



**10. Software availability**

Software Availability at the center (Please indicate the relevant software pertaining to the CCC course only)		Printer / Power backup Facility
<b>Software</b>	<b>Version</b>	
<b>Operating System</b>	<b>DOS</b>	
	<b>WINDOWS</b>	
<b>MS OFFICE</b>		
<b>WEB BROWSER</b>	<b>Internet Explorer</b>	
	<b>Netscape Communicator</b>	
<b>Other (s) (Please Specify)</b>		

**11. Faculty Details: No. of Faculty deployed: \_\_\_\_\_ Please furnish details as per following statement.**  
(Kindly attach separate sheet if the space provided in the table is found inadequate)

Name of the Faculty	Academic Qualification(s)		Professional Qualification(s)		
	Examination Passed & year of passing	Name of the Board / University / Institution	Examination Passed & year of passing	Name of the Board / University / Institution	Duration of the Course (in months)

**12. Indicate the number of PC's that you may spare, for the the conduct of the On Line Examination with in your premises:**

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**13. Indicate the details of Internet connectivity available with your Institution:**

- 13.1 Name of ISP :
- 13.2 Bandwidth :
- 13.3 Type of Connectivity :  
(leased line, RF Link, VSat, ADSL etc.)
- 13.4 Whether static or dynamic IP :

**DECLARATION:**

- (i) I, .....son/daughter/wife of.....have read and understood the GUIDELINES / INSTRUCTIONS OF CONDUCT OF "CCC" COURSE 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 the organisation referred to in col.1 above.
- (iii) I am aware that in case any information given by me is found false or misleading, my organisation would be debarred form the conduction of CCC course besides being subjected to any other action that may be deemed fit by DOEACC Society
- (iv) The details furnished with regard to faculty and infrastructure are correct to the best of my knowledge and belief and we will ensure availability of these facilities on a continued basis till we continue to offer candidates to DOEACC - CCC Exams.
- (v) I agree to abide by the decisions of the DOEACC Society or its designated agencies in respect of my application for permission to offer candidates for CCC examination conducted by DOEACC.

Signature of Witness :

Name :

Designation :

Date :

Address :

Seal of the organisation, if any

Signature of Authorised Signatory:

Name :

Designation :

Date :

Address :

Seal of the organisation, if any

