



## FRANCHISE APPLICATION FORM

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

WhatsApp Mobile No : \_\_\_\_\_

Mail Id : \_\_\_\_\_

Are You Running an Educational Institute? Yes ☐ No ☐

District : \_\_\_\_\_

Block : \_\_\_\_\_

Pin Code : \_\_\_\_\_

Land Mark Address : \_\_\_\_\_

Current Occupation: Service ☐ Business ☐ Both ☐

Does your professional background involve any of the following? (Please tick the appropriate box)

Marketing/Sales ☐

Profit Center Management ☐

Education/Training ☐

Other (Specify)

Small Business Mgmt. ☐

\_\_\_\_\_

Are you currently associated with any professional group/association? Yes ☐ No ☐

If yes, give details: \_\_\_\_\_

City Town where you propose to setup the new venture: \_\_\_\_\_

When do you propose to setup the new venture? Immediately ☐ Within next 3 months ☐ Next 3 to 6 months ☐

Do you already possess a site? Yes ☐ No ☐

How much funds are you willing to invest? 1-4 Lacs ☐ 4-310 Lacs ☐ More than 10 Lacs ☐

Date: \_\_\_\_\_

Signature: \_\_\_\_\_