

Franchise Application Form

please paste your
passport-sized
photograph here

Guidelines:

1. Please enter all relevant details. Do not keep any details vacant / unfilled.
2. In case of questions with multiple options, please tick the appropriate answer.
3. In case you wish to provide any additional information, please attach a separate sheet.
4. Attach your current updated CV and business card along with this application form.

PLEASE WRITE IN BLOCK CAPITALS

Title (Dr/Mr/ Mrs /Ms)

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Full Name:

--	--	--	--

Address:

Telephone / Mobile number:

--	--	--	--

Email:

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Date of birth:

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Gender: M F

Married: Y N

SECTION I: PERSONAL FACT SHEET

1., Educational Qualification (beginning with the most recent):

Qualification	Year of Passing	Name of Institution

2. Current Occupation: (Please Tick)

a.) Service

b.) Business

c.) Both

To be filled in by those in service

Name of current employer: _____

Designation : _____

Previous Work Experience: _____

Period	Organization Name	Designation	Responsibilities

·To be filled in by those in business :

Company Name(s)	Proprietary/ Partnership/ Private Ltd./ Public Ltd.	Nature of Business	Products /Services offered	Years in Business	Number of People Employed	Turnover (Rs.)		
						Last 3 years		

3. Does your professional background involve any of the following? (Please tick the appropriate box)

- | | |
|--|--|
| 1. Marketing/Sales <input type="checkbox"/> | 2. Software/Hardware/IT <input type="checkbox"/> |
| 3. Education/Training <input type="checkbox"/> | 4. Profit Center Management <input type="checkbox"/> |
| 5. Small Business Mgmt. <input type="checkbox"/> | 6. Other (specify) _____ <input type="checkbox"/> |

4. Are you currently associated with any professional group/association? Yes No

If yes, give details: _____

5. Your social status:

- | | | |
|---|------------------------------|-----------------------------|
| a) Any past criminal record? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Are any criminal proceedings pending against you in any courts in India? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Have you ever been charged for any unlawful acts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have ticked 'Yes' for any of the above options, please state details of the same here below:

SECTION II: THE PROPOSED CENTRE

1. How do you propose to set up the centre?

- | | | |
|---|--------------------------------------|---------------------------------------|
| Proprietorship <input type="checkbox"/> | Partnership <input type="checkbox"/> | Private Ltd. <input type="checkbox"/> |
| Public Ltd. <input type="checkbox"/> | Society <input type="checkbox"/> | Trust <input type="checkbox"/> |

Is the Proprietorship/Partnership/Company/Already in existence?

- a.) Yes b.) No

If yes, what is the name of the Business/Firm/Company _____

2. City / Town where you propose to setup the new venture _____

Located in the state of _____.

3. When do you propose to setup the new venture?

- Immediately Within next 3 months Next 3 to 6 months

4. Do you already possess a site?

Yes No

5. If no, do you have a site in mind?

Yes No

6. Please give details of the site :

Nature of Agreement* Ownership/ Rental/Long Term Lease	Period of Lease	Tiled/Carpet Area	Location: Commercial Area/ Residential Area (Address)
	From: _____ To : _____		

7. In case you do not have a site, do you plan to take on rent? Yes No

If yes, within how many months? _____

8. How much funds are you willing to invest?

More than 50 Lacs 25 to 50 Lacs 15 to 25 Lacs

Below 15 Lacs

9. What efforts / initiatives would you put in to make this business a success?

10. State reasons why IIPT should considered you as a business partner.

Date: _____

Signature: _____