## 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 or 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/Pro	omoter/Director
Address	
City	
Pincode	
State	
Telephone Number	
Mobile Number	
Email ID	
Type of services provided	
List of computers and IT infrastr	ructure 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.	