



Authorized Testing Center Application Form

The completion of this application places no obligation on either India CyberLearning Pvt. Ltd. or the applicant. All fields are mandatory. Incomplete form will result in delay of the processing time.

Date _____

First Name (Mr./Ms./Mrs.) _____

Last Name _____

Date of Birth _____

Married or Single _____

If Married, Spouse Name _____

Current Residence Address _____

Mailing Address, if different _____

Telephone(s) # _____

Fax # _____

Email: _____

The information furnished in this application will be used by India CyberLearning Pvt. Ltd. (ICPL) and affiliated companies in assisting ICPL in its process of determining the applicant's eligibility as a prospective testing center. ICPL may verify both personal and financial information.

Educational Record

School _____ (Year) _____

College or University _____ (Year) _____

City _____ State _____

Degree(s) Obtained _____ (Year) _____

Graduate Experience _____

Additional Education _____



Tell Us About Your Business

Name of Your Business _____

Type of Business: Proprietorship / Partnership / Private Ltd. Co. / Public Ltd. Co.

(If Partnership- please attach copy of the partnership deed with application)

(If Private Limited Company- please attach copy of the MOA with application)

Year of Establishment _____

Last three years Sales/Turnover _____

Registered Office Address _____

Tel # _____ Fax # _____ Email _____

URL _____

Premises Owned/Rented _____

If rented, please provide lease details including duration _____

PAN No. (Please enclose Self Attested Copy) _____

SERVICE TAX No. _____

(Please enclose Self Attested Copy)

YOUR BANKER'S NAME _____

Branch Details _____

Type of Account and Account No _____

Infrastructure Details

(Please attach 2 pictures of your testing center- inside and outside)

Address of Proposed Center with area _____

No. of Computers in your facility _____

Web (Internet) Connectivity Details _____



Do you have a Printer; if yes then give details _____

Power Back up facility in Hrs _____

Profile of clients/customer coming to you center?

Location of Center: Commercial Area/ Residential Area (circle one)

General Information

What three adjectives best describe your personality?

What distinguishes you from other people?

What do your peers, co-workers and family most admire about you?

Have you ever been convicted of a felony crime? No _____ Yes _____ Date _____

Community Activities: Do you belong to any charitable or socially responsible organization(s)? If yes, what do they do?

List your Hobbies:

*Personal References: (Do not list relatives or former employers)

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____



CERTIFIED ASSOCIATE



*Trade References: (Companies with whom do business now/ have done business in the past)

Contact Name	Company Name	Phone	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

What is the minimum number of exams you can deliver? _____

What support do you expect from us/distributor? _____

Number of hours you intend to work in the business _____ hrs/week

Would you employ a full time Manager? _____

Why are you interested in offering Global Certifications?

Signed _____

Name _____

Today's date _____



CERTIFIED ASSOCIATE



Declaration

I/we certify:

1. That I/we have obtained the consent, approval, license or authorization of any partner, third party, governmental agency, commission, board or public authority required in connection with the execution, delivery and performance of the contemplated agreement. And if there is any change in the applicant before signing of the agreement, I/We shall inform ICPL about same and such change shall be treated as fresh application.
2. That I/We agree that on behalf of Certiport (USA), ICPL has the authority to accept/reject the application for any reason whatsoever and in such event the registration fee shall be refunded in full.
3. That there are no lawsuits, proceedings, actions, arbitrations, claims or governmental investigations, inquiries or proceedings pending or threatened, at law or in equity, against me/us which questions the legality, validity or propriety of the transactions contemplated hereby.
4. I/We certify that all information provided by us in this application form and on any attachments provided by me/us is true to the best of my/our knowledge. I/We authorize ICPL to verify any information from whatever source it deems appropriate. I/We understand that any misrepresentation in any of the above may result in rejection of this application.

Signed _____

Name _____

Designation _____

Dated _____

Company Seal _____