ASSURISE COLLEGE OF EDUCATION & MANAGEMENT

AN ISO 9001:2015 CERTIFIED ORGANIZATION COLLEGE
Affiliation by : NATIONAL SKILL DEVELOPMENT CORPORATION
Approved by : Govt. of India | MSME | NSDC | MHRD | NITI AAYOG | NCT Delhi

www.assurisecollege.com I www.assurisecollege.com I Help line : +91-8319949575 I 9669927577

FRANCHISE & PARTNERSHIP APPLICATION FORM

Please read this carefully before II the Application Form
Please complete the Application Form in CAPITAL LETTER

Photo

PERSONAL DETAILS

Name of Application:.....

Father's/Husband Name:.....

Date of Birth | | | | | | | | | Femal | | |

Contact no. (Email) .....

Permanent Address: .....

City: .....State: .....Pin: .....

PROFESSIOANAL DETAILS

Name of Organization: .....

Address: .....

City: .....State: .....Pin: .....

Nearest Landmark: .....

Contact no. (E-mail) .....

Courses offered:.....

For Office Use only:-

Franchise Code:.....Password:.....

Head Office: Tendulotha Word no.12 Tahsil Bagbahara, Mahasamund, Chhattisgarh Pin - 493449 India
Read Office: U3/115A, Dhawalgiri Apartment, Sector 11,Noida UP, New Delhi- 201301
Ph: +91-8319949575 E-mail : assurisecollege@gmail.com web. : www.assurisecollege.com

Institution overview

Name of the Centre	Institute Overview	Courses Offered	Annual Turnover (last 1 years)

Building:

Owned/Rented /Leased	Carpet Area	Name of the Owner	Period of Agreement

Application form to be attached with the following documents;-

1) ID Proof 2) Address Proof
Note :- Photocopy of all document should be self attested.

Declaration:- the information provided by me in the form is correct if any information found wrong i will be responsible.

Infrastructure Details

No. of Classrooms: .....
No. of Computer Systems: .....
Office Equipment: .....
Faculties Details (name ,qualification & Experience) :.....

DECLARATION

I hereby certify that the context stated above are correct and true to my knowledge and belief and hereby confirm that our Organization / Society / Trust is free from any legal / official disputes whatsoever. I accept that any facts stated above. If found incorrect will automatically result in cancellation for franchisee.

_____
Signature of the Applicant):

_____
Name (Head of the Organization):

Designation & Signature with seal:
Date & Place: