CCC NO. | | | | | | | |

(For Office use only)

DOEACC SOCIETY

(An Autonomous Scientific Society of Department of Information Technology,
Ministry of Communication and Information Technology, Government of India)
Electronics Niketan, 6 CGO Complex, New Delhi – 110 003

APPLICATION PRFORMA FOR GRANT OF PERMISSION FOR THE CONDUCT OF CERTIFICATE COURSE ON COMPUTER CONCEPTS – (CCC)

PLEASE READ THE INSTRUCTIONS / GUIDELINES OF 'CCC' COURSE CAREFULLY BEFORE COMPLETING THE PROFORMA (ANNEXURE III)

1. NAME OF THE INSTITUTE

2. ADDRESS OF THE INSTITUTE (Accredited for the DOEACC Course(s))

ADDRESS:
CITY: PIN CODE
STATE: STD CODE

3. CONTACT NUMBERS

PHONE
FAX
E - MAIL:

4. Is the location, specified above accredited to conduct any of the DOEACC O/A/B/C level course(s): ☐ YES ☐ NO

5. Indicate the appropriate 'ACCR' number(s):

O | | | | | | A | | | | | | B | | | | | | C | | | | | |

6. Indicate the number of PC's that you may spare, for the conduct of the OnLine Examination with in your premises:
☐ 6 TO 10 ☐ 10 TO 20 ☐ 20 TO 30 ☐ 30 TO 40

7. Indicate the details of Internet connectivity available with your institute
Dial up ☐ Leased Line ☐

8a. Name of the Contact Person:

8b. Residence Address & Contact No

ADDRESS:
CITY: PIN CODE
STATE: STD CODE
PHONE
e-mail ID

9. Specimen signature of the authorized signatory with Name:

Space for Name of the Authorized Signatory	Space for Specimen Signature of Authorized Signatory

10. DECLARATION:

(i) I, ...son/daughter/wife of.....have read and understood the RULES OF CONDUCT OF "CCC" COURSE printed at the back side of this Performa and agree to abide by the same.

(ii) I certify that I am the competent authority, by virtue of the administrative and financial powers vested in me by ..... to furnish the above information and to undertake the above stated commitment on behalf of my /our institution.

(iii) I am aware that in case any information given by me is false or misleading, the Institute would be debarred form the conduction of CCC course and / or debarred from accreditation for any or all O/A/B/C levels besides being subjected to any other action that may be deemed fit by DOEACC Society

(iv) I agree to abide by the decisions of the DOEACC Society or its designated agencies in respect of my application for permission to conduct CCC course under the above scheme.

Signature of Witness :
Name :
Designation :
Date :
Address :
Seal of the organisation, if any

Signature :
Name :
Designation :
Date :
Address :
Seal of the organisation, if any