

Schedule-I

Cyber Cafe Registration Form

(For official use only)

Registration Number: _____
Date : dd/mm/yyyy

Name of the Establishment _____

Type of Establishment _____

(Proprietorship / Partnership / Company / Society)

Date of Incorporation // _____

(Please attach photocopy of Shop Registration document or Rental Agreement or Lease and License Agreement or Shop Ownership Papers. Please also attach name/address of directors if it is a company or name/address of partners if it is a partnership firm and also any other document to support proof of Establishment and address)

Address _____

City _____ Pincode _____

State _____

Office Telephone Number _____

Fax _____

Website _____

Nearest Police Station _____

Registrar of Company registration number (if registered) _____

Name of the Owner/Partner/Promoter/Director _____

Address _____

City _____

Pincode _____

State _____

Telephone Number _____

Mobile Number _____

Email ID _____

Type of services provided _____

List of computers and IT infrastructure including hardware and software installed or proposed to be installed. _____ (Please attach detailed list)

Signature _____

Signed by _____

Date of Application _____

Place : _____

Documents Submitted

1.

2.

3.

4.