



Franchise Application Form

To enable us both assess the business potential of quality Spoken English & Corporate Training Education in your territory, please provide information on following:

A. PERSONAL

Name & Address

Contact Number

Mobile :

Land Line :

Educational

Background

(Self & Partners)

Experience / current occupation

Computer & Spoken English Skills

Investment Capacity

A TERRITORIAL

a) City/Cities (Where you Wish to start)

b) City Population (As per Census Report)

c) Existing Business & Industries (for each City)

D) How many colleges and Non technical Educational

institutions Situated near
by your Proposed institution

E) How many students study
In colleges and non technical
Education institutions (approx)

F) If you wish to add any
Other information/ data
Which you consider
Important, please mention .

IN DETAILS

1. Whether individual / Pvt. Ltd. /
Public Ltd. / H.U.F. / Partnership

2. Period of Existence (on no. Of
Years)

3. Any subsidiary / sister concerns

4. If yes, names & address of
each such concern

5. Existing Loans - Types, Sources

6. Funds available for this venture
And sources thereof.

7. Prior Experience of activity with
Financials for last three years

8. Why did you decide to go in for
Education Business

9. Property to be used for this
venture

a) Whether Selected already? If

	yes, Ownership-Title, Pledge, Hypothecated, Lien, Charges etc.	<hr/> <hr/> <hr/> <hr/>
b)	Rental-period of Lease, Rentals	<hr/> <hr/>
c)	Whether well connected by Normal Means of Transport	<hr/> <hr/>
d)	Whether situated in commercial Area	<hr/> <hr/>
e)	Area in Sq.Mts./Sq.Ft.	<hr/> <hr/>
10.	Ability to pump in additional funds If necessary If yes, proposed sources of funds	<hr/> <hr/> <hr/>
11.	Time required to set up Education Centre after signing of Agreement	<hr/> <hr/> <hr/>
12.	Whether study conducted about Prospective students regarding;	<hr/> <hr/>
	a. Number of students expected To Enroll	<hr/> <hr/>
	b. Spoken English Courses offered by other Institutes	<hr/> <hr/>
	c. Educational Level/Background of Students expected to enroll	<hr/> <hr/>
	d. Name Spoken English Training Institution your area. in the City	<hr/> <hr/>
	e. Price Levels / Per Capita Income	<hr/> <hr/>
	f. Industries/Companies that would absorb the students	<hr/> <hr/> <hr/>
13.	Whether full time attention / Involvement will be ensured by	<hr/> <hr/>

- self
14. List some demand full other courses in your Area.

Today's Date : ___/___/_____

Place : _____

Full Signature

Note

Please send **20%** of the Franchisee Fee (which is negotiated) for Centre Inspection through DD in favour of “ **Shine Institute of Management and Information Technology Pvt. Ltd.**” Payable at “ **Balasore** ” which will be adjusted in your Franchisee Fee. After receiving the DD & the Franchise Application Form , then our inspection team will visit to your Centre for further progress.