

FRANCHISE APPLICATION FORM

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1. PERSONEL DETAILS:-		
a. Full Name		DOB:
	Fax	
Mobile		
E-mail:		
c. Education		
Undergraduate	Graduate	Post Graduate
	If in business, please indicate nature of	
3 Location of Proposed Gree	nlands franchise Outlet:	
City / Town:		
Locality:		
Institute Located in: estab	lished Area / Residential Area / com	mercial Area

Floor: Basement / Ground Floor / First Floor

Parking facility:	Yes	/	No
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STAFF DETAILS:-

DESIGNATION	JOB PROFILE
	DESIGNATION

EMPLOYEE:-

STAFF	NUMBER
CENTER MANAGER ACADEMIC COUNSELLOR	
SENIOR FACULTY	
JUNIOR FACULTY	
LAB IN CHARGE	
BUSINESS EXECUTIVE	
OFFICE BOY	

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:)

PARTNER'S DETAILS:-

a. Full Name	DOB:	
b. Address		

Tel	Fax	
Mobile		
E-mail:		
c. Education		
Undergraduate	Graduate 🗖	Post Graduate
REQUIR	RMENTS & GU	IDELINES :-
1.Two Number of Computer System.		
2.Five Faculty ,Two office Boy.		
3.Space 1500 Square ft Ground Floor /1 ^S	^T Floor.	
4.Rent agreement / Documents of Instituti	ion Campus.	
5.for Franchise make a DD in the Favour Close the institution).	of DIPS Rupees 100000/	(This amount is non Refundable in case yo
6.Institute provide a Student kit (Books, I-	-card,Lab Coat).	
7.IN Two Session if you not Considered a	Admission your Affiliation	is Cancelled.
8.On Admission Institute Considers a On	ly University Fees.	
REC	QUIRED DOCL	<u>JMENTS:-</u>
1.Self Identify Card (Voter id card ,UII	D Card,Driving Licence,	Passport)
2.Pan Card.		
3.Rent/ Lease Agreement.		
4.Photographs of Self, Institution & Cl	ass Rooms.	
5.Stamp Paper for Self and Institution	Address.	
	DECLARATIO	<u> </u>
I declare that the above details and inform	nation provided by me are	true to the best of my knowledge and belie
Place:		
Date:		Signature: