

Application for Establishment of an Authorized Testing Centre

Name of the Firm	:	<input type="text"/>	
Type of the Firm	:	Company/Proprietorship/ Partnership Firm/Educational Institute/NGO	
Registration No.	:	<input type="text"/>	
Date of Registration	:	<input type="text"/>	
Address of Communication	:	<input type="text"/>	
Contact Number	:	<input type="text" value="Landline Number"/>	<input type="text" value="Phone Number"/>
Email ID (Please mention at least domain based) 3	:	<input type="text" value="1."/>	<input type="text" value="Password"/>
Email IDs:	:	<input type="text" value="2."/>	<input type="text" value="Password"/>
Email IDs:	:	<input type="text" value="3."/>	<input type="text" value="Password"/>
Website Address:	:	<input type="text"/>	
Is the website domain more than one year?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Infrastructure Related Details (Rooms, Computers, Furniture's and Fixtures etc)

No. of Rooms	:	<input type="text"/>		
Status of Availability of Waiting Area		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
No. of Computers	:	<input type="text"/>	No. of Printers :	<input type="text"/>

Status of Availability of Broadband	:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Status of Availability of CCTV Camera	:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Power Backup Facility		Generator KV	
		Inverter KV	
Status of Purified Drinking Water	:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Status of Toilet Facilities	:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name of Authorized Signatory with Designation:

Name	:	<input type="text"/>
Designation	:	<input type="text"/>

(Signature of Authorized Signatory with Seal)

Date:



FINRUSH
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**Let's Get
In Touch**

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