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) **ESTABILISHED 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   **CENTRE**
DIRECTOR