



SBCSM

SARV BHARTIYA COMPUTER SAKSHARTA MISSION

(This Programme Initiated by SARV SAKSHARTA TRUST, NEW DELHI)
(An Autonomous Instt. Regd. Under Society Act 21,1860 Govt. of India, New Delhi)

An ISO 9001:2008 Certified

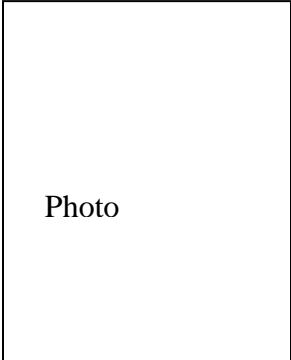
Application Form for Franchise

Because this franchised business requires a considerable case investment, it is necessary to establish your net worth. To help us properly evaluate your application, please fill out this form as accurately and completely as possible. This information will be held in absolute confidence and does not obligate either party. SARV BHARTIYA COMPUTER SAKSHARTA MISSION Reserves the right to check and personal references.

Form No. Issue Date

Note :-

1. Please attach additional sheets wherever necessary.
2. Affix recent Passport size color photograph in the adjacent space.



Name of the city / Town / Locality where you want to open
SARV BHARTIYA COMPUTER SAKSHARTA MISSION Study Training Centre

1. 2. 3.

Personal Details

1. Name of the applicant :
2. Date of birth :
3. Father/Husband's name :
4. Address for Study Center :

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5. Telephone No.

6. E-mail ID :

7. Mobile :

8. Fax No.

9. Permanent address & Tel No.:

Note : Please attach Photocopy above certificates .
In cash number of co-applicants (more than one) please take photocopy of this page and provide

10. Are you already running any Study Training Centre : YES/NO

A. If Yes

- Name of the institute:
- Details Institute:

B. Do you have experience in the following fields of computer technology

- BPO / Call Centre Training : Yes/No
- Accounting / Finance : Yes/No
- Software development : Yes/No
- Other , If any : Yes/No

If Yes , Provide Details :

11. If You are in other Business

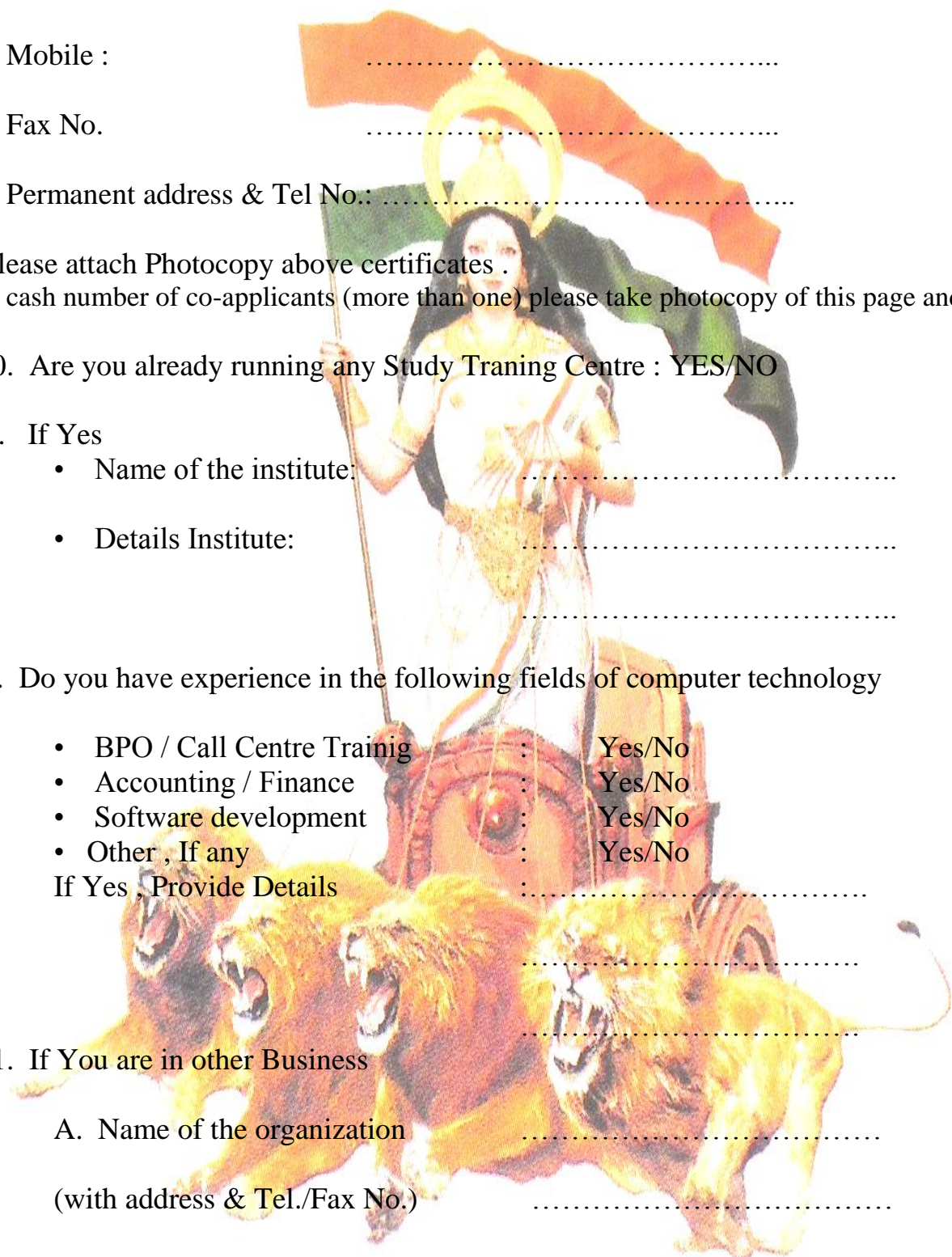
A. Name of the organization

(with address & Tel./Fax No.)

B. Percentage of your share in Business

C. Nature of Business (giveDetails)

D. Total manpower in organization



E Period of your involvement in the Works

F. Annual turnover for the last 3 year : 2006-07

(in lacs)

2007-08

2008-09

12. If you are in service

(Give the details of your past & present employment)

Name of the organization (address & telephone no)	Product / Service	Your Work Area and Designation	Period of Service

13. Name and address of your Bankers

Account No.

Having account since

14. Capacity for Investment (in lakhs)

Personal : Bank loan : other : Total:

15. approximate Population (in lakhs)

Of the city / Town / Locality

Of students (10+2 and above)

On unemployed youth

Of professional who may like to Join the Professional course :

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16. Number of Professional education center in the city / town / locality :

17. Details of Educational Institutes :

No.of Senior Secondary school (10+2) :

No.of Graduate / P.G College :

No.of Polytechincs :

No.of Engineering College :

No.of University in the city (specify names)

18. Give the names of leading news paper in the city

A. Local newspaper : (I) (II)

B. National Newspaper : (I) (II)

19. If license is awarded, how much time will you take to start the center :
 (In weks).

20. How many students do you expect to enroll :

Period	Numbers
First 3 months	
Next 3 month	
Next 6 month	
Yearly Target	

21. Processing fee Details. Amount: Case/Cheque/DD No
 Date Drawn On

Place

Signature

Date

Seal

Name

