

SITM EDUCATION CENTER

APPLICATION FORM

How to Apply –

Fill all the forms and attach all demanded document

This Form Contains Form “A” “B” “C”

Form A:

To be filled by Partners / Directors/Owner and other Business key Persons (if any) who would be committed to the day-to-day Operations of the Franchise centre.

Forms B & C:

To be filled by the main applicant.

- ❖ Please use separate sheets wherever required.
- ❖ Photocopy of this Application is also acceptable.
- ❖ Please attach supporting documents wherever asked for or necessary.
- ❖ Submission of this application does not guarantee the approval of Franchisee. The Franchiser has the right to reject or accept the Application for whatsoever reasons.
- ❖ Please do not leave any clause/ column blank. Mention 'No' or 'NA', if and Wherever applicable.
- ❖ The last date for receipt of completed Letter of intent Cum Application is



FORM (A)

PERSONAL PROFILE

Please affix
Your
Passport size
Photograph

To,
The Manager,

SITM EDUCATION TRUST

F-12 , 1st Floor, Sunny Plaza, 2nd Crossing,

Application number					
--------------------	--	--	--	--	--

Bagru Walo Ka Rasta, Chandpol Bazar, Jaipur (Rajasthan)
Phone: 0141-4029480
www.sitmeducation.in

Subject: Application Form for Franchisee (Application for franchisee BY **SITM EDUCATION CENTER**)

Dear Sir,

I/We have seen all the products, and Courses BY **SITM EDUCATION CENTER** & I have completely satisfied myself. I/We are interested in **SITM EDUCATION CENTER** Franchisee. I know the all franchisee types and their investment, supports from the institution, profit ratios etc. I am quoting the amount _____ for category (verification charge) please considers me as per the SITM norms.

1. NAME (FULL IN BLOCK LETTERS): _____

2. FATHER'S / HUSBAND'S NAME: _____

3. OFFICE/ INSTITUTE NAME: _____

4. COMPLETE POSTAL ADDRESS: _____

CITY / TOWN _____ DISTRICT _____

STATE _____ PIN _____

5. CONTACT DETAILS Tel. Off. _____ Res. _____ Mobile: _____

Fax: _____ E- Mail: _____

6. DATE OF BIRTH _____ PAN CARD NUMBER _____ (attach Photocopy)

7. QUALIFICATIONS AFTER SECONDARY SCHOOL

Sr. No.	DEGREE/DIPLOMA/CERTIFICATE	UNIVERSITY / INSTITUTION	SUBJECTS	YEAR OF PASSING

7. BUSINESS / EMPLOYMENT EXPERIENCE (if any)

NATURE OF INVOLVEMENT (Prop./Partner / Director or Designation)	NAME OF ORGANIZATION	NATURE OF BUSINESS	TURNOVER	NATURE OF WORK	SALARY DRAWN	YEAR From - To	PRODUCTS	Number OF EMPLOYEES

8. FAMILY DETAILS (Father, Mother, Spouse, Children) –

NAME	AGE	RELATIONSHIP	QUALIFICATION	OCCUPATION

9. ANNUAL FAMILY INCOME: - _____

10. Your SWOT Analysis: (Write Two)

Strengths: _____

Weaknesses _____

Opportunities _____

Threats _____

DECLARATION

I declare that the above details and information provided by me are true to The best of my knowledge and belief.

DATE -

SIGNATURE

PLACE -

(NAME IN CAPITAL)

FORM B INFRASTRUCTURE / FINANCE

I. ORGANISATIONAL DETAILS

1. NAME OF THE FRANCHISEE ORGANISATION

2. STRUCTURE OF THE BUSINESS ENTITY FOR FRANCHISEE OPERATION
(Attach Partnership deed in case of partnership firm or memorandum or Article of association in case of private Limited Company)

Proprietorship

Partnership Firm

Private Limited Company

Limited Company

3. PROMOTERS / DIRECTORS / PARTNERS DETAILS-

NAME	AGE	PROPOSED SHARE HOLDING IN FRANCHISE	OTHER BUSINESS ACTIVITIES	WHETHER WORKED SOMEWHERE	NATURE OF DUTIES & RESPONSIBILITIES

4. NAME OF NON-PROMOTERS / NON-DIRECTORS / NON-PARTNERS / KEY PERSONNEL BEING OFFERED PROFIT SHARING OR STOCK OPTIONS WHO ARE GOING TO BE FULLY COMMITTED TO THE OPERATION OF THE FRANCHISEE CENTRE-

NAME	AGE	ACTIVITIES TO BE TAKEN UP AT THE CENTRE

--	--	--

5. NAME OF YOUR RUNNING INSTITUTE

INFRACTURE DETAIL – (1)

Name OF The Building	SELF HOLD/RENTED	ACTUAL AREA	NAME OF LANDLORD	RENT AGREEMENT PERIOD

(2)

ROOMS IN BUILDING	SITTING Capacity	TOTAL CARPET AREA	NUMBER OF TOILETS	DRINKING WATER SPACE	NUMBER OF URINAL	ELECTRICTY GENSET

(3) STAFF MEMBERS DETAILS:-

NAME OF STAFF MEMBERS	DESIGNATION	EDUCATIONAL QUALIFICATION	WORKING EXPERIENCE	FULL /PART TIME

--	--	--	--	--

(4) APPLICANT ENGAGED IN-

Computer Related Business

other business

If Computer Related Business Education Related

other

If Education Related –

Name of Institute _____

Course Running

Name Of The Course	Course Contains

(5) Detail of Computers and Other Equipments –

EQUIPMENT	MAKE YEAR	USE of EQUIPMENT	CONFIGURATION	WORKING PROPERLY OR NOT

6. PLEASE ELABORATE THE REASONS FOR GETTING INTO THIS BUSINESS

7. IF PARTNERSHIP DETAILS ABOUT YOUR PARTNER/ PARTNERS-

NAME: _____

EDUCATION QUALIFICATION: _____

INVESTMENT CAPABILITY: _____

YOUR RELATIONSHIP / FRIEND/RELATION/
BUSINESS PROFESSION RELATION: _____

For how many years do you know your partner: _____

Any type of experience your Partners Having If so how many years: _____

8. Why You Are in Partnership (Tick Any) –

- For investment for knowhow (industry knowledge)
 For Managing Business For other reasons

9. HAVE YOU DONE ANY BUSINESS BEFORE? IF SO HOW MANY? WHAT ARE THEY?

II. FINANCIAL DETAILS –

1. INVESTMENT CAPABILITY -

- 50Thousand – one Lac 15 – 20 Lac
 20 -30 Lac 30-50 Lac

2. FINANCIAL STRENGTH –

A .FROM OWN SOURCES-

NAME	TOTAL AMOUNT TO BE INVESTED (Rs. in Lacs)	TIME REQUIRED TO MOBILISE THE FUNDS

B.

NOTE: Please check that the details are in tune with the investments required for the city chosen by you. It is expected to have the required funds within one week of signing before M O U).

3. Franchisee Bank Account Detail –

Bank Name _____ Branch _____

Account Number _____ Account Opening date or Month or Year _____

Demand Draft detailed below attached with this application Form –

DD in Favor of _____ DD Amount _____

DD Number _____ Dated _____

Bank Name _____ Palace _____

Note- The team of SITM directly inspecting the place before giving any franchising. The franchising fee and inspection fee is non refundable. The proposed locations for franchising will not approved by the SITM these collected fees are refundable.

4. Your Present Source of Income from Business etc. (Give broad details)

III.FRANCHISEE DETAILS

1. CHOICE OF CITY(STATE) FOR FRANCHISEE_____

2. IF INTERESTED IN REGIONAL AREA COORDINATOR Post - **YES** **NO**
3. REGIONAL AREA MEANS – STATE DISTRICT CITY TESHIL
4. FRANCHISEE APPLIED FOR THE COURSE –

General Courses Course for Rural Area

Technical Courses Language Certificate Courses

Courses Designed For professional

5. LOCATION WITHIN THE CITY (Complete Address) _____

6. PLEASE ELABORATE ON THE REASONS FOR THE CHOICE OF LOCATION

7. IN CASE THE ABOVE CITY / TOWN IS NOT AWARDED TO YOU FOR FRANCHISEE OPERATION WOULD YOU LIKE TO BE CONSIDERED FOR ANY OTHER CITY / TOWN?

Yes

No

8. IF YES, GIVE YOUR PREFERENCE-

S. No	NAME OF THE CITY / TOWN	REASONS FOR CHOOSING THIS CITY / TOWN

9. CURRENT INFRASTRUCTURE, WHICH CAN BE MADE EXCLUSIVELY AVAILABLE FOR OPERATIONS-

a. **WHETHER HAVING ANY PREMISES**

Yes

No

b. **IF YES, NATURE OF PREMISES**

Owned

Rented

c. **IN CASE OF RENTED PREMISES, PLEASE FURNISH LEASE DETAILS(attach lease agreement and other documents)**

d. COVERED AREA (In Sq.ft.)

Up to 100

200 - 300

300 – 500

500-1000

e. WHETHER SITE IS READY FOR USE

Yes

No

f. LOCATION & RATIONALE

(Please give details regarding location, proximity, status of the neighborhood etc. supported by map)

Two references (with complete address & Tel. No.) :-

1. Name _____ S/o , D/o _____ Address _____
_____ Tel/Mob no. _____

2. Name _____ S/o , D/o _____ Address _____
_____ Tel/Mob no. _____

g. PHOTOGRAPH OF THE PROPOSED SITM EDUCATION CENTER (ATTACH)

Affix
visible photo of premise

DECLARATION

I declare that the above details and information provided by me are true to the best of my knowledge and belief.

1. I am follow sitm education trust all T&C , I agree sitm trust franchises & I am paid 4500/- amount in sitm education purpose of the verification charge my institute/doc. Etc. after approval its not refundable any conditions any rules
2. All jurisdiction of the Courts jaipur rajsthan
3. Sitm give franchises 50% share on the student form after complete franchises & this fee final by the sitm education h.o
4. All right of student admission, cancel admission, cancel franchises, fee structure, website edit, authorization, certificate issued, reserves by sitm education Head office jaipur Rajasthan .

DATE

SIGNATURE

PLACE

(NAME)

FORM C MARKET POTENTIAL ANALYSIS

(To help us know how well you understand the real potential of this business)
Analyze Your City /Town / Area Vs. SITM EDUCATION CENTER Potential

1. CITY / TOWN DETAILS

a. City / Town Name _____ Population in Lacs _____

b. Urban Population in Lacs _____

c. Rural Population in Lacs _____

d. Computer Education awareness (Approximate) in your area _____

e. What type of Computer Courses is most Demandable in General Days (Name)

f. Industrial growth in your area _____

g. Major Government departments (name) _____

h. Salaried Persons (number and their a Average salary) _____

i. self employed Persons (number and their a Average income) _____

j. other important Information- _____

DECLARATION

I declare that the above details and information provided by me are true to the best of my knowledge and belief.

DATE

SIGNATURE

PLACE

NAME

No. OF ENCLOSURES: FORM A _____ FORM B _____ FORM C _____

Application No. _____

(FOR OFFICE USE ONLY)

1. Date of receipt of application form _____

2. Enclosures, if any not received _____

3. Follow-up for the above _____

4. Date of Meeting _____

5. Application selected _____ Rejected _____

6. Reason of selection _____

7. Reason of Rejection _____

8. If selected next date of meeting for MOU or Franchisee agreement _____

9. Franchisee centre Owned _____ Rented _____

10. Franchise agreement finalized date _____

11. Remarks, if any _____

12. Franchisee Approved and signed with date _____

THE PHOTOCOPIES OF THE FOLLOWING DOCUMENTS NEED TO BE FURNISHED

- a) Balance Sheet for the past three years (to be attached)

- b) Bank Statement for the past six (6) months (to be attached)
- c) Address proof / Identification (to be attached)
 - 1) Passport
 - 2) Pan Card
 - 3) Voter ID Card
 - 4) Driving License
- d) Two passport size photograph of applicant (attach with filled application Form)
- e) Photo copy of the Trust deed/society by laws / company memorandum / Firm registration

I hereby certify that all information provided in this application is true and correct up to the date below. I authorize **SITM EDUCATION CENTER** or it's authorized to conduct any necessary credit and / or reference checks. I understand that any false information or consequential omission contained in this application would be a cause for immediate termination of any subsequent agreement reached between myself and **SITM EDUCATION CENTER** .The submission of this application does not obligate me or the **SITM EDUCATION CENTER** in any way or manner.

Date

Signature

Place

Name