



APPLICATION OF FRANCHISEE
SPC EDUCATION CENTER THE CAMPUS OF PROFESSIONAL STUDY

(A venture of Super Platinum Center For Education & Sewa Sansthan)

AN ISO 9001:2008 CERTIFIED ORGANISATION

(An Autonomous organisation Registered Under the Society/Trust Registration act)

Reg. No: 179/02/03, Act-1958, S/68758-XXI,1860 Govt of India, NCT New Delhi) & MSME



Corp/AdminOffice: F1, 1st Floor, Arihant Tower (SBI Bank Building), Uniyaro Ka Rasta, Chandpole Bazaar, Jaipur – 302001. Rajasthan (India).

Contact No: 0141-2310988, 4013976, 9314633976, 93140 33976

Web site: www.spceducation.com Email: info@spceducation.com, spceducation@gmail.com

Affix your
Passport Size
RECENT
PHOTOGRAPH

1.1 APPLICATION FOR THE COURSE'S:

Free Education Courses Skill/Vocational Courses Other Courses

1.2 APPLICATION FOR PLACE: State

1.3 Desired RAC/DAC Area:1).....2).....3).....4).....5)..... State.....

***DAC/RAC:- District Area Coordinator**

1.4 NAME OF APPLICANT / CHIEF PROMOTER/ DIRECTOR:

2. FATHER'S NAME:

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3. SEX: MALE FEMALE

4. MARITAL STATUS: MARRIED UNMARRIED

5. STATUS: INDIVIDUAL PARTNERSHIP

PVT. LTD/LIMITED OTHER (Specify)

6. REGISTERED / PERMANENT ADDRESS:

Tel. No.(With STD Code):

Mobile Number:

E-mail:

7. MAILING ADDRESS:

												P	I	N						

Tel. No. (With STD Code):

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Mobile Number:

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8. INFORMATION ABOUT LOCATION OF THE (PROPOSED) CENTER:

NAME OF THE INSTITUTE:

8.1 LOCATION (ADDRESS):

												P	I	N						

8.2: BUILDING:

NAME OF THE BUILDING	OWNED/RENTED /LEASED	CARPET AREA	NAME OF LANDLORD	PERIOD OF AGREEMENT

8.3 BUILDING FACILITIES AVAILABLE:

PARTICULARS	NO. OF ROOMS	SITTING CAPACITY	TOTAL AREA

9. DETAILS OF APPLICANT / CHIEF PROMOTER / DIRECTOR:

10. EDUCATIONAL QUALIFICATION (Academic/Technical/Professional)

DEGREE/DIPLOMA	UNIVERSITY /INSTITUTE	PASSING YEAR	MAIN SUBJECTTS

10.2 PREVIOUS EXPERIENCE IN THE SAME / RELATED FIELD:

.....

.....

10.3 DETAILS OF PRESENT OCCUPATION /ENGAGEMENT (If Any):

.....

.....

10.4 NAME OF JOB / MODE OF BUSINESS (if any):

.....

11. ABOUT CENTRE (IF APPLICANT IS RUNNING A COMPUTER /OTHER INSTITUTE):

11.1 NAME OF THE INSTITUTE:

11.2 COURSE (S) EXISTING:

Sr. No.	Stream (s)	Course (s)

11.3

TOILET URINAL
DRINKING WATER GENSET Capacity

11.4 EQUIPMENT DETAILS:

DEPARTMENT	EQUIPMENT	MADE	CONFIGURATION	WORKING CONDITION

Note: Please attach separate sheet, if any required.

11.5 : STAFF MEMBERS DETAILS:

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

Note: Please attach separate sheet, if any required.

11.6: Center’s Bank Account Detail

Bank Name _____

Account Number _____

Branch Details _____

Account held since _____

**We are attaching Demand draft in favor of.....
With below given detail.**

DD Amount:..... DD No:.....Date:.....

Bank Name:..... Place.....

NOTE:

- 1. We don’t accept cash amount regarding Processing & other applicable fee amount.
It should be in form of Demand Draft and get ready by applicant him/her self.**
- 2. The said processing and approval charges Rs.4300 non refundable after the date of approval. In case the proposed location & request not found acceptable then amount of DD will be refund.**

12. NAME & ADDRESS OF TWO KNOWN PERSONS FOR REFERENCE:

DECLARATION OF RESIDENCE & GOOD PROFESSIONAL:

Two (2) references are required to be submitted by reputable persons who have known you at least three (3) years. They neither should be relatives of the applicant nor should they attach with the applicant & his/her organization.

DECLARATION OF RESIDENCE & GOOD PROFESSIONAL

This is certify that we have been personally acquainted with
Mr./Mrs.:.....S/o.....
Address:.....

.....
Organization Name:.....
from_____years that we believe him/her to be of good qualified
character; that to my knowledge the applicant has never been convicted
of a felony or declared by any court of competent jurisdiction to have
committed any fraud and that he is known to be of (1) good moral
character (2) highest financial integrity and (3) having good business
and professional reputation respectively. Also that applicant is a civic
minded citizen and we recommend him/her to the work for SPC
Education center with fully trust and responsibility.

We also are willing to answer any questions which the SPC might ask in
regard to this applicant. (Further comments and remarks are
appreciated.)-----

(I) NAME : OCCUPATION :.....

ADDRESS:.....

.....

TEL. NO.....MOBILE:.....

E-mail:

Signature with seal _____ **Date:** _____

(II) NAME : OCCUPATION :

ADDRESS :.....

.....

TEL. NO.MOBILE:.....

E-mail:

Signature with seal _____ Date: _____

***Note: Please attach photocopy of ID proof of both declaration persons.**

DECLARATION

I hereby certify that the context stated above are correct and true to my knowledge and belief and hereby confirm that our Organization / Society / Trust is free from any legal / official disputes whatsoever. I accept that any facts stated above. If found incorrect will automatically result in cancellation for nominations associate. However I will have no right whatsoever to fight/challenge legally against the judgment in any court of law. All disputes are subject to Jaipur Jurisdiction only.

Name (Head of the Organization): _____

Signature with seal _____

Date _____

ENCLOSURES:

1. Bio data of Applicant/Chief Promoter/Director
2. Two Passport size photograph of Applicant (One pasted on form, other attached)
3. Photocopy of Educational & Residential Certificates with ID proof of Chief Promoter
4. Photocopy of Registration of Institute/Trust/Society/Shop/Company & by-laws.
5. Photocopy of proof of ownership of Premises / Rent /lease Agreement

DATE:/...../ 20....

PLACE:

FULL SIGNATURE: **INITIAL SIGNATURE:**

SEAL OF AUTHORITY