





An ISO 9001:2015 Certified Company

Franchisee Form



Form to be filled by Study Centre data sheet for Website 1. Study Centre Name 2. Authorised Person 3. Location 4. City 5. District 6. State 7. Pincode 8. Mobile No. 9. WhatsApp No. 10. E-mail Id

Information about the	Executive / 1	Director o	f the In	stitute				
Name:								
Designation:							Space for the Photograph	
Educational Qualificatio	n:						(Passport Size)	
Professional Experience	:							
Infrastructure Details								
Particular	Particular No. of Roo		ns Seating Capacity				Total Area (SQ. FT.)	
Class Room								
Laboratory								
Library		AECHA.						
Reception	1/6	16,01		100				
Staff Room		211		T CO				
Any Other		2		MA				
Information about Equ	ipment	W .			1			
Sr	Particulars		ty	Config	uration	/ Brand		
1. Computers / PC		तमसो मा	ा ज्योहि	िर्मिय				
2. Printer	**				*			
3. Scanner								
4.								
Declaration: - I affire form	rm that all t is true to tl			-			cation	
						Signatu	re with stamp	

Centre Director

Centre Code
Date of Agreement

Total Affiliation Fee.

Amount Received.

Receipt/Cheque/Draft No.
Date.

Authorized Signatory