ODISHA COMPUTER SCIENCE MANAGEMENT

(REGD GOVT OF ODISHA & ISO CERTIFIED ORGAINIZATION)

FRANCHISEE/PARTENER APPLICATION FORM

.....

APP SL NO-

DATE-

PERSONAL AND PROFESSIONAL DETAILS

APPLICANT NAME-.....

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

DATE OF BIRTH- ☐☐ ☐☐ ☐☐☐☐

CONTACT NUMBER –.....

EMAIL ID-.....

MARITIAL STATUS-.....

IF MARRIED MANTION OF MARRIGE 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.