

Request for Franchisee

Name:	Name of Applicant
Father's Name:	Father's Name of Applicant
Name of Institute:	Name of Institution/Organization
Regional Area Coordinator Name:	AVTI Regional area Coordinator Name
Designation:	Applicant Designation
Address of Center:	Center full Address with PIN Code
City:	City Name
State:	Name of state
Email:	Institute Email ID
Phone No.:	Landline Number
Mobile No.:	+91
Number of Staff:	Number of Staff
Qualification of Applicant:	Highest qualification of Applicant
Carpet Area (in sqft.):	In Square Feet
Number of Computer:	How many Computers in LAB
Sector of Franchisee:	IT/Vocational
Already having any franchisee/affiliation:	Yes No No
	Applicant Message
Note: I agree with your all terms & Condition.	

Authorized Sign.

Co-Ordinator Sign.