



Indian Institute Of Skill Management & Technology

Run By:

IISMT Educational Trust Regd. by NCT Govt.Delhi
Incorporated Under The Legislation Of Govt. Of India
Establishment Recognised By :- Labour Dept. Govt. Of India
Affiliated By MSME, Sector Skill Council, Govt Of India

FRANCHISEE APPLICATION FORM

1. Name of the Institute / Centre:

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2. Postal Address with Pin Code (kindly mention the nearest land mark also)

City / Town.....

Pin Code

State : **Pin Code :**

3. Telephone Nos. Office Landline: Mobile:

Fax: **Email id:**

Website (If any) : **PAN No.**

4. Name of the Registered Society / Trust (Enclose copy of registration).....

Address (with pin Code & Nearest Landmark)

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5. Name of President / Secretary / Trustee / Proprietor of the Centre :

(A). Educational Qualification of _____ & give details as under

6. Nominate a Coordinator / Representative:

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Office Landline:

Mobile:

Email id:

7. Current Infrastructure details that is available with you for educational purpose

(a)	Total area of the Institute / Centre (in sq.ft.)		
(b)	Total covered area (in sq.ft.)		
(c)	Number of floors		
(d)	No. of rooms available		
(e)	Power Backup		
(f)	No. of computer available		
(g)	Internet facility available		

8. Details of Premises (Attach Relevant Documentary Proof):

- a) Whether the land & building are owned by the centre.
- b) If the building is rented, enclose the lease deed of the Society / Institution.

9. Whether the premises is ready for use if yes what it is currently used for

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10. If your centre is also associated with any other university / Institution. (Give Details)

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11. Grade your centre :

Perfect

Good

Satisfactory

Justify :

.....
.....

12. Locate of the Centre:

a) Remote Area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Easily accessible	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Residential Area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d) Commercial Area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e) Within the City	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
f) Outskirts of the City	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

g) Distance from Railway Station..... Name of the
City.....

h) Distance from the Stop..... Name of the
Area.....

**13. Any other relevant information w.r.t. competitors or market trends / market potential
which you wish to disclose / share.**

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14. Attach one set of Visiting Card, Letter Head & Profile of your Institute

DECLARATION

We hereby declare that the details provided by me / us here in above are true to best of my / our Knowledge

Date:

.....

Place:

Signature

DD DETAILS

DD. No.

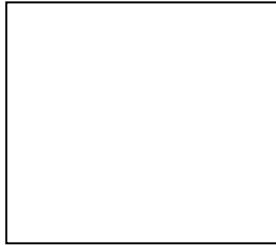
DD. Date:

Drawn on (Bank Name).....
Rs.....

Amount (in figures)

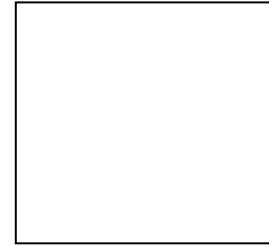
Amount (in words) Rs.

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Latest Stamp Size
Photograph of the

Chairman/Secretary
Trustee



Latest Stamp Size
Photograph of the

Director/Proprietor

**Signature & Seal of Signatory of Society / Trust
Proprietor Institute**

(In original, with date)

Signature & Seal of Director /

(In original, with date)