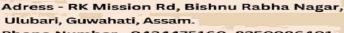


Guidelines:

Top Study Point and Cultural Academy A Premium Quality of Learning

A Premium Quality of Learning
ss - RK Mission Rd. Bishnu Rabha Nagar.



Phone Number - 9434475160, 8250986401 Email - topstudypointad@gmail.com

Top Study Point. and Cultural Academy A Fremium Quality of Learning

Franchise Application Form

- 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.

Ì	R 1
	please paste your passport- sized photograph here

PLEASE WRITE IN BLOCK CAPITALS																				
Title (Dr/Mr/Mi	ss/M	ls)]												
Full Name:																				
Address:																				
									Γ											
	\Box					Π	Γ			Π	Γ					Π				_
Telephone / Mo	bile I	Nun	nbe	er:																
Email:																				
Date of Birth:				L																
Gender:	M		F		(circ	cle as	арр	ropri	ate)											
Married:	Υ		N		(circ	cle as	app	ropri	ate)											

SECTION I: PERSONAL FACT SHEET

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

1. Educational Qualification (beginng with the most recent).									
Qualification		Year of	Passing	Name of Institution					
2. Current Occupation: a) Service To be filled in by those i Name of the current em Designation Previous Work Experien	n service nployer	b) Business :		c) Bot	th				
Period	Organi	zation Name	Designa	ntion	Responsibilities				





To be filled in by those in business:

Company	Proprietary/ Partnership/	Nature of	Products / Services	Years in	Number of People	Turnover (Rs.)			
Name(s)	Private Ltd./ Public Ltd.	Business	offered	Business	Employed	Last	3 Years		
3. Does your p	orofessional b	ackground in	volve any of th	ne following?	(Please tick the a	ppropriate box)			
1. Marketi	ng/Sales			2. Health Car	e				
3. Education	on/Training			4. Profit Cent	er Manageme	nt			
5. Small B	usiness Mgmt.			6. Other (Spe	cify)				
4. Are you cur	4. Are you currently associated with any professional group/association? Yes No								
If yes, give	details:								
, , ,									
		SECT	ION II: THE	PROPOSED	CENTRE				
		3201	1014 11. 1111	THOI OSED	CEIVINE				
1. How do you	u propose to s	et up the cei	nter?						
Proprietor	ship		Partnership		Pri	vate Ltd.			
Public Ltd.			Society		Tru	ıst			
Is the Prop	orietorship/Pa	rtnership/Co	mpany/Alread	y in existence	?				
a) Yes		No							
If yes, wha	at is the name	of the Busin	ess/Firm/Comp	any					
2. City Town where you propose to setup the new venturelocated in the state of									
3. When do yo	3. When do you propose to setup the new venture?								
Immediate	ely 📗	Withi	in next 3 month	ns	Next 3	to 6 months			
4. Do you already posses a site?									
Yes [No								





5. If no, do you have a site in mino	1?								
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:								
	То:								
7. In case you do not have a site, do you plan to take on rent? 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:								