







## FRANCHISE FORM

| Date of A  |                    |            |       |            |       |                             |       |               |                |       |      |       |      |     |                                  |       |    |         |            |  |        |        |   |  |
|--|--------------------|------------|-------|------------|-------|-----------------------------|-------|---------------|----------------|-------|------|-------|------|-----|----------------------------------|-------|----|---------|------------|--|--------|--------|---|--|
|  |                    |            |       |            |       |                             |       |               |                |       |      |       |      |     |                                  |       |    |         |            |  |        |        |   |  |
| Father's   | Nam                | ne :       |       |            |       |                             |       |               |                |       |      |       |      |     |                                  |       |    |         |            |  |        |        |   |  |
|  |                    |            |       |            |       |                             |       |               |                |       |      |       |      |     |                                  |       |    |         |            |  |        |        |   |  |
| Mother's   | Nan                | ne :       |       |            |       |                             |       |               |                |       |      |       |      |     |                                  |       |    |         |            |  |        |        |   |  |
|  |                    |            |       |            |       |                             |       |               |                |       |      |       |      |     |                                  |       |    |         |            |  |        |        |   |  |
| Nationality :  |                    |            |       |            |       | Date of Birth :- (DD/MM/YY) |       |               |                |       |      |       |      | (   |                                  |       |    | Gender: |            |  |        |        |   |  |
|  |                    |            |       |            |       |                             |       |               |                |       |      |       |      |     |                                  |       | М  | ale     | ale Female |  |        |        |   |  |
| Aadhaaı  | r Nun              | nber       | :     |            |       |                             |       |               |                |       |      |       |      |     | E                                | mail: |    |         |            |  |        |        |   |  |
|  |                    |            |       |            |       |                             |       |               |                |       |      |       |      |     |                                  |       |    |         |            |  |        |        |   |  |
| Applicar   | nts C              | ompl       | ete a | ddres      | s for | corr                        | espoi | nden          | ce (D          | o not | repe | eat N | ame) |     |                                  |       |    |         |            |  |        |        |   |  |
|  |                    |            |       |            |       |                             |       |               |                |       |      |       |      |     |                                  |       |    |         |            |  |        |        | L |  |
|  |                    |            |       |            |       |                             |       |               |                |       |      |       |      |     |                                  |       |    |         |            |  |        |        |   |  |
| STATE :-   |                    |            |       |            |       |                             |       | PIN           | COE            | DE :- |      |       |      |     |                                  |       |    |         |            |  |        |        |   |  |
| Mobile I   | No :-              |            |       |            |       |                             |       |               |                |       |      |       |      |     |                                  |       |    |         |            |  |        |        |   |  |
|  |                    |            |       |            |       |                             |       | ]             |                |       |      |       |      |     |                                  |       |    |         |            |  |        |        |   |  |
| Name of  | Cen                | ter :-     |       |            | •     | •                           |       | -             |                |       |      |       |      |     |                                  |       |    |         |            |  |        |        |   |  |
|  |                    |            |       |            |       |                             |       |               |                |       |      |       |      |     |                                  |       |    |         |            |  | Т      |        | Π |  |
|  |                    |            |       | П          |       |                             |       |               |                |       |      |       |      |     |                                  |       |    |         |            |  | $\top$ |        | T |  |
| Center F   | ull A              | ddres      | ss :- |            |       |                             |       |               | •              |       |      | •     |      |     | •                                |       | •  | •       |            |  |        |        |   |  |
|  |                    |            |       |            |       |                             |       |               |                |       |      |       |      |     |                                  |       |    |         |            |  | Т      | Т      | Τ |  |
|  |                    |            |       | $\Box$     |       |                             |       |               |                |       |      |       |      |     |                                  |       |    |         |            |  | $\top$ | $\top$ | t |  |
|  |                    |            | STA   | TE :-      |       |                             |       |               |                |       |      |       |      | PIN | COI                              | DE :- |    |         |            |  | $\top$ | t      | T |  |
| Mobile N   | lo. :-             |            |       |            |       |                             |       |               |                |       |      |       |      |     |                                  |       | E- | mail    | ;-         |  |        |        |   |  |
| $\overline{}$  | Ť                  | Т          | Т     | $\top$     | Т     | Т                           | T     | 1             |                |       |      |       |      | Г   |                                  |       |    |         |            |  |        |        |   |  |
|  |                    |            |       |            |       |                             |       | J             |                |       |      |       |      | _   |                                  |       |    |         |            |  |        |        |   |  |
| Type of  | Cour               | ses,       | Run   | at Yo      | ur Ce | enter                       | :     |               |                |       |      |       |      |     |                                  |       |    |         |            |  |        |        |   |  |
| Type of Courses, Run at Your Center IT Courses Academic Course |                    |            |       |            |       |                             |       | School Beauti |                |       |      |       |      |     | cian Courses Competitive Courses |       |    |         |            |  |        |        |   |  |
| Other Co   |                    | es :-      |       |            |       |                             |       |               |                |       |      |       |      |     |                                  |       |    |         |            |  |        |        | _ |  |
|  | -                  |            |       |            |       |                             |       |               |                |       |      |       |      |     |                                  |       |    |         |            |  | Т      | Т      | Т |  |
| Area of  | Cent               | ∟<br>⊵r In | sauir | e fee'     | t     |                             |       |               |                |       |      |       |      |     |                                  |       |    |         |            |  |        |        |   |  |
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| Staffs D   | etail <sup>•</sup> | :-         |       |            |       |                             |       |               |                |       |      |       |      |     |                                  |       |    |         |            |  |        |        |   |  |
| Name   |                    |            |       |            |       | /loh N                      | Jumh  | er            | E-mail Address |       |      |       |      |     | R                                | Role  |    |         |            |  |        |        |   |  |
|  |                    |            |       | Mob Number |       |                             |       | Z man radioss |                |       |      |       |      | + ' | 100                              |       |    |         |            |  |        |        |   |  |
|  |                    |            |       |            | +     |                             |       |               | $\vdash$       |       |      |       |      |     | +                                |       |    |         |            |  |        |        |   |  |
|  |                    |            |       |            | +     |                             |       |               | $\vdash$       |       |      |       |      |     | +                                |       |    |         |            |  |        |        |   |  |
|  |                    |            |       |            | +     |                             |       |               | $\vdash$       |       |      |       |      |     | +                                |       |    |         |            |  |        |        |   |  |
|  |                    |            |       |            | +     |                             |       |               | +              |       |      |       |      |     | +                                |       |    |         |            |  |        |        | _ |  |
|  |                    |            |       |            | +     |                             |       |               | +              |       |      |       |      |     | +                                |       |    |         |            |  |        |        |   |  |
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|  |                    |            |       |            |       |                             |       |               | 1              |       |      |       |      |     | - 1                              |       |    |         |            |  |        |        |   |  |