



# A.D.VOCATIONAL INSTITUTE OF COMPUTER EDUCATION

## ADVICE SKILLS

### PRE ENQUIRY FORM

(ALL ENTRIES TO BE FILLED IN CAPITAL LETTERS ONLY)

NAME OF THE STUDY CENTRE .....

CENTRE HEAD/DIRECTOR'S NAME .....

COMPLETE ADDRESS OF THE PROPOSED SIGHT .....

.....

Block ..... Tehsil .....

District ..... State.....

PN CODE .....PHONE /MOBILE NO (WITH STD CODE).....

E-mail ID - .....

ESTABLISHMENT YEAR OF STUDY CENTRE, Since

☒ TICK ON THE CLASS OF STUDY CENTRE -

METRO CITY

☐

BLOCK

☐

DISTRICT

☐

PANCHAYAT

☐

Total Space Available in the Study Centre (in Sq. Feet) .....

AREA	NO. OF ROOMS	AREA IN SQ FT
CENTRE HEAD/DIRECTORS OFFICE		
CLASS ROOMS		
LAB ROOMS		
LIBRARY ROOM (IF ANY)		
COUNSELLOR ROOM/RECEPTION		
STAFF ROOM		

COMPUTER'S AVAILABLE IN THE STUDY CENTRE (Minimum No. 5) .....

ARE YOU PRESENTLY (Franchisee/Franchiser/NGO/Trust/Society/PVT Firm/Partnership) fill up?

.....

NUMBER OF STUDENTS IN CURRENT SESSION? .....

NO. OF FACULTIES / TEACHER / TRAINER	QUALIFICATION OF FACULTIES / TEACHER / TRAINER
1.	
2.	
3.	
4.	

#### DECLARATION

All the information given above are true to the best of my knowledge & nothing is concealed therein. I have read & understood the rules and regulation made by the ADVICE SKILLS & accept the same.

Date: .....

HEAD/INCHARGE OF THE STUDY CENTRE

Place: .....

Sign with Seal