

## Franchise Proposal

Apply for Training Centre

Form Receiving Date	ASTC Code	Officer	
Total Amount of Franchisee Fo	ees:	Amount Received:	
Mode of Payment:	Date:	Ref /Cheque/ Draft/Receipt Number:	
Remarks:			
Authorized Signatory		Director Ge	neral And Reg
Name of the Applica	nt/Applicants :	1 7 7 7 1 4	
	Martin Control	COLUMN COLOR	_
	N -		
a.) Whether you are o	currently running an institute:	Yes N	No
b.) if yes, then name o	of institute	AHON	
Status of Institute :	Trust Society	Partnership Proprietorship	Pvt
Postal Address			
Teh :	District :	State:	
PIN :	E <mark>mail ID :</mark>		_
Website :	1000	Area : Urban	Semi Ur
		Rural	Backwa
Mobile :	Landl	ducation And Table	
Mobile:	Landi	ine:	
Date of Incorporation	/Commencement of Institute:		
	e is currently Associated/ Franchi	se/Partner of any Organization	
Whether your institute	e is currently Associated, Francis	4. 145	1
450	Brand ·		10.00
(if yes, please specify I	se Budget for One Year : Rs		_

Courses currently being conducted at your Institute: (Please Attach a List of Such Courses)

9.

## PERSONAL FACT SHEET OF THE INSTITUTE INCHARGE/ HEAD

		<del>,</del>	<del></del>		i.	
Father's N	ame :				P	hotograph
Date of B	irth:	D M M Y	Y			of the Incharge
Residenti			NIET	1		of the Institute
City:	100	Teh		_		
Distt:		State:	JCAII	ON		
LandLine	No (With STD	Code) :	Mobi	le :		_
Email ID :		19,		101	2.5	_
City:	15.6	Teh		- V		
Distt :		State:		Country:		
		State:		Country :	Unmarried [	_
National					2 2 2	
National	ity:			arried	2 2 2	Percentag
National Academi	ity : c Qualification		_ Marital Status : Ma	arried	Unmarried [	Percentage
National Academi S. No.	ity : c Qualification		_ Marital Status : Ma	arried	Unmarried [	Percentage
Academi S. No.	ity: c Qualification Standard		_ Marital Status : Ma	arried	Unmarried [	Percentage

## **Document Required**

## Kindly Attached the Following Documents along with the application form:

- 1. Copy of Address Proof (Telephone Bill/ Elec. Bill/ Licence of the Municipal Corporation) of the Institute.
- 2. Copy if Identity Proof (PAN Card/ Voter Card/ Driving Licence/ Passport/ Bank Pass Book/ Aadhaar Card.
- 3. Copy of Academic Qualifications.
- 4. One Passport Size Colored Photograph of Owner/ Proprietor/ Partners.
- 5. if Building on Rent/Lease then Latest Rent/Lease Agreement.
- 6. Clearly Shown Photographs of the Institute.

Signature of the Center Head/Principal Directo	ſ
Name	