



## Request for Franchisee

<b>Name:</b>	<input type="text" value="Name of Applicant"/>
<b>Father's Name:</b>	<input type="text" value="Father's Name of Applicant"/>
<b>Name of Institute:</b>	<input type="text" value="Name of Institution/Organization"/>
<b>Regional Area Coordinator Name:</b>	<input type="text" value="AVTI Regional area Coordinator Name"/>
<b>Designation:</b>	<input type="text" value="Applicant Designation"/>
<b>Address of Center:</b>	<input type="text" value="Center full Address with PIN Code"/>
<b>City:</b>	<input type="text" value="City Name"/>
<b>State:</b>	<input type="text" value="Name of state"/>
<b>Email:</b>	<input type="text" value="Institute Email ID"/>
<b>Phone No.:</b>	<input type="text" value="Landline Number"/>
<b>Mobile No.:</b>	<input type="text" value="+91"/>
<b>Number of Staff:</b>	<input type="text" value="Number of Staff"/>
<b>Qualification of Applicant:</b>	<input type="text" value="Highest qualification of Applicant"/>
<b>Carpet Area (in sqft.):</b>	<input type="text" value="In Square Feet"/>
<b>Number of Computer:</b>	<input type="text" value="How many Computers in LAB"/>
<b>Sector of Franchisee:</b>	<input type="text" value="IT/Vocational"/>
<b>Already having any franchisee/affiliation:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="text" value="Applicant Message"/>

Note: I agree with your all terms & Condition.

Authorized Sign.

Co-Ordinator Sign.