



Application for Establishment of an Authorized Testing Centre

Name of the Firm	:		
Type of the Firm	:	Company/Proprietorship/ Partnership Firm/Educational Institute/NGO	
Registration No.	:		
Date of Registration	:		
Address of Communication	:		
Contact Number	:	Landline Number	Phone Number
Email ID (Please mention at least domain based) 3 Email IDs:	:	1.	Password
	:	2.	Password
	:	3.	Password
Website Address:	:		
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	:		
Status of Availability of Waiting Area	:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No. of Computers	:		No. of Printers : <input type="text"/>

Status of Availability of Broadband : Yes ☐ No ☐

Status of Availability of CCTV Camera : Yes ☐ No ☐

Power Backup Facility : Generator KV

: Inverter KV

Status of Purified Drinking Water : Yes ☐ No ☐

Status of Toilet Facilities : Yes ☐ No ☐

Name of Authorized Signatory with Designation:

Name :

Designation :

(Signature of Authorized Signatory with Seal)

Date:



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**Let's Get
In Touch**

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