



Franchisee Form

Form to be filled by Study Centre data sheet for Website

1. Study Centre Name

Grid for Study Centre Name

2. Authorised Person

Grid for Authorised Person

3. Location

Grid for Location

4. City

Grid for City

5. District

Grid for District

6. State

Grid for State

7. Pincode

Grid for Pincode

8. Mobile No.

Grid for Mobile No.

9. WhatsApp No.

Grid for WhatsApp No.

10. E-mail Id

Text box for E-mail Id

Information about the Executive / Director of the Institute

Name:

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Designation:

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Educational Qualification:

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Professional Experience:

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Space for the
Photograph
(Passport Size)

Infrastructure Details

Particular	No. of Rooms	Seating Capacity	Total Area (SQ. FT.)
Class Room			
Laboratory			
Library			
Reception			
Staff Room			
Any Other			

Information about Equipment

Sr. No.	Particulars	Quantity	Configuration/ Brand
1.	Computers / PC		
2.	Printer		
3.	Scanner		
4.			

Declaration: - I affirm that all the information provided in the application form is true to the best of my knowledge and belief.

Signature with stamp
Centre Director

For Head Office Use Only :-																			
Centre Code <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Date of Agreement <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Total Affiliation Fee. Amount Received.																			
Receipt/Cheque/Draft No. Date.																			
Authorized Signatory																			