



FRANCHISE APPLICATION FORM

SAMRIDDHI EDUCATIONAL ASSOCIATES

1. NAME																					
2. ADDRESS																					
3 MOBILE NO											OFFICE NO										
4 EMAIL ID:																					

EDUCATIONAL QUALIFICATION

5. QUALIFICATION 1.											YEARS									
2																				
3																				
4																				
5																				
6. INSTITUTE																				
7 OCCUPATION:																				
8 NATURE OF WORK :																				

FOR PERSONS IN BUSINESS

COMPANY NAME (S)	OWNERSHIP PROP. / PVT.PARTNER	NATURE OF BUSINESS	PRINCIPAL PRODUCT/ BRAND	YEARS IN BUSINESS	ANNUAL TURNOVER (CURRENT FISCAL YR)

PREVIOUS WORK EXPERIENCE

PERIOD	ORGANIZATION	DESIGNATION	RESPONSIBILITIES

FRANCHISE DETAILS

INTERESTED CITY FOR FRANCHISE	PROPOSED LOCATION	AREA (IN SQ. FT)	AREA ON HIRE / LEASE / OWN	PROP. / PARTNERSHIP / PVT. LTD. (ATTACH SEPARATE SHEETS CLEARLY GIVING DETAILS:)

DECLARATION

Please answer all the following questions:

- (1) Have you or the directors ever been convicted of a criminal offence by a court of law, in India or overseas?
Yes No
- (2) Have you or the directors even been involved in any civil litigation in the past 5 years?
Yes No

By signing below, the applicant certifies that all information provided herewith is true and accurate to the best of his knowledge. If the applicant is found to have wilfully provided misleading information, his application for the franchise and its subsequent award, if any, may be deemed null and void.

Name -

Signature & stamp -