



FRANCHISE APPLICATION FORM

Application For : **Authorized Training Center** **State Co-ordinator**
 District Co-ordinator **Country Master Franchise**

1. Name of the Applicant/Applicants _____

2. a. Whether you are currently running a institute Yes No
b. If yes, then name of the Institute _____

3. Address : _____
Tehsil : _____ District : _____ State : _____ Country : _____
Pin Code: _____ Email ID : _____ Website : _____
Area : Urban Semi Urban Rural Backward
Mobile : _____ Land line No. (with STD Code): _____ Residence : _____
4. Status of the Institute :
a) Trust b) Society c) Partnership d) Proprietorship e) Pvt. Ltd.
5. Date of Incorporation/Commencement of Institute :
D D M M Y Y Y Y
6. Whether your Institute is currently Associated/Franchise/Partner of any organization (If yes, Please specify the brand): _____
7. Advertisement Expenses budget for One Year: _____
8. Business turnover of the previous financial year (In INR/USD): _____
9. Courses currently being conducted at your Institute : Attach list of such courses

Details of the Head of the Institute

S.No.	Name	Designation	Qualification	Experience
1.				
2.				
3.				

Details of the Faculty Staff

Sr. No.	Name	Designation	Specialization	Qualification	Experience	Full time /Part time
1.						
2.						
3.						
4.						
5.						

Infrastructure available

Sr. No.	Particulars	Size (In sq. ft)	Carpet Area (In sq. ft)	Number
1.	Reception / Counseling Room			
2.	Theory Class Room			
3.	Computer Lab			
4.	Library			
5.	Visiting Zone/Open Space			
	Total Area (in sq.fit)			

Details of the Furniture & Fixtures available

Sr. No	Particulars	Quantity (Nos.)
1.	Computer Tables	
2.	Computer Chairs	
3.	Classroom Chairs	
4.	White Board/Black Board	
5.	Projector	
6.	Others (Specify)	

Books available in Library

Sr. No	Name of the Books	Author's Name	Syllabus Covered	No. of Copies
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Computers & Peripherals

Sr.No	Computer Type	Configuration of System	Quantity
1.			
2.			
3.			
4.			
5.			

Printer : Dot Matrix Inkjet Laser All in one

Internet Connectivity : Broadband Cable Wi-Fi Other

Software Available

Sr.No	Name of Software	Version
1.		
2.		
3.		
4.		
5.		

PERSONAL FACT SHEET OF THE CENTER INCHARGE

1. Name : _____

2. Father's Name : _____

3. Date of Birth :

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D D M M Y Y Y Y

4. Residential Address : _____

City : _____ Dist : _____ State : _____ Country : _____

Land line No. (with STD Code) : _____ Mobile No. : _____

Email ID : _____

5. Permanent Address: _____

City : _____ Dist : _____ State : _____ Country : _____

6. Nationality : _____ Marital Status: Married Unmarried

7. Academic Qualification :

S.No.	Standard	Stream	Board/University	Year of Passing	Percentage
1.	Higher Secondary				
2.	Graduation				
3.	Post Graduation				
4.	Other (Specify)				

8. Investment Capacity (In INR/USD) _____ (In Words) _____

**Photograph
Of the Incharge
Of the
Institute**

DOCUMENTS REQUIRED**Kindly Attached the following documents along with the application form:**

1. Copy of Address proof (Telephone Bill/Electricity Bill/ License of the Municipal Corporation) of the Institution.
2. Copy of Identity Proof (PAN Card/Election Card/Driving License/Passport/Bank Pass Book/Aadhar Card).
3. Copy of Academic Qualifications.
4. One Passport size colored photograph of Owner/Proprietor/Partners.
5. If on rent/lease then rent/lease agreement.
6. Photographs of the institute.

Franchise fee shall be paid through Bank Transfer/DD in favour of "ITRC TECHNOLOGIES PVT. LTD." payable at Indore, M.P., INDIA only.

INSTITUTE SNAPS

1. Paste Photograph of the Building (Front View) in below mention box.

Affix 4x6 Photo here.

2. Past Photograph of the Reception/Counselor's Room in below mention box.

Affix 4x6 Photo here.

3. Paste Photograph of Theory Class Room in below mention box.

Affix 4x6 Photo here.

4. Paste Photograph of Computer Lab in below mention box.

Affix 4x6 Photo here.

5. Past Photograph of Library Photo in below mention box.

Affix 4x6 Photo here.

6. Paste Photograph of Center Head Cabin in below mention box.

Affix 4x6 Photo here.

UNDERTAKING

1. _____
(Name & Designation)
Partner / Proprietor / Owner of _____

(Name & address of the Institute)
Understood the RULES & REGULATIONS as of now & amended in future applicable to the Institute conducting ITRC & / or its Collaborative Partners Courses explained in the Franchise Proposal for Affiliation and agreed to abide by the same.
2. I certify that I am the competent authority, by virtue of the administrative and financial powers vested in me of the above mentioned Institute / organization to furnish the above informations and to undertake the above stated commitment on behalf of my / our Institution.
3. I am aware that in case any information given by me is false or misleading, ITRC may in its sole discretion can take whatever actions or measures it deems necessary and appropriate and the Institute would be debarred from the Affiliation.
4. I agree to abide by the rules & regulations and the decisions taken by the management of ITRC from time to time.
5. I further understand that, I have to register each and every trainees/Students studying at my/our center at ITRC Head Office by paying the prescribed fee, failing which ITRC will have all the rights to take action.
6. In case of any dispute arising between ITRC & its franchisee the jurisdiction for all legal purposes will be Indore, M.P. INDIA only

Seal & Signature of Center Head

Date :

- Name :
- Designation :

Send the above documents at :

INFORMATION TECHNOLOGY RESOURCE CENTER (ITRC)

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