



Top Study Point and Cultural Academy A Premium Quality of Learning



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Franchise Application Form

Guidelines:

1. Please enter all relevant details. Do not keep any details vacant/unfilled.
2. In cases of questions with multiple options please tick the appropriate answer.
3. In case you wish to provide any additional information, please attach a separate sheet.
4. Attach your current updated CV and business card along with this application form.

please paste your passport-sized photograph here

PLEASE WRITE IN BLOCK CAPITALS

Title (Dr/Mr/Miss/Ms)

Full Name:

Address:

Telephone / Mobile Number:

Email:

Date of Birth:

Gender: M F (circle as appropriate)

Married: Y N (circle as appropriate)

SECTION I: PERSONAL FACT SHEET

1. Educational Qualification (beginning with the most recent):

Qualification	Year of Passing	Name of Institution

2. Current Occupation: (Please Tick)

a) Service b) Business c) Both

To be filled in by those in service

Name of the current employer : _____

Designation : _____

Previous Work Experience : _____

Period	Organization Name	Designation	Responsibilities



To be filled in by those in business:

Company Name(s)	Proprietary/ Partnership/ Private Ltd./ Public Ltd.	Nature of Business	Products / Services offered	Years in Business	Number of People Employed	Turnover (Rs.)
						Last 3 Years

3. Does your professional background involve any of the following? (Please tick the appropriate box)

- | | | | |
|-------------------------|--------------------------|-----------------------------|--------------------------|
| 1. Marketing/Sales | <input type="checkbox"/> | 2. Health Care | <input type="checkbox"/> |
| 3. Education/Training | <input type="checkbox"/> | 4. Profit Center Management | <input type="checkbox"/> |
| 5. Small Business Mgmt. | <input type="checkbox"/> | 6. Other (Specify) | <input type="checkbox"/> |

4. Are you currently associated with any professional group/association? Yes No

If yes, give details: _____

SECTION II: THE PROPOSED CENTRE

1. How do you propose to set up the center?

- | | | | | | |
|----------------|--------------------------|-------------|--------------------------|--------------|--------------------------|
| Proprietorship | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Private Ltd. | <input type="checkbox"/> |
| Public Ltd. | <input type="checkbox"/> | Society | <input type="checkbox"/> | Trust | <input type="checkbox"/> |

Is the Proprietorship/Partnership/Company/Already in existence?

- a) Yes No

If yes, what is the name of the Business/Firm/Company _____

2. City/Town where you propose to setup the new venture _____
located in the state of _____

3. When do you propose to setup the new venture?

- | | | | | | |
|-------------|--------------------------|----------------------|--------------------------|--------------------|--------------------------|
| Immediately | <input type="checkbox"/> | Within next 3 months | <input type="checkbox"/> | Next 3 to 6 months | <input type="checkbox"/> |
|-------------|--------------------------|----------------------|--------------------------|--------------------|--------------------------|

4. Do you already possess a site?

- Yes No



5. If no, do you have a site in mind?

Yes No

6. Please give details of the site :

Nature of Agreement* Ownership/ Rental/Long Term Lease	Period of Lease	Tiled/Carpet Area	Location: Commercial Area/ Residential Area (Address)
	From: _____ To: _____		

7. In case you do not have a site, do you plan to take on rent? Yes No

If yes, within how many months? _____

8. How much funds are you willing to invest?

1-2 Lacs 3-5 Lacs More than 10 Lacs

9. What efforts/initiatives would you put in to make this business a success ?

10. State reasons why Top Study Point & Cultural Academy should consider you as a business partner.

Date: _____

Signature: _____