

Franchisee Application Form

MITCON e-School

(A division of Mitcon Consultancy Services Ltd)
An ISO 9001:2000 Company

Address: MITCON Prabhodhini, 1st Floor, Agriculture College Campus, Near DIC office
Shivaji Nagar, Pune – 411005, Phone (020) 66289302/303, Fax (020)- 25521607
E-mail : education@mitconeschool.com ,Web Site : www.mitconeschool.com



Application Form No. : NM201006001

1. MITCON e-School :	Franchisee Category :	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Standard
Kindly tick the selected category			
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"> (Photographs of Centre Owner) </div>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"> Signature </div>		Silver Gold Platinum Other Specify :
	2. Name of Applicant :		
3. Residential Address :			
	Land Mark :		Taluka :
	District :		Pin Code :
	Land Line :		Mobile No. :
	E-mail ID :		State :
4. Date of Birth :/...../.....			
5. Qualification :			
6. Work/ Business Experience:			
7. Name of the Center :			
8. Center Address of MITCON e-School Franchisee :			
	Land Mark :		Taluka :
	District :		Pin Code :
	Land Line :		Mobile No. :
	E-mail ID 1:		State :
9. Type of Organisation :			
10. Registration No. :			
11. Pan Card No. :			
12. Bank Details:		Bank Name :	Bank A/c No.:
		Address of Bank:	IFSC Code:
13. IT Infrastructure :		No. of PCs :	
		Hardware Configurations:	
		Internet Connectivity :	
14. Center Infrastructure :		Premises [Owned / Rental / Leased] :	
		No. of Theory Labs :	Total Area (Sq. Ft.) :
		No. of Practical Labs :	Total Area (Sq. Ft.) :
15. Annual Turnover :			
16. Faculty Details :		Name :-	Education : Experience:
		Name :-	Education : Experience:



17. Payment Details :

Mode of Payment	Bank Name	Bank Branch	Cheque No.	Cheque Date	Amount (In Rs.)
Cash/DD/ Cheque					
Cash/DD/ Cheque					

I request you to kindly register my Centre as an Authorised Franchisee of MITCON e-School for the above mentioned category, courses and location. Kindly Consider the Validity of Authorization of my MITCON e-School franchisee from _____ to _____

Centre Stamp

Signature

FOR OFFICE USE ONLY

Authority	Remark	Signature	
Divisional Manager/DC	Details of Payment Received		
	Franchisee Fees for 3 Years	Rs.	
	Startup Kit Charges	Rs.	
	Welcome Kit Charges / Coupons	Rs.	
	Marketing Services Charges	Rs.	
	Training / Mentorship Fees	Rs.	
	Software Cost (Tally ERP 9.0)	Rs.	
	Total Affiliation Fees	Rs.	
	Service Tax%	Rs.	
	Total	Rs.	
	(A) Documents Attached:-		
	Copy of Following , attested by the Centre Owner-		
	1) Pan Card		
	2) Address Proof: (Electricity Bill /Telephone Bill/Other.....)		
	3) Photo ID Proof :- (Driving Licence/ Pan Card/ Other.....)		
4)Shop Act License/Grampanchayat NOC/Certificate of Registration of Society or Trust/ Memorandum & Article			
5)Partnership Deed			
6)Photocopy of Blank Cheque or Cancelled Cheque			
7) Service Tax Registration			
8)Rent Agreement			
9) Resolution Of Organization			
10) List of Member of Organization			
(B)Photographs of Centre Owner (2 Copies)			

Accounts Executive		
Channel Manager		
Executive Vice President		