



| Franchisee Application Form  |                              |        |       |            |           |                 |  |   |   |   |                        |      |  |  |                         |  |  |  |  |  |  |
|--|------------------------------|--------|-------|------------|-----------|-----------------|--|---|---|---|------------------------|------|--|--|-------------------------|--|--|--|--|--|--|
| 1 N  | 1. Name of the Center Head : |        |       |            |           |                 |  |   |   |   |                        |      |  |  | Paste recent photograph |  |  |  |  |  |  |
| 1.14   |                              |        | CCIII |            | au .      |                 |  |   |   |   |                        |      |  |  |                         |  |  |  |  |  |  |
|  |                              |        |       |            |           |                 |  |   |   |   |                        |      |  |  |                         |  |  |  |  |  |  |
| 2. N   | ame                          | of Fat | her/I | Husba<br>D | nd/G<br>D | uardi<br>M      |  | Y | Y | Y | Y                      | ,    |  |  |                         |  |  |  |  |  |  |
|  |                              |        |       |            |           |                 |  |   |   |   |                        |      |  |  |                         |  |  |  |  |  |  |
| Date of Birth      Educational Qualification beginning with the most recent: |                              |        |       |            |           |                 |  |   |   |   |                        |      |  |  |                         |  |  |  |  |  |  |
| Qualification  |                              |        |       |            |           | Year of Passing |  |   |   |   | University/Institution |      |  |  |                         |  |  |  |  |  |  |
|  |                              |        |       |            |           |                 |  |   |   |   |                        |      |  |  |                         |  |  |  |  |  |  |
|  |                              |        |       |            |           |                 |  |   |   |   |                        |      |  |  |                         |  |  |  |  |  |  |
|  |                              |        |       |            |           | -               |  |   |   |   |                        |      |  |  |                         |  |  |  |  |  |  |
| 1  |                              |        |       |            |           |                 |  |   |   |   |                        |      |  |  |                         |  |  |  |  |  |  |
| 4. A   | ddres                        | s of t | he Ce | nter l     | Head:     | <u> </u>        |  |   |   |   |                        |      |  |  |                         |  |  |  |  |  |  |
| 4. A   | ddres                        | s of t | he Ce | enter I    | Head:     | :               |  |   |   |   |                        |      |  |  |                         |  |  |  |  |  |  |
| 4. A   | ddres                        | s of t | he Ce | enter I    | Head:     | <u> </u>        |  |   |   |   |                        |      |  |  |                         |  |  |  |  |  |  |
| 4. A   | ddres                        | s of t | he Ce | enter I    | Head:     | :               |  |   |   |   | Dia                    | Cods |  |  |                         |  |  |  |  |  |  |
| 4. A   |                              |        |       | enter I    | Head:     |                 |  |   |   |   | Pin                    | Code |  |  |                         |  |  |  |  |  |  |
|  |                              | State  |       |            | Head:     | :               |  |   |   |   | Pin                    | Code |  |  |                         |  |  |  |  |  |  |
|  |                              | State  |       |            | Head:     |                 |  |   |   |   | Pin                    | Code |  |  |                         |  |  |  |  |  |  |



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

Place:

## COMPLETE SOLUTION Regd. under the companies Act. 2013 Ministry of Corporate Affairs, Govt. of India. An ISO 9001: 2015 Certified Company



6. Address of the Center: **Pin Code** State 7. Land line No.: 8. Mobile No. : 9. E-mail ID **Enclosure:** Age proof Matric Intermediate Graduation Master degree Identity Proof Diploma **Declaration** I certify that all the information in this application form and on any attachments thereto is true. I authorize the company to verify any information from whatever source it deems appropriate. I understand that any misrepresentation in this statement may result in rejection of this application. ❖ I enclose herewith a certified true copy of the all Certificates and Identity Proof. I hereby undertake, if selected, to start the franchisee centre within a period of 10 days from the date of approval of this application failing which I agree to the revoking of this application and agree that the amount deposited with the Company will not be refunded and that I shall not raise any claim against the Company.