

# Franchise Application Form



## 1. Institution Details

- a) Institute Name:
- b) Institute Address with PIN:
- c) Parliamentary Constituency:
- d) Contact Number:
- e) Email id:
- f) Website:
- g) Category: Company/NGO/Partnership/Proprietorship:
- h) Please mention the courses of interest:

## 2. Centre Details

a)

NAME OF THE CENTER	RUNNING SINCE	CURRENT STUDENT STRENGTH	COURSE OFFERED	CURRENT INFRASTRUCTURE (TOTAL AREA, NO OF CLASS ROOM AND LAB WITH SEATING CAPACITY)	ANNUAL TURNOVER

### IT Infrastructure

EQUIPMENT	SPECIFICATION	QUANTITY
COMPUTERS		
SCANNER		
PRINTER		
LAN		
INTERNET		

### Staff Details

STAFF	NUMBER
CENTER MANAGER ACADEMIC COUNSELLOR SENIOR FACULTY JUNIOR FACULTY LAB IN CHARGE BUSINESS EXECUTIVE OFFICE BOY	

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## 2 Institute Owner Details

- a) Name:
- b) Office Address:
- c) Residential Address:
- d) Phone(office):
- e) Mobile:
- f) Fax:
- g) Email id:
- h) Educational Qualifications

The applicant hereby understands and agrees that mere submission of this application, does not grant/entail the franchise. The Franchisor reserves the right to accept/reject the applicant at its sole discretion.

Date & Place:

Sign. With Stamp

Enclosure:

- Registration Certificate
- PAN, TAN Number
- Balance sheet of last three years
- One cancelled cheque of the mentioned bank account
- Photo, Address Proof & PAN of centre owner
- Photographs of the centre indicating the centre location and infrastructure
- **Atleast one photo each of class Room, Lab., Entrance of Centre, Entrance of the Classroom and outside view of the centre.**