

**Application for Appointment as
HCL Career Development Center (CDC) Program Partner**

Date: □□-□□-□□□□
DD-MM-YYYY

(Kindly furnish all the details as required, indicate not applicable if not relevant.)

1. Personal Details

Name : _____
Age : _____
Address : _____
City : _____
Pin : _____
Ph. No: : _____
Total Experience (No. of Years) : _____
Business : _____
Service (Job in any organization) : _____

2. In case you are in Service, kindly fill in the following details.

Organization Details

I. Name of the Organization : _____
II. Address : _____

City : _____
Pin : _____
III. Communication details Tel : _____
Fax : _____
Mobile : _____
Email id : _____
Any other : _____

IV. Working since : _____

V. Organization certification, if any (ISO etc.) : _____

VI. Name of the Chairman : Mr. /Ms.

3. In case you are in Business, please fill in the following details:

i. Industry type : _____

ii. Business Segment : _____

iii. Area of operations : _____

iv. Business turnover : _____

Last three year's details (Attach copy of IT returns of last three years.):

Year	Turnover
2003-04	
2004-05	
2005-06	

3.1 Organization Details:

I. Name of the Organization : _____

II. Registered Address of the organization : _____

City : _____

Pin : _____

4. In case you run a Training center or a Training franchisee / partner with any other organization, please give following details:

4.1 Type of training center:

Type of training	Firm Name	Organization Brand /	Incorporated Since	Turnover
IT Hardware				
Servers				
Networking				
Security				
Software				
Others (Specify type of training)				

4.2 Training Centre Infrastructure

(Attach separate sheet if having multiple setups)

- I. Is the premises owned or rented : _____
- II. Area : _____
- III. Telephone Nos. : _____
- IV. No. of Machines available : _____
- V. No. of Networking Equipments available : _____

4.3 Processes / Systems

Do you have processes / systems in place for the following:-

- I. Database Management : Yes / No
(Student database, billing etc)
- II. Library / courseware Management : Yes / No
- III. Enquiry & Registration Management : Yes / No
- IV. Center Management : Yes / No

4.4 Manpower Details

Sr. No	Name of the Employee	Profile	Qualification	Any, other certifications	Experience in	
					Your orgn.	Total IT
1.						
2.						
3.						
4.						
5.						
6.						

5. Bank Details:

a) Name of the Bank/s : _____

b) Available Balance : (as on 31/3/2006) _____
(Attach copy of bank statement)

: (as on today) _____

5.1 Bank Loans:

Have you taken loan from any bank : Yes / No

If yes, Loan Amount : _____

Name of the Bank : _____

EMI amount : _____

Repayment due till : _____

6. Area of Operations

On Appointment as HCL CDC Partner, I am willing to set up the training center at the following locations as per the standard guidelines (in the order of preference)

	Location	Space Available / Can Arrange	Own / Rented
i)			
ii)			
iii)			

7. Funds Availability

Are the funds available to start the Center? Yes / No.

If yes, investment potential : Rs. _____

State the sources of funds: _____

8. Details of the proposed Area/ Territory :

- i) Population : _____
- ii) Per capita income : _____
- iii) Student population (approx.) : _____
(Graduates & Undergraduates)
- iv) Total No. of Degree Colleges : _____
- v) Total No. Sr. Sec. Schools : _____
- vi) No. of Computer training centers : _____
 - Computer Hardware : _____
 - Computer Software : _____
- vii) No. of other training centers : _____

9. Details of Education centers in the area/ territory:

a.) Details of Engineering colleges:

S. No.	College Name	Total No. Students

b.) Details of the streams available in the engineering colleges:

College Name	Streams	No. of Students

c.) Details of Polytechnics:

S. No.	College Name	Total No. Students

d.) Details of the streams available in the Polytechnics:

College Name	Streams	No. of Students

e.) Details of Degree colleges:

S. No.	College Name	Total No. Students

f.) Details of Computer centers:

Software Training Centers:

S. No.	Name	No. of courses	Course Offered	Max. duration	Fee	Tot. no. of Students

Hardware Training Centers:

S. No.	Name	No. of courses	Course Offered	Max. duration	Fee	Tot. no. of Students

g.) Details of other Training centers:

S. No.	Name	course	Max. duration	Fee	Tot. no. of Students

10. Business Expectation:

How many students you expect to enroll (Total) : _____

Short term courses : _____

Career Course : _____

HCL in its pursuit of excellence has embarked on major quality related initiatives towards achieving high level of customer and partner satisfaction. The EFQM (European Foundation for Quality Management) Business Excellence Model is being followed company wide to enable us to achieve results through our partners and there by contribute to enhancement of support deliverables.

We request you to kindly share with us as to how your organization can contribute towards our above mentioned initiatives.

Note:

I / We _____ the applicants hereby state and confirm as follows:

1. This document is our application form for our proposal to HCL Infosystems Limited ("HCL") for evaluation and consideration by HCL for appointment as HCL CDC Partner and we acknowledge that this application shall be disposed off at HCL's sole discretion by accepting or rejecting this application.
2. We undertake and affirm that the information provided in this application Form is factual and true in all respects.
3. We agree to be bound by the terms and conditions of the HCL CDC Partner agreement in case our application for appointment as HCL CDC Partner is accepted by HCL.
4. In case of disputes, if any, under this application form or the subsequent HCL CDC Partner Agreement, the parties hereto (HCL and applicant) hereby submit ourselves to the exclusive jurisdiction competent courts at New Delhi.

Name:

Seal:

Signatures:

Date: