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CENTRE ESTABLISHMENT FORM

1.	Name of the institution		
2.	Type of inctitution	Trust Society	Proprietor Partnership Firm
۷.	Type of institution		Proprietor Partnership Film
		Company Othrs:	
3.	Full postal address with Pin code		
			State :
4.	Contact Person		Ph
5.	Designation		
6.	Communications Connectivity	Telephone No.:	Fax
		Mobile No	
		Email:	
		Website:	
7.	Institution is recognized by		
INF	RASTRUCTURE DETAILS		
(Kii	ndly select the appropriate option. Enc	ose the details also)	
8. The building of institution is		Leased	Rented Owned
9. I	nternet Connectivity	Broadband	Dial up Speed
10.	In which city/town/village do you plan t	o set up the center:	
		City/Town/Village:	Dist:
11.	Is the Centre already in existence:		
		Yes	
		No 🗔	

12.	. If yes, then since when is the center in existence :						
	Date _		Month		year		
13		. S.No. Particulars			Qua	ntity (In Numbers	3)
		1.	Computer Tables				
		2.	Computer Chairs				
		3.	Class Room Chairs				
		4.	White Board / Black B	oard			
		5.	Counselling Room				
		6.	Other (Specify)				
		7.	Class Room				
		8.	Lab Room				
		9.	Library Room				
14.	Do you	with to ap	oply for :				
	a)	ABBSC	OFT Study Center (ASC)				
	b)	ABBSC	OFT Regional Center (ARC)				
	c)	Authori	prized Counselling Center (ACC)				
	d)	Authori	uthorized University Study Center (AUSC)				
e) University Sub- Study Center (USSC)							
45. Detaile about Marchana							
15. Details about Members :							
	SI.No	SI.No. Name		Desig	nation	Qualification	Experience
	1.				·		·
	2.						
	3.						
	4.						
	5.						
16.	How M	uch area	(in square feet) do you ha	eve for :			
	Computer Lab		_ Sq.Ft.	Ft.			
	Theory Class		_ Sq.Ft.	.Ft.			
	Counseling Reception			_ Sq.Ft.			
	TOTAL AREA			_ Sq.Ft.			

17.	Location	of the Ce	nter				
	Residenti	al					
	Commerc	cial					
18.	Number of	of Printers	S				
	Dot Matri	x					
	Ink Jet						
	Laser						
			PERSOI	NAL DATA SHEET OF THE HE	<u>AD</u>		
1.	. Name :						
2.	Father's I	Name	:				
3.							
4.	Res. Add	ress	<u>:</u>				
			Place	Dist	State		
				Bist Email			
5.	Education	cational Qulification					
	SI.No.	S	tandard	Board / University	Year of Passing	%	
	1.	10 +2					
	2.	Gradu	ation				
	3.	3. Post Graduation4. Other (Specify)					
	4.						
				Name			
	Signature						

UNDERTAKING

l	S/O,D/		Center		
suk	•		ith ABBSOFT COMPUTERS designation of clare and solemnly affirm that:		
1.	I have carefully read and understood all the guidelines, specifications and other information published by the ABBSOFT COMPUTERS.				
2.	I agree to adhere to all the norms, guidelines etc. and to fulfill all the formalities and submit the documents as prescribed from time to time by the ABBSOFT COMPUTERS and other competen authorities.				
3.	I understand and agree that fees paid by me with the application form or on account of processing fee, for conduct of inspection, for grant of approval of my application or any other fee or charges, as prescribed for tying up once paid, will be non-refundable. Withdrawal of my proposal or rejection by the ABBSOFT COMPUTERS at any stage for reason whatsoever shall not entitle me to claim any amount or compensation from the ABBSOFT COMPUTERS.				
4.	In case of any disputes or for any unforeseen issue(s) or issues not covered in the guidelines, specifications and other information published by the ABBSOFT COMPUTERS, the decision of the ABBSOFT COMPUTERS shall be final and binding on me and all other concerned.				
5.	I agree that the ABBSOFT COMPUTERS reserves the right to withdraw any location or any Discipline / Programme or its nomenclature at any time without assigning any reason and to make modifications in any information published anywhere whenever deemed necessary.				
6.	ABBSOFT COMPUTRS decision is the FINAL decision.				
7.	In the event of any disputes between the parties, which are not covered between the arbitration clause, the courts of Rourkela shall have exclusive jurisdiction.				
Dat	re	Revenue Stamp	Authorised Signatory (With Name)		
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