

11. Information about the Executive / Director of the Institute

Name:

Designation:

Educational Qualification:

Professional Experience:

12. Infrastructure Details

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

13. Information about Equipment

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

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

Signature with stamp
Centre Director

For Head Office Use Only :-

Centre Code	Date of Agreement
<input type="text"/>	<input type="text"/>
Total Franchise Fee. Amount Received.	
Cash/Cheque/Draft No.	Date.
Authorized Signatory	