

Government of India . MCI(Delhi) , ISO



Sub institute REGISTRATION from

We want franchise for our institute, we have read carefully and understood and read all the rules and regulation, terms and conditions and I/we accept them. The details of our institute /school/college/academy as under:-

1.Name of the institute /school:-.....

2.Regd. No. if registered :-.....

(Attached copy)

3. I/we want (Name of course to be mentioned):-.....

4.I/we shall provide to the students(Name of tools &Equipment's generally used for the course other than computer):-

6. Dist:-.....State:-.....Phone:-.....

Mobile No:-Pin:-.....

E-mail:-.....Website:-.....

Nearest Bus Stand:-.....

Nearest Railway Station:-.....

Nearest Airport:-.....

7.Detail members:-

- i.
- ii.
- iii.
- iv.
- v.
- vi.
- vii.

Detail of the Authorized person of institute/school/college/academy Who will work with the Board on the behalf of the institute/school/college:-

Name:-

Father's Name:-.....

Mothers Name:-.....

Date of birth:-.....

Educational Qualification:-.....

Work Experience (If Any):-.....

Full Address:-.....

Mobile No:-..... Email ID:-.....

Website:-.....

(Attach copies as a proof of Identity, educational qualification, proof of address)

9. Detail of Building:

i. Owned/on lease/Rent etc/Commercial/Resident if rented, Any terms of Rent.

ii. Total class Room:-.....

iii.Total No of students it can train at any one time:-.....

iv. Water Arrangement:-.....

v. Air Conditioning Yes/No:-.....

vi. Toilet facility:-.....

vii. Play Ground:-.....

viii.Conference/Meeting Room:-.....

ix. Computer facility:-.....

x.No of computer labs and total no of computer:-.....

xi. Configuration of computer:-.....

xii. Internet facility:-.....

xiii.Generator for Power Back up:-.....

10.Detail of Staff:

i. Computer:-.....

ii.Medical Nursing:-.....

iii.Beauty culture:-.....

iv.Ladies tailor & Cutting:-

v.Mobile Repairing:-.....

vi. Ac & Refrigerator:-.....

vii.Spoken English:-.....

viii.Land surveyor:-.....

ix.Others:-.....

11.Bank Detail of the institute:-

i.Name of the Bank:-.....

ii. Branch name:-

iii.IFSC Code:-.....

iv.Account No:-.....

v.Name of signatory Person:-.....

12.Is your institute/School/colleges franchise with any other Educational Board /University give detail?

If yes attached:-
.....
.....

13.Other details:-
.....
.....

I hereby declare that the above information is true.

Date:-

Place:-

Signature:-

Name:-

Designation:-

Stamp:-