



All India Yuva Computer Saksharata Mission

APPLICATION FORM FOR THE INTRODUCTION OF NEW COURSE

(This form must be filled in CAPITAL LETTERS only)

1 Name of the Institute / Centre: _____

2. Code of the Institute: _____

3. Name of President / Chairman/ Trustee/ Proprietor of the Society/ Trust / Centre:

To,
The Secretary
All India Yuva Computer Saksharata Mission

Sir/Madam,

We wish to introduce the following Course at our study centre. The faculty details required for this course and the infrastructure are given below.

Kindly allow us to conduct this Certificate/Diploma course and upload the details in your website.

4. Name of The Course: _____

5. Duration of The Course: _____

6. No. of semesters of the Course: _____

7. Name of Subjects in 1st Semester

I. _____

II. _____

III. _____

8. Name of Subjects in 2nd Semester

I. _____

II. _____

III. _____

Signature of Centre Head with Seal

9. Profile and educational details of the Teaching Staff of Study Centre:

	Name of The Teacher	Highest Qualification Details	Teaching Experience
1			
2			
3			
4			TM

10. Syllabus in 1st Semester

- I. _____
- II. _____
- III. _____

11. Syllabus in 2nd Semester

- I. _____
- II. _____
- III. _____

12. Suggested Books for the Syllabus of The Course:

- _____
- _____
- _____
- _____
- _____

13. Details of Infrastructure Available to Conduct the Course.

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Signature of Centre Head with Seal
