INDIRA GANDHI COMPUTER SHAKSHARTA MISSION

HEAD OFFICE: 36B/1 SECOND FLOOR GOVINDPURI KALKA JI NEW DELHI: 110019 TEL: 9310379051, 9310379032 Website: www.igtiindia.org. Email:sourabh@igtiindia.org

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Status of the Institution : Trust Regd. Society Other Year of Establishment																							
2. Ir	nfor	mat	ior	ab	ou	t the	e C	hief	Ex	ecı	ıtiv	e/ P	rino	cipa	I/ C	Dire	ctor o	f the	e Ins	stitu	ıte.		
Nam	e :																						
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Education Qualifications : head of the Institute Chief Executive/								ute/															
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3-Infrastructure Facility:

3.1 Facilities Available:

PARTICULARS	NO. OF ROOMS	SEATING CAPACITY	TOTALAREA (SQ. FT.)
Staff Room			
Class Room			
Laboratory			
Reception			
Toilets			
Any Other			

4-Details of Laboratory Facilities available.

(If necessary additional sheets may be used)

4.1- COMPUTER FACILITIES

SI. No.	Computer with Type	No. of terminals Available	Year of Purchase	Cost	Software Facilities	Other Facilities

5-Information about Faculty (As on date of proposal) Date of SI. Name Designation Qualification Teaching Status Experience | Appointment | Full Time/ No. Part Time 6- Library Facilities: No. of Text / Subject Books No. of Reference Books No. of Periodicals No. of Journals No. of CD's Total cost invested on library Other (Specify) Centre's Address (In Hindi): Residential Address (In Hindi):Pin Code.....Pin Code..... Phone/Mobile..... Phone/Mobile..... The above information given by me are find correct & sign under by me.

SEAL OF THE INSTITUTE

SIGNATURE HEAD OF THE INSTITUTE

INDIRA GANDHI COMPUTER SHAKSHARTA MISSION

Form to be filled by study centre data sheet for website

1.	Study Centre Name	
2.	Centre's Director Name	
3.	Location	
4.	City	
5.	District	
6.	State	
7.	Phone (O)	
	Phone (R)	
	Mobile	
	Fax	
8.	E-mail :	
	I here by declare that the	e above furnished details are best to my knowledge.
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Signature

Centre Director