

Franchise Application Form



First step towards "LEARNING"

Personal Details

Name:

Father/Husband's Name:

Date of Birth: DD MM YY

Present Address:

City: State:

Pin Code: Ph.No.(With STD Code):

Cell No: Fax No.(With STD Code):

EmailID:

Permanent Address:

City/State: Pin Code:

Ph.No.(With STD Code): Cell No:

Location Address

Location: I (Address)	Location: II (If Any)	Location: III (If Any)

Educational Details/Background

Current Occupation (tick any one)

Service

Business

Others

If others, please specify.....
.....
.....

If Employed, Work Experience

Employer's Name/ Address/ Phone No.	Designation

Current job profile.....
.....
.....

If Business, Business Experience

Company Name	Partnership/ Proprietorship/PublicorPvt. Ltd.Co.	Nature of Business/V entire's	Annual Turnover

Current Business profile.....
.....
.....

Nature of the Entity proposing to Purchase the Franchise

Sole Proprietorship

Partnership

Society

Public/Pvt.Ltd.Co

Trust

Other/Not Decided yet

Are you going to directly involved in running the school (Yes/No)_____
If No, please mention details of the person whom you expect to be involved in running the school.

Table with 3 columns: Name, Qualifications, Age. It contains four empty rows for data entry.

Source of Finance for the Franchisee

Self Finance [] Bank finance [] others []

If others (Please explain).....
.....
.....

Other information's

- 1. Do you already possess land for the proposed school?
2. Mention the size of the total built up area
3. Is the premise owned or leased?
4. If owned, does the premise have clear title of ownership?
5. Does the premise have open area?
6. Is the premise located in residential?
7. Is Parking space available?
8. Is the premise easily accessible?
9. Does the premise have quick access to medical/Doctor?
10. Is the premise protected/safe?

I am hereby enclosing a DD of Rs.10000/- favoring "Indus Valley ...a Play School", Kosli

DD. No..... Dated.....Drawn on.....

DECLARATION

I hereby declare that all the information furnished herein by me true to best of knowledge. If any of the information is found incorrect I/we understand that my Application will be rejected.

Name: Signature:

Date: Place: