



ग्रामीण शिक्षा®

गाँव शिक्षित-भारत शिक्षित

CR- Regd. MHRD, Higher Education, Govt. of INDIA

Franchisee Proposal

Application For : Authorized Training Center Training Partner

Referral TC/TP Code : _____ Referral TC/TP Name : _____

- Name of the Applicant/Applicants : _____

- a.) Whether you are currently running an institute : Yes No
b.) if yes, then name of institute _____

- Status of Institute : Trust Society Partnership Proprietorship Pvt. Ltd.
- Postal Address : _____
Teh : _____ District : _____ State : _____
PIN : _____ Email ID : _____
Website : _____ Area : Urban Semi Urban
 Rural Backward
Mobile :
Landline :
- Date of Incorporation/Commencement of Institute:
- Whether your institute is currently Associated/ Franchise/ Partner of any Organization.
(if yes, please specify Brand : _____)
- Advertisement Expense Budget for One Year : Rs. _____
- Business Turnover of the previous Financial Year (in INR/USD): _____
- Courses currently being conducted at your Institute : (Please Attach a List of Such Courses)



Training Partner with:
National Institute for Entrepreneurship
and Small Business Development
(NIESBUD) Govt. of INDIA

Signature & Seal



PERSONAL FACT SHEET OF THE CENTER INCHARGE/ HEAD

1. Name : _____
2. Father's Name : _____
3. Date of Birth :

D	D	M	M	Y	Y	Y	Y
4. Residential Address : _____
City : _____ Teh . _____
Distt : _____ State : _____
LandLine No (With STD Code) : _____ Mobile : _____
Email ID : _____
5. Permanent Address : _____
City : _____ Teh . _____
Distt : _____ State : _____ Country : _____
6. Nationality : _____ Marital Status : Married Unmarried
7. Academic Qualification :
- | S. No. | Standard | Stream | Board / University | Year of Passing | Percentage |
|--------|----------|--------|--------------------|-----------------|------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

Photograph
of the
Incharge
of the
Institute

Documents 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 of 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.

Franchise Fee shall be Paid Through Cash/Bank Transfer/ DD in favour of
"Gramin Shiksha Charitable Trust." payable at Fatehabad, Haryana, India

Signature & Seal



INSTITUTE PHOTOGRAPHS

1. Paste Photograph of the Building (Front View)

Affix Photo Here

2. Paste Photograph of the Reception/ Counselor's Room

Affix Photo Here

3. Paste Photograph of Center Head Cabin

Affix Photo Here

4. Paste Photograph of the Computer Lab

Affix Photo Here

Signature & Seal



UNDERTAKING

1.

(Name & Designation)

Partner / Proprietor / Owner of _____

(Name & Address of the Institute)

Understood the RULES & REGULATIONS as of now & amended in future applicable to the Institute conducting GRAMIN SHIKSHA &/ or its Collaborative Partners Courses explained in the Franchise Proposal for Affiliation and agreed to abide by the same.

2.

I certify that I am the competent authority by virtue of the administrative and financial powers vested in me of the above mentioned Institute / Organization to furnish the above informations and to undertake the above stated commitment on behalf of my / our Institution.

3.

I am aware that in case my information given by me is false or misleading, GRAMIN SHIKSHA may in its sole discretion take whatever actions or measures it deems necessary and appropriate and the Institute would be debarred from the Affiliation.

4.

I agree to abide by the rules & regulations and the decisions taken by the management of GRAMIN SHIKSHA from time to time.

5.

I further understand that, I have to register each and every Trainees/ Students studying at my/our Center at GRAMIN SHIKSHA Head Office by paying the prescribed fee, failing which GRAMIN SHIKSHA will have all the rights to take action.

6.

In case of any dispute arising between GRAMIN SHIKSHA & its Franchisee the Jurisdiction for all Legal purpose will be Fatehabad, Haryana, India Only.

Send All Duly Filled and Signed Documents to:



ग्रामीण शिक्षा®

गौँव शिक्षित-भारत शिक्षित

SCF 9-10 (Basement), Model Town, Behind Bus Stand, Fatehabad- 125 050
Haryana - India 99968-11114, 99962-11114

Signature & Seal