



# KIIT

## KALINGA INSTITUTE OF INFORMATION AND TECHNOLOGY

AN ISO 9001-2015 CERTIFIED ORGANIZATION  
REGD. UNDER IP ACT 1932, GOVT OF ODISHA & ITA ACT 1982 GOVT OF INDIA

### New Franchise Application Form

1. Name of the Institution/ Organization:

.....

2. Address with Phone Number:

.....

.....Phone (O) .....Phone (R)

.....Mobile:.....

E-Mail: .....

3. Name of the Director / Authorised Person:

.....

4. Address with Phone Number:

.....

.....

Phone (O) .....

Phone(R).....

Mobile:.....

E-Mail: .....

## 5. Educational Qualifications

NO	QUALIFICATION	YEAR OF PASSING	NAME OF THE INSTITUTE

## 6. For Persons in Business

Name of Business	Year of Establishment	Name of the Company	Principal Product	Annual Turnover	Ownership(Partnership/Private)

## 7. Work Experience

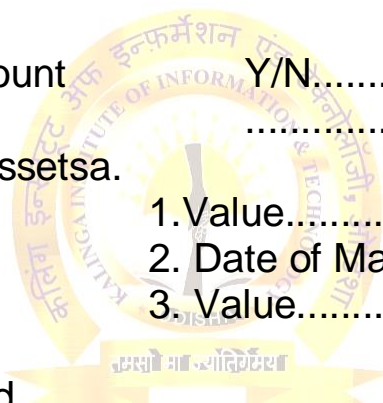
Duration	Name of the Organization	Designation	Responsibility

**8. Your Professional Background includes (Tick one Applicable)**

- |                                  |          |
|----------------------------------|----------|
| 1. Marketing and Sales           | Y/N..... |
| 2. Software Training             | Y/N..... |
| 3. Teaching                      | Y/N..... |
| 4. Multimedia Training           | Y/N..... |
| 5. Profit Center Management      | Y/N..... |
| 6. Use of Computers              | Y/N..... |
| 7. Small Business Administration | Y/N..... |

**9. Financial Status**

1. If holding a Bank account Y/N.....
2. Name of the Bank .....
3. Existing Immovable assetsa.
- a. Insurance
1. Value.....
2. Date of Maturity.....
- b. Land
3. Value.....
4. Amount to be invested.....
5. Sources of funds for investment
- 1.....
- 2.....
- 3.....



**10. If already running a center**

**A.HARDWARE**


**B.AVAILABLE SOFTWARE**

.....  
.....  
.....  
.....

**C.AVAILABLE Multimedia and Animation SOFTWARE:**

**11. Center Details**

1. Prospective city / town for Center: .....
2. Proposed Location: .....
3. Available area (in Sq Ft.):.....
4. If available area is of self or on lease: .....
5. If the Proposed center would be on Proprietorship or on Partnership basis or Private limited firm. If Partnership, Name of the Partners:

- 1.....
- 2.....
- 3.....

(Attach a copy of Partnership deed)

## 12. Estimated Targets (Annually)

Year	No. Of Students
First Year	.....
Second Year	.....
Third Year	.....

## 13. Your Market Survey

1. Population of the City/Town: .....
2. No. Of Schools & colleges in the area: .....
3. Existing Possible Competitors: .....
4. Per Capital income of the location (approx):  
.....

14. How soon you can start: .....

Place:

Date:



(Signature of Authority / Full Name)

**15. Contact Person for Future Communication:**

Name of the Contact Person: .....

Locality: .....

House Name: .....

Type of Locality Body: .....

Post Office: .....

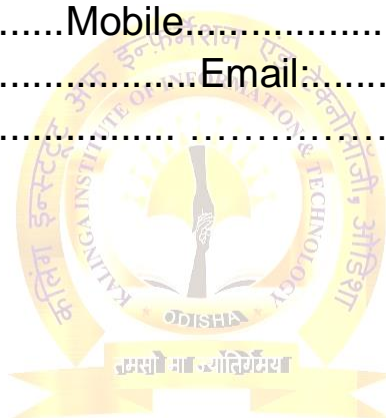
District: .....

Telephone Number: Office .....(Resident)

..... Mobile .....

Fax:..... Email:.....

.....



Place:

Date: (Name and Signature of authorized Signatory)

**DECLARATION**

I hereby certify that the contexts stated above are correct and true to my knowledge and belief and hereby confirm that our Organization / Society / Trust are free from any Legal / official disputes whatsoever. I accept that any facts stated above. If found Incorrect will automatically result in cancellation for nominations associate. However I Will have no right whatsoever to fight/challenge legally against the judgment in any Court of law. All disputes are subject to JEYPORE Jurisdiction only.

Name (Head of the Organization): \_\_\_\_\_

Signature with seal \_\_\_\_\_

Date \_\_\_\_\_

**ENCLOSURES:**

1. Bio data of Applicant/Chief Promoter/Director
2. Two Passport size photograph of Applicant (One pasted on form, other attached)
3. Photocopy of Educational & Residential Certificates with ID proof of Chief Promoter
4. Photocopy of Registration of Institute/Trust/Society/Shop/Company & by-laws.
5. Photocopy of proof of ownership of Premises / Rent /lease Agreement



DATE: ...../...../20..... PLACE: .....

FULL SIGNATURE: ..... INITIAL SIGNATURE: .....

SEAL OF AUTHORITY