



Regd. Under the Companies Act. 2013 Ministry of Corporate Affairs, Govt. of India.

An ISO 9001:2015 Certified Company



Franchise Form

Full Name of the Authorized Person: (IN BLOCK LETTERS)

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| F:Mail: Name of Partner No. 02 : (IN BLOCK LETTERS) Age: Marital Status: Age: Marital Status: Highest Academic / Professional Qualification attained: Cell Phone F:Mail: Cell Phone F:Mail: Cell Phone F:Mail: Cell Phone F:Mail: No. & Seating Capacity Area (in Sqr. Ft.) Theory Class Room Vork Phone: Vork Phone: Particular No. & Seating Capacity Area (in Sqr. Ft.) Theory Class Room Vork Phone: Vork Phone: Particular No. & Seating Capacity Area (in Sqr. Ft.) Theory Class Room/Lab Vork Phone: Vork Phone: Practical Class Room/Lab Vork Phone: Vork Phone: Library Vork Phone: Vork Phone: Officer's Chamber/Office Vork Phone: Vork Phone: Equipment Held: Vork Phone: Vork Phone: Particular Nos. Type Computer Vork Phone: Vork Phone: Particular Nos. Type Computer Vork Phone: Vork Phone: | Wo | ork P | hone | e: | | | | | Cell Phone | | | | | | | | | | | |
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