



# Centre For Development Of Software & Education

(Regd. Under Society Act. 1860, Govt. of UP, MSME & NITI Ayog. Govt. of India)

## APPLICATION FOR AFFILIATION OF INSTITUTE/CENTER

1. Name of the Organization : \_\_\_\_\_

2. Year of Establishment : \_\_\_\_\_  
(Attach Documents)

3. Type of Organization :

Trust	<input type="checkbox"/>	Society	<input type="checkbox"/>	Educational Institution	<input type="checkbox"/>
LLP	<input type="checkbox"/>	Pvt. Ltd.	<input type="checkbox"/>	Bank/Insurance Co.	<input type="checkbox"/>
Ltd	<input type="checkbox"/>	R & D Organization	<input type="checkbox"/>	PSU/Govt. Organization	<input type="checkbox"/>
Others _____					

4. Full Postal Address : \_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Pin Code: \_\_\_\_\_

5. Official Communication:

Phone No:

Tele Fax:

Mobile No.: +91

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

Fill the following Details and enclose proper proof:

6. Premise Details: Owned  Rented  7. Ready for Operation: Yes  Not Yet

8. Total Carpet Area of Organization (Sq. Ft.): \_\_\_\_\_

9. Total Site Area of Organization (Sq. Ft.): \_\_\_\_\_

10. Internet Connectivity: Leased Line  Broadband  Dial-Up  Speed \_\_\_\_\_

11. Details for computers

Types	RAM	HDD	Network (Y/N)	Internet (Y/N)
Server Computer				
Client Computers				

12. Infrastructure Details: Generator  LCD Player  FAX  Photo Copier

Sr. No.	Other Infra Structure for Training	Units	Ares (Sq.Ft.)	Seating Capacity
1.				
2				
3				
4				
5				
6				
7				

Sr. No.	Proposed Course	Expected No. of Admissions	Sr. No.	Proposed Course	Expected No. of Admissions
1.			1.		
2			2		
3			3		
4			4		
5			5		
6			6		

**14. Teachers and Other Staff Teaching Department Details:**

Enclosed separate List of all Trainers and Other Staff Members in following format:

Name   Father's Name   Date of Birth   Gender   Academic Qualification   Professional Qualification   Experience (Teaching & Non- Teaching Both)   Level of Association (Full Time/ Part Time/ Visiting Faculty)   Key Skills
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**DIRECTOR PROFILE**

1. Name: \_\_\_\_\_

2. Designation: \_\_\_\_\_

3. Sex: M  F  4. Qualification: \_\_\_\_\_

5. Experience: \_\_\_\_\_

6. Photo ID Proof: Driving License  Passport  Voter ID  Pan Card

Latest Passport Size Colour Photograph Principal/Director
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**DECLARATION**

We certify that the particular furnished above or in the preceding pages are true to our best of our knowledge and express our willingness for an inspection to assess the infrastructural facilities, qualified staff etc. We declare that the Organization will abide by all the rules and directions of **Centre for Development of Software & Education (CDSE)** given from time to time. In case of any information furnished by us is found wrong or incomplete in any regards, we shall be responsible for any decision taken by CDSE. I hereby confirm that I will regularly visit/login website namely [www.cdse.co.in](http://www.cdse.co.in) and any information relevant will be received by me from above-said website. Further, I will never claim any information officially or unofficially in hard copy and email. Therefore, Only I will be responsible for all types of consequences, if I don't visit/logging the said website.

I have carefully read and understood all the guidelines, specifications and other information published by the CDSE on the website [www.cdse.co.in](http://www.cdse.co.in). In case of any disputes or for any unforeseen issue(s) or issue not covered in the guidelines, specifications and other information published by the CDSE the decision of the CDSE will be final and binding on me and all other concerned. I agree that the CDSE 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.

In the event of any disputes between the parties, which are not covered at the arbitration clause, the course of UP shall have exclusive jurisdiction.

Date: \_\_\_\_\_

\_\_\_\_\_  
Specimen Signature of the Proposed Director

\_\_\_\_\_  
Seal & Signature of the Head of the Institute/Center

**FOR CENTER/INSTITUTE USE ONLY**

Demand Draft No.	Date	Bank	Issuing Bank

**Kindly allot me the following selected programmes:**

- |          |          |
|----------|----------|
| 1) ..... | 2) ..... |
| 3) ..... | 4) ..... |
| 5) ..... | 6) ..... |
| 7) ..... | 8) ..... |

**PHOTOS TO BE PASTED:**

Space for Affixing  
'WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE ORGANIZATION'

**UNDERTAKING**

The Above pasted photograph are belonging to our Organization. I also undertake that if I fail to pay renewal fee for the Center/Institute the CDSE has the right to transfer all our enrolled students to any other Center/Institute or treat them as Direct Students to complete their course

I Understand and agree that fee paid by me with the application form or on account of processing fee, for conduct of inspection, for grant approval of my application or any other fee or charges, as prescribed for Center/Institute once paid, will be non refundable. withdrawal of my proposal or rejection by the CDSE at any stages for reason whatsoever shall not entitle me to claim any amount or compensation from the CDSE.

\_\_\_\_\_  
*Specimen Signature of the Proposed Director*

\_\_\_\_\_  
*Seal & Signature of the Head of the Institute/Center*