



## Application for Franchise Form

Date:   -   -      
DD MM YY YY

(Kindly fill all the details properly.)

### Personal Details

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Pin-code: \_\_\_\_\_

Mobile: \_\_\_\_\_

Total-Exp of work (No. of Years): \_\_\_\_\_

E-mail: \_\_\_\_\_

### In Case you are in Service, kindly fill all the following details

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Pin-code: \_\_\_\_\_

Phone: \_\_\_\_\_

Working Since: \_\_\_\_\_

Designation: \_\_\_\_\_

### Organization Details

Name of Organization: \_\_\_\_\_

Registered Address: \_\_\_\_\_

City: \_\_\_\_\_

Pin-code: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail id: \_\_\_\_\_

PAN no. : \_\_\_\_\_

Service Tax Registration no: \_\_\_\_\_

Type of Organization:  Proprietary  Partnership  Private  Public Limited

Organization certification, if any (ISO 9001 etc.): \_\_\_\_\_

Name of Organization Head: Mr. / Ms. \_\_\_\_\_

Please attach: Resume of all the Employers, and also Head of the Organization

**In Case you run a Training center or a Training franchisee / partner with any other Organization, please give details:**

Type of a Training Center:

Type of training	Firm name	Organization/Brand	Incorporated since	Turnover
IT Hardware				
Servers				
Networking				
Security				
Software				
Other				

Training Central Infrastructure:

(Attach separate sheet if having multiple setups)

I. Is the premises owned or rented : \_\_\_\_\_

II. Area \_\_\_\_\_

III. Telephone No. \_\_\_\_\_

IV. No. of Computers available \_\_\_\_\_

**Manpower Details:**

Sr. No	Name of the Employee	Profile	Qualification	Experience
1				
2				
3				
4				
5				
6				

**Bank Details**

Name of Bank/s: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of the Account Holder: \_\_\_\_\_

Branch Name: \_\_\_\_\_

**Funds Availability**

Are the funds available to start the center: Yes / No

If yes, investment potential: Rs \_\_\_\_\_

State the source of funds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Details of the Franchise Area**

Business Area Address: \_\_\_\_\_

City & State: \_\_\_\_\_

Pin code: \_\_\_\_\_

Total no. of Degree Colleges: \_\_\_\_\_

Total no. of Training Centers: \_\_\_\_\_

## Business Expectation

How many students you expect to enroll (Total): \_\_\_\_\_

Short term courses: \_\_\_\_\_

Career courses: \_\_\_\_\_

***We request you to kindly share with us as to how your organization can contribute towards us.***

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### **Note:**

I/We \_\_\_\_\_ the applicant hereby state and confirm as follows:

1. This document is our application form for franchise to EH1-INFOTECH
2. We undertake and affirm that the information provided in this application form is factual and true in all respects.
3. We agree to be bound by the terms and conditions of EH1-INFOTECH

Name

Signature

Date