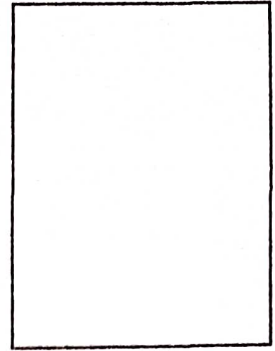




ODISHA COMPUTER SCIENCE MANAGEMENT

(REGD GOVT OF ODISHA & ISO CERTIFIED ORGANIZATION)

FRANCHISEE/PARTENER APPLICATION FORM



APP SL NO-

DATE-

PERSONAL AND PROFESSIONAL DETAILS

APPLICANT NAME-.....

FATHER/HUSBAND'S NAME-.....

DATE OF BIRTH-

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CONTACT **NUMBER** -.....

EMAIL ID-.....

MARITAL STATUS-.....

IF MARRIED MENTION OF MARRIAGE DATE-.....

PERMANENT ADDRESS- AT-....., PO-.....

PS-..... DIST-..... STATE-..... PIN-.....

NAME OF ORG-.....

LOCATION-.....

ORG ADDRESS- AT-....., PO-.....

PS-..... DIST-..... STATE-..... PIN-.....

Head Office- Odisha Computer Science Management,
At/P.O.- Bargarh, Dist.- Bargarh, State- Odisha,
CORP Office- Odisha Computer Science Management,
At/P.O.- Chakarkend, Dist.- Bargarh

Website- www.ocsmgroup.in
e-mail- ocsmgroupindia@gmail.com

Contact No.- 9090288080, 9937441377

9114309326

P.T.O.

YOU ARE INTRESTED FOR FRANCHISEE OR AGENT PARTENER

PLEASE PROVIDE DETAILS-

A) Are you interested in job placement- Y ☐ N ☐

B) Are you interested in distance education- Y ☐ N ☐

C) Are you interested in project- Y ☐ N ☐

D) Are you interested in other service- Y ☐ N ☐

E) Institute details- How many computer available in your institute-

Theory room, printer, scanner, internet, urinal, bio matrix, webcam, power backup- Y ☐ N ☐

How many primary school available with in 10 km

How many high school available with in 10 km

How many institute available with in 10 km

How old are your institution

Is it rented- Y ☐ N ☐

How many distance in railway station

Nearest railway station.....

How many distance in bus station

Nearest busstop.....

f) Are you a graduate- Y ☐ N ☐

g) Your upline details-.....

.....

Full signature of the authority officer

Full signature of the applicant

Note- Authorization will be renewal after 1 year. Please provide 2 passport photo and id proof Xerox.