

# APPLICATION FORMS

The set contains the following

- **LOCAL CHAPTER APPLICATION FORM**
- **PERSONAL REVIEW FORM**
- **LOCATION REVIEW FORM**
- **RESOURCE REVIEW FORM**

- Kindly study the Forms in details before filling them up.
- These Forms have been designed to enable us to study your proposal in greater detail.
- In case of Proprietary Business, the proprietor should fill up the Personal Review Form along with the other Forms.
- In case of Partnership Business, all the partners should fill up the Personal Review Form for that this Form can be photocopied in requisite numbers.
- In case of Limited Company, Chairman or Managing Director should only require to fill up the Personal Review Form.
- Please attach supporting Documents whenever necessary.
- Please use separate papers whenever required.

***INFORMATION FURNISHED BY THE APPLICANTS SHALL BE TREATED IN STRICT CONFIDENCE.***



**DISCLAIMER:**

*CESD Council for Employability and skill development reserves the right to reject the application at any point of time without showing any reasons whatsoever and submission of filled-in Application Forms does not assure any appointment of association of CESD.*

**LC/FC APPLICATION FORM**

To  
The Vice President ( Operations)  
Council for Employability and Skill development (CESD)  
New Delhi  
E-mail: cesdindia01@gmail.com

Please furnish the following details to enable us to consult with you on how we go about making you an CESD associate partner. Please attach separate sheets, wherever required.

**PERSONAL FACT SHEET**

1. NAME: -----  
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2. ADDRESS: -----  
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3. PHONE NO: (O)------(R)-----  
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4. FAX:-----e-mail:-----  
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5. EDUCATIONAL QUALIFICATIONS:

QUALIFICATION	YEAR OF PASSING	NAME OF THE INSTITUTE

6. OCCUPATION: -----

i. FOR PERSONS IN BUSINESS

BUSINESS COMPANY	OWNERSHIP PROP / PVT PARTNERSHIP	NATURE OF BUSINESS	TURNOVER (p.a.)

7. BRANCH DETAILS:

- i. Interested city for branch-----
- ii. Proposed Location-----
- iii. Area in sq. ft.-----

- iv. Area on Hire / Lease / Purchase / Own -----
- v. Prop / Partnership / Pvt. Ltd. /NGO / Society / Trust -----

**IF PARTNERSHIP, ATTACH SEPARATE SHEETS CLEARLY GIVING DETAILS OF THE PARTNERS AND THEIR NAMES**

- PARTNER’S NAME: i. -----  
 ii. -----

**8. INVESTMENT PLANS:**

- i. Proposed financial commitments-----
- ii. Mode of availing finance-----

**9. YOUR MARKET SURVEY**

- i. Population of the place-----
- ii. No. of schools and colleges in the area-----
- iii. Per capita income of the people staying in the locality-----

**10. Does Your Professional Background Involve Any Of The Following?**

- i. Marketing / Sales
- ii. Training
- iii. Teaching
- iv. Profit Centre Management
- v. Small Business Administration / Management
- vi. Use of Computer

**11. How Do You Propose To Setup The Centre?**

- i. Proprietorship
- ii. Partnership
- iii. Pvt. Ltd.
- iv. NGO/Society/Trust etc

**12. What Do You Think You Will Be Able To Contribute In Terms Of Personal Skill And Attributes, To Make This Enterprise A Success?**

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**13. Media**

- i. Local Newspapers, Circulation & advertisement cost / col/cm.
- ii. Local Magazines, Circulation & advertisement cost / col/cm.
- iii. Hoarding costs.
- iv. Cinema slide charges.

**14. Which are the institutes in your town you consider as a major competitors in the field of good Quality Job Oriented Education.**

SL. NO.	NAME OF INSTITUTE	APPROX NO. OF STUDENTS

**15. How soon can you start the project?**

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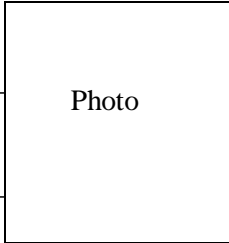
**DATE:**-----

**SIGNATURE:**-----

**PLACE:**-----

# PERSONAL REVIEW FORM

**NAME:** \_\_\_\_\_  
(IN FULL AND CAPITAL LETTERS)



**FATHER'S/HUSBAND'S NAME:** \_\_\_\_\_

**RESIDENTIAL ADDRESS:**

House No. : \_\_\_\_\_ Street/Road : \_\_\_\_\_  
 Landmark : \_\_\_\_\_  
 District : \_\_\_\_\_  
 Pin : \_\_\_\_\_ State : \_\_\_\_\_

**TELEPHONE NOS. :** Off: \_\_\_\_\_ Resi: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

**EMAIL ID:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ACADEMIC QUALIFICATIONS:**

Degree/Diploma/Certificates	University/Institution	Percentage of Marks obtained	Year of Passing

**PERSONAL STATUS [EMPLOYED/SELF EMPLOYED]:** \_\_\_\_\_

**IN CASE OF SELF EMPLOYED:**

Name of the Organisation	Nature of the Business	Entity	Designation	Year (From)	Year (To)	Turn Over (Rs. in lacs)	No. of Employees

**CESD**


**IN CASE OF EMPLOYED:**

<b>Name of the Company</b>	<b>Designation</b>	<b>Year (From)</b>	<b>Year (To)</b>	<b>Nature of Job</b>	<b>Key area of responsibilities</b>

**Please furnish at least five plan of actions by which your association with Erudite will become a successful venture.**

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# LOCATION REVIEW FORM

**NAME OF THE CITY/TOWN:** \_\_\_\_\_

**ADDRESS :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**POPULATION (In lacs):** \_\_\_\_\_

**NEARBY CITIES / TOWNS FROM WHERE REGULAR INFLUX OF STUDENTS AND PROFESSIONALS TAKE PLACE**

Name of the City/Town	Distance	Population (in lacs)

**LOCATION OF THE CENTRE:** COMMERCIAL / RESIDENTIAL / NEAR TO UNIVERSITIES / COLLEGE

**PREFERRED LOCATION IN THE CITY AND REASONS:**

\_\_\_\_\_

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# RESOURCE REVIEW FORM

**RESOURCE AVAILABLE: OWN / LOAN**

**IF OWN:**

Source	Amount	Time required to organize

**IF LOAN:**

Source	Rate of Interest	Amount	Time required to organize

**PREMISES: OWN / RENTED**      Covered Area (in sq. ft.) : \_\_\_\_\_

**IF RENTED:**

Initial Deposit	Monthly Rent	Agreement (No. of Years)

**IF OWN:**

**NATURE OF OWNERSHIP:**

- Single Ownership
- Joint
- Long Lease
- Others (Please specify)

**NO. OF FLOORS IN THE BUILDING:**

**FLOOR LOCATION:**

**TIME REQUIRED TO TAKE POSSESSION OF THE PREMISES:** \_\_\_\_\_ (in days)

**TIME REQUIRED TO GET THE INFRASTRUCTURE READY:** \_\_\_\_\_ (in days)

**DECLARATION:**

I/We hereby declare that the information provided by me/us here in above is true to the best of my knowledge and belief.

DATE : \_\_\_\_\_

PLACE : \_\_\_\_\_

\_\_\_\_\_  
(Signature)