

**Choose Course: \***

**Name of Franchisee \***

**1.Applicant's Name \***  (in capital and as in the SSLC or equivalent certificate)

**2.Date of Birth \*** Day  Month  Year

**3.Gender \***  female  male

**4.a.Father's Name \***

**b.Mother's Name \***

**5.Religion**  Caste

OBC  SC/ST

**6.Qualification**

Course	University/Board	Register Number	Year of Passing	% of passing
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**7.Address**

1:HouseName/HouseNo: \*

2.Place/Road \*

3.Post office

4.District \*  Pincode :

5.Phone No(with STD code) \*  Mobile no:

6.Email

**\*DECLARATION**

I have carefully read the rules and regulations mentioned on reverse of this application and agree to abide by them. I also hereby declare that the information furnished by me is true and correct to the best of my knowledge.

e I Agree

**Name:**

**Sign:**