

From: _____

Date: _____

To,
Proprietor,
Nalavade Infotech,
C-007, Jui Nagar Rly.Stn.
Commercial Complex,
Jui Nagar,
Navi Mumbai-400705.

Sub.: Application For Franchisee

Respected Sir/Madam,

I _____ have own / rented shop, located at
Address _____

am willing to start NALAVADE INFOTECH / CREATIVE DESIGNING. (*Authorized training Institute for Computer courses & English Speaking.*)

Find enclosed herewith DD of Rs.50000/- payable to NALAVAVDE INFOTECH / CREATIVE DESIGNING payable at KARAD as onetime non refundable fees for Three years for recognition. Find also herewith my institute details in a prescribed format s per your specifications.

Kindly consider my application & do the needful.

Thanking you

Name of applicant with Seal

Encl: 1 DD of Rs. 50000/- (DD Details with No, Bank & Date)

2. Shops details as per NALAVADE INFOTECH norms.

(optional)

APPLICATION FORM

For NALAVADE INFOTECH Authorized Training Center (IT Courses / Vocational Courses)

(Duly typed on letter head of Institute in triplicate)

About Institution place

Name of Franchiser : _____

Postal Address : _____

District : _____ **Pin Code:** _____

Contact Details **STD Code:** _____

Tel. : _____

Mobile1 _____ **Mobile 2** _____

E-mail: _____

Institutional Premises : Rented / Owned **Year of Establishment:** _____

Status of Institution : Proprietary / Partnership / Private .Ltd / Trust./ _____

Any Other Affiliation/s : _____

About The Applicant

Name : _____

Designation : _____ **Qualification** : _____

Residence Address : _____

Contact Details : **Resi:** _____ **Mobile:** _____

E-mail.: _____ **Dist.:** _____ **Pin Code** _____

About Infrastructure

Area of the Institution _____ **No. of PCs** _____

Particulars	No.of.Rooms	Seating Capacity	Area (Sp.Ft)
Class Rooms			
Labs			
Reception / Other			

PAYMENT DETAILS

Enclosed herewith DD No. _____ Dated ___/___/_____ drawn on
_____ for Rs . _____ favoring “ *CREATIVE DESIGNING*
or NALAVADE INFOTECH” payable at Karad towards Non- Refundable Authorization Fees.

DECLARATION

I / We declare that the details and information provided by me / us here in above are true to the best of my knowledge and belief. If any information mentioned in this form is found incorrect at any point of time in future, the Parent Body / Regional Co-ordinator reserves the right of cancellation of my authorization . I /We are also aware that I / We _____
_____ am /are solely responsible for Legal Licenses of software. My / Our parent body NALAVADE INFOTECH / CREATIVE DESIGNING and Regional Co-ordinator are not responsible for software licensing.

Date :- _____

(Signature with Stamp / Seal)

Place: