INDIA.

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 \_\_\_\_\_

\_\_\_\_\_