





**5- Information About Faculty**

(as on date of proposal)

Sl. No.	Name	Designation	Qualification	Teaching Experience	Date of Appointment	Status Full Time/ Part Time

**6- Library Facilities :**

No. of Text / Subject Books	
No. of Reference Books	
No. of Periodicals	
No. of Journals	
No. of CD's	
No. Cost Invested on Library	

Other (Specify) \_\_\_\_\_

\_\_\_\_\_

**Centre's Address (In English) :****Residential Address (In English) :**

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.....Pin Code.....

.....Pin Code.....

Phone/Mobile.....

Phone/Mobile.....

**The above information given by me are find correct & sign under by me.****SEAL OF INSTITUTE****SIGNATURE HEAD OF THE INSTITUTE**

# NATIONAL COMPUTER LITERACY & DEVELOPMENT

Form to be filled by study centre data sheet for website

1. Study Centre Name


2. Centre's Director Name


3. Location


4. City

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5. District

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6. State

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7. Phone (O)

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Phone (R)

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Mobile

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Fax

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8. E-mail

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I here by declare that the above furnished details are best to my knowledge.

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