



FRANCHISEE Application form

AIIT COMPUTER EDUCATION

4. Name of the Institution

2. Name of the Head:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Address

4. Contact No's

5. Email ID & Website:

6. Institution Overview

Name of the Centre	Institute Overview	Courses Offered	Annual Turnover (Details)

7. Do you have any business or others? If yes explain.

--

8. Explain your professional background?

--

9. Building:

Owned/Rented /Leased	Carpet Area (Sq. ft.)	Name of the Owner	Period of Agreement	Date of Agreement

9. Infrastructure Details

No. of Classrooms :
 No. of Computer Systems :
 Office Equipment :
 Faculties Details :

Sl. No	Name	Qualification	Since	Avg Salary

10. Do you have any experience in executing the placement linked skill development training Programs? If any.

Classification of the Place. Residential / Commercial / Educational	Distance from Bus stand and Railway station	Population of the Place	Familiar/Influence in the District/Town	Modes of Mobilization

11. Do you have any other franchisee (please tick) Yes () No ()

(If Yes) Name of franchisee provider -----

Please write in details what else you desire from us -----

DECLARATION

I hereby certify that the context stated above are correct and true to my knowledge and belief and hereby confirm that our Organization / Society / Trust is free from any legal / official disputes whatsoever. I accept that any facts stated above. If found incorrect will automatically result in cancellation for franchisee.

Name (Head of the Organization)
 Designation & Signature with seal
 Date & Place

FRANCHISEE APPLICATION FEES PAYMENT DETAILS

DD No..... Dated.....
for Rs.....(Rs.....)
Bank Name.....
Branch Name.....
Drawn in favour of 'AIIT - Ambani Institute of Information Technology.' payable at Gop.

FOR AIIT H.O USE ONLY

Application No: Date of Receipt

Inspection on : by

Franchisee Application [approved/rejected]. If Rejected, date of Fees Return

If approved : LOI issued on Franchisee Fees Received on

Payment money receipt No.....Date.....

Remarks (If any) :

Centre actively managed by : Self/Other.....

[relation]..... (Authorised Signatory)