FRANCHISEE APPLICATION FORM



1. Name of the Institute / Centre:	
2. Postal Address with Pin Code (Kindly mention the	nearest land mark also)
City / Town Dis	st
State : Pin	n Code
3.Telephone Nos Mo	bile:
Email id	
Website (If any):Par	n No
4. Name of Owner of the Centre:	
(a). Educational qualification:	
5	
DECLARATION	
I / we hereby declare that the details provided by me / us herein above are true to best of my / our knowledge	
	Date :
Signature	Place :
Signature & Seal of S of Director/Proprietor of Ins (In original, with date)	titute

Office Address: -

Head office : - A/1204 Crystal Palace , Rambag, Pawai, Mumbai -400076

Sco- Behind Rajendra Hostel, Chandmari , Motihari, 845401, East Champaran , Bihar.