

FRANCHISEE APPLICATION

SUB: APPLICATION FORM FOR BECOMING A FRANCHISEE CENTER Please fill up this form and attach supporting documents.

1. Name of Applicant: _____

2. An individual attach (PAN Card / DL / Voter ID) No: _____

3. Full address:

a. Postal Address: _____

City : _____ Pin Code: _____

b. Email Address: _____

4. Telephone no's with STD Code:

a. Phone: _____

b. Mobile: _____

5. Work Experience of the Director: _____

6. Total carpet area (Please attach office photographs): _____

7. Assessment of the Center with respect to location: (Attach Lease/Rent Deed copy)

a. Location _____

b. Parking space. _____

c. Owned / On Lease / Rent etc. _____

8. Infrastructure of Center

a. No. of Rooms _____

b. Seats, Tables, Furniture, Whiteboards: _____

c. No. of PCs (Attach configuration details): _____

d. Software source (Attach software details): _____

e. Library / Educational CD available: _____

f. Internet Connection & Type: _____

g. Number of Scanner and printers: _____

h. Power backup facility: _____

9. Any collaboration with any other organization for IT or any other programs:

a. Name of the organization _____

b. Programs being undertaken _____

NOTE: Provide Photographs of Center from Outside, Reception Area, Class Room, Lab

10. DECLARATION

I/We certify that all information in this application form and on any attachments is true and accurately represents my/our current and continuing financial conditions. I/We understand that any misrepresentation in this statement may result in rejection of this application.

.....
(Name of applicant) (Signature) (Date)

Note:
Send this application to us by courier / post.