

TOWN/TEHSIL:

DISTRICT:

STATE:

**INDIRA GANDHI COMPUTER SAKSHARTA MISSION  
AN ISO 9001:2008 CERTIFIED  
(FORM SURVEY)**

- 1) NAME OF INSTITUTE: .....
- 2) DIRECTOR OF INSTITUTE: .....
- 3) DATE OF BIRTH : .....
- 4) FATHER'S NAME: .....
- 5) CONTACT NO. OFF: .....
- 6) MOB NO. : .....
- 7) EMAIL ID: .....
- 8) PARTNER OF INSTITUTE  
(A) ..... (B)..... (C).....
- 9) ADDRESS OF INSTITUTE : .....
- 10) PERMANENT ADDRESS : .....
- 11) ESTABLISHED YEAR: .....
- 12) TOTAL CARPET AREA: .....

NOS OF THEORY CLASS ROOM	
NOS OF OFFICE	
NOS OF COUNSILING ROOM	
NOS OF STAFF ROOM	
NOS OF COMPUTER	
NOS OF LIBRARY (BOOKS)	
NOS OF STUDENT SEATING AREA	

- 13) NOS OF FACULTY: NAME                      QUALIFICATION                      EXPERINCE
- (A) .....                      .....                      .....
- (B) .....                      .....                      .....

- 14) IF INSTITUTE IS ALREADY REGISTER/FRANCHISE
- (A)..... (B)..... (C).....

- 15) COURSE OFFER:
- (A)..... (B)..... (C).....

16) LAST ACADEMIC YEAR STUDENT:

EXECUTIVE  
DIRECTOR

CENTRE