



FRANCHISE INQUIRY FORM

For Session: 2024-25

Inquiry No:

Disclaimer

This Inquiry form is for completion by inquirer in their hand writing & on their will. The information submitted on this form will be treated for assisting & providing guidance about School Franchise only and as strictly private and confidential. we request you please help us by completing all sections carefully and thoroughly and use additional pages/appendices as necessary. This form will present information that is essential for our consideration in granting the territorial franchise. This completion of this inquiry form places no continuing obligation on either Society or Inquirer. (But of course we hope it will have a happy outcome for all!)

Important Instruction

- (1) Fill in the form with your own hand writing
- (2) Inquirer must be of age 21 or above.
- (3) Filled form required to be scanned and send via mail

Personal Information

Name _____

Email Address _____

Education (Qualification) _____

Mobile No _____ Alternative No _____

Date of Birth _____

Address _____

Landmark _____

City _____ State _____ Pin Code _____

Type of Franchise Play School Primary School Secondary School

Income Range Min _____ (In Rs.) Max _____ (In Rs.)

Investment Range Min _____ (In Rs.) Max _____ (In Rs.)

Available Capital _____ Need For Loan _____ (Yes/No)

Best Time to Call Morning _____ Evening _____

How soon would you like to invest?

3 Month 6 Month 9 Month 12 Mon

Proposed city for Franchise _____ State _____

Do You Own Property Yes/No Area _____ (In Sq. Mt)

Franchise Experience _____

Do You have any firm (Society/ Trust) _____

What Business You have _____

Professional Experience

Name of Organization	Designation	Date of Joining	Number of Year Working	Nature of Business

References

Name	Designation	Organization/Institution	Mobile No

Signature Disclaimer

I hereby declare that all the Information given by me in this form is true & Correct to the best of my knowledge and belief, the above statement and particulars are complete. I also authorize you to make any enquiries you consider necessary in connection with this registration. I am aware that should this registration be refused, no reason need be given. I understand that any misrepresentation of factual information requested on this form may be a cause for cancelation of Inquiry registration.

Name (Please Print)

Signature

Date