



Franchise Application

Name of the Firm: _____

Number of years in business: _____

Name of the Key Person: _____

Educational Background: _____

Permanent Address: _____

Communication Address: _____

E mail id: _____

Telephone Number: _____

Mobile Number: _____

Fax Number: _____

Nature of the Firm: _____

Firm's PAN no. : _____

Firm's TAN no. : _____

Nature of Business: _____

Annual Turnover: _____

Annual Profits: _____



For office use:

Franchise fee details:

Approval by ZSM:

Approval by GM:

Approval by VP:

Approval by Accounts:

*Learning center evaluation:
Business Plan:*

*Attach the Learning Center evaluation form
Attach 5 year Business Plan*