NATIONAL INSTITUTE OF PROFESSIONAL TRAINING

An ISO 9001 : 2008 Certified Organization

Franchisee Application Form

Fill the Form in Block Letter

Paste recent photograph

1. Name of the Center Head :

2. Name of Father/Husband/Guardian:

3. Date of Birth

D D M M Y Y Y Y

4. Educational Qualification beginning with the most recent:

Qualification	Year of Passing	University/Institution

4. Address of the Center Head:

Pin Code

State

5. Name of the Center:

6. Address of the Center:

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											Pin Code								
State																			

7. Land line No. :

8. Mobile No. :

9. E-mail ID :

Enclosure:

Age proof ☐ Matric ☐ Intermediate ☐ Graduation ☐ Master degree ☐

Diploma ☐ Identity Proof ☐

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 two months 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.

Date : _____

Place :_____