



ISO 9001: 2015

# SRIVAS ACADEMY FOR MULTI SKILL DEVELOPMENT

(A unit of SRIVAS FOUNDATION)

## FRANCHISEE REGISTRATION FORM

State:		District:	
Tehsil/Village			
<b>(A). 1. Name of the Organization</b>			
<b>2. Address (Regd.)</b>			
<b>3. Address (Correspondence)</b>			
<b>4. City / Village</b>		<b>Pin Code</b>	
<b>Tehsil:</b>		<b>District</b>	
		<b>State</b>	
<b>5. Contact No. (M)</b>		(M)	
<b>Landline with STD Code</b>			
<b>6. Email ID:</b>			
<b>7. Website:</b>			
<b>8. Skype ID:</b>			
<b>(B) Type of Organization: (Tick <math>\checkmark</math>)</b>			
1. Private Limited Company	<input type="checkbox"/>	Trusts	<input type="checkbox"/>
		Society	<input type="checkbox"/>
		LLP	<input type="checkbox"/>
		Partnership	<input type="checkbox"/>
Proprietorship	<input type="checkbox"/>	Others	<input type="checkbox"/>
<b>2. Year of Establishment</b>			
<b>3. Reg.No:</b>			
<b>4. Tie ups with Universities/Institution/Govt./Accreditation (If there)</b>			
<b>5. Currently Courses Available</b>			
<b>6. Other:</b>			

**(C). Owner's Personal Details:**

1. Owner Name:			
2. Designation:			
3. Father's Name		Mother's Name	
4. Address of Residence:			
5. DOB:			Photo
6. Qualification:			
7. Mobile No:		(M )	
8. Landline with STD Code:			
9. Email ID			
10. Skype ID:			Signature
11. PAN No :			
12. Aadhar No:			

**(D). Project Co-ordinator Details:**

1. Name of Co-ordinator:			Photo
2. Father Name			
Mother's Name			
3. Qualification			Signature
4. Email Address			
5. Mobile No		Alternate No. (If Any)	
6. Residence Address			
7. PAN NO		8. Aadhar No.	
9. Skype ID.			

**(E). Bank Account Details (Company):**

1. Account Name:					
2. Account Type: Savings / Current:					
3. Account No:			4. Bank Name:		
5. Branch Name (City)			6. IFSC Code:		
7. Pan No:					

**(F). Infrastructure Details:**

Premises (Owned/Rented/Leased)	.....		Other Infrastructure		
Total Area		Sq. ft.	Clean & Hygienic Drinking water facility	Yes	No
Counselling & Administration Area		Sq. ft.	Toilet facility Separate for Male & Female	Yes	No
Theory Room 1 Seating Capacity No of Tub Lights No of Fans.		Sq. ft.	Projector (Make & Model)	Yes	No
Theory Room 2 Seating Capacity No of Tub Lights No of Fans.		Sq. ft.	Bio-Metric Device (Make & Model)	Yes	No
Theory Room 3 Seating Capacity No of Tub Lights No of Fans.		Sq. ft.	CCTV (Make & Model)	Yes	No
Computer Lab 1		Sq. ft.	Staff Room		Sq. ft
Computer Lab 2		Sq. ft.	AC	Yes	No
Total Seating Capacity			White Board & Total No's	No.	Size
Any Lab other than Computer	Yes	No	If yes Please specify	Yes	No
No. of Chairs	For Office	For Student	No. of Tables	For Office	For Student
Other Teaching Aids			Audio Visual Rooms	Yes	No
Library Details 1. Area (Sq. ft.) 2. No of seating 3. No of books available 4. No of Generals/Magazine 5. No of books available as per trade applied			Fire / Safety (Make & Model)	Yes	No

**(G) Power Connection (Enclose supporting documents and mention in remarks)**

Does the institute have adequate power connection?

Please mention the sanctioned load and attach the last paid bill.

Does the institute have Power Backup?

Please mention the make and rating of the Generator Set.

**(Attach Separate Sheet if Required)**

**(H). Faculty Details**

Sr. No.	Name	Designation	Qualification	Specialisation	Part/Full Time	Experience
1						
2						
3						
4						
5						
6						

**(H). Staff Details**

Sr. No.	Name	Designation	Qualification	Specialisation	Part/Full Time	Experience
1						
2						
3						
4						
5						
6						

**(Attach Separate Sheet if Required)**

(J). I \_\_\_\_\_ S/D of Shri/Smt. \_\_\_\_\_

Hereby declare that all information provided by me above are true to my knowledge and I shall be responsible for if

Any discrepancy found.

Place:

Date:

Authorised Signatory with Name, Designation & Seal

Please attach:

1. Copy of Registration the organization
2. Copy of MOU/Article
3. Copy of PAN No the Organization.
4. Copy of Last Month's Utility Bill (Electricity/Telephone/Water Bill) of the premises.
5. Copy of Rent Agreement (If Rented)
6. Blue print/Layout of the centre with measurements
7. PAN Card, 2 Photographs, Cancel Cheque, Address Proof (Aadhar Card, if available) of Centre Owner
8. Centre Coordinator's CV, 2 Photographs, ID Proof, Qualification & Experience Proof, Pan No, Aadhar No
9. Faculty's CV, 2 Photographs, ID Proof, Qualification & Experience Proof
10. Centre Photographs (Front, Reception, Office Class Room, Lab)
11. Video of Centre.