

FRANCHISEE APPLICATION

To,
The Board of Directors
NICE – National Institute of Computer Education (P) Ltd.

Date : ____/____/____

Sir,

I wish to become a franchisee of your company. I am looking forward to being associated with your business. Enclosed, please find my particulars which are correct to my knowledge. I hereby confirm, that I have read and fully understood the sign-up details contained in this franchisee guide. I am also enclosing a D/D / Cash in favour of NICE-SERVICES. I understand that if my proposal is not accepted then my application money will be returned within one week of rejection. If however my proposal is accepted, but I do not wish to take the Franchisee then 50 % of application money will be deducted towards processing & inspection charges and balance returned.

Name of Place for which interested.....

Category (Please) A B C Population

(State Capital/Metro Dist. Headquarters Sub-division Others)

Name of the Applicant

Age Sex (M/F) Marital Status (Married/Unmarried)

Voter ID Card No. Date Place

Name of Father/Husband

Address :

Permanent Address.....

Dist..... State Pin.....

Current Residence Address.....

Phone [with STD code]

E-mail ID

Qualification :

Computer literate[Y/N]if yes..... Course.....Institute.....

Current job/occupation

Work Experience (if any) :

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(Signature of Applicant)

FRANCHISEE APPLICATION (ADDITIONAL INFORMATION)

1. How do you propose to set up the centre

Proprietorship Partnership Ltd. Co.

2. Is the concern already in existence? Yes No

If yes, what is the Name of the concern

3. Do you already possess a site. Yes No

If yes, give following details :

1. Nature of Agreement : Own/Rent

2. Carpet Area :Sq. ft.

3. Location : Commercial/Residential

4. Address :

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4. If you do not have a site, how long will it take to locate one Days/Months.

5. Bank Name Branch A/c No.

Type of A/c Date Opened

PAYMENT DETAILS

DD No..... Dated.....

for Rs.....(Rs.....)

Bank Name.....

Branch Name.....

Drawn in favour of "NICE SERVICES" payable at

FOR NICE USE ONLY

Application No: Date of Receipt

Inspection on : by

Franchisee Application [approved/rejected]

Centre actively managed by : Self/Other.....[relation].....

Payment money receipt No.....Date.....

(Authorised Signatory)