INTERNATIONAL

Self Employment Education Programme

AN ISO 9001:2008 Certified

FRANCHISEE FORM FOR ESTABLISHMENT OF NEW LEARNING CENTRE

STREAM: _____

1. APPLICANT PROFILE:

TYPE OF ORGANIZATION: (Plz. tick whichever is applicable)

Trust ☐ Society ☐ Academy ☐ Other Specify ☐

CONTACT DETAILS:

Name of Trust/Society/Other: (Do you want approval in name of)

Name of Father/Husband

Name of Proposed Learning Centre/Parlour/Boutique/Other

Correspondence address for Offical Records

City/Town/Village

Distt. State

Mobile

STD Code Phone 1 Phone 2

e-mail Address :

website :

Contact Person

Contact No.

Designation

Personal address

TYPE OF AREA (Plz. tick whichever is applicable)

Metro ☐ State Capital ☐ Distt. HQ ☐ Town ☐ Semi Urban ☐

Rural ☐ Backward Area ☐ Remote ☐ Hilly Region ☐ Tribal Area ☐

PREMISES & AVAILABILITY STATUS:

Owned ☐ Rented ☐ Leased ☐ Ready for Operations ☐ Not Yet ☐

INFRASTRUCTURE DETAILS

Total Area ☐ in sq. ft.

Name	
Desigation	
Date	
Place	

STAMP & SIGNATURE