

FRANCHISEE APPLICATION FORM

GURU HARKRISHAN VOCATIONAL INSTITUTE

A HUMAN RESOURCE DEVELOPMENT ORGANISATION

The personal/business information provided here is for confidential use of our franchisee review and selection process.

Name _____

Address for Correspondence _____

Pin _____

Phone _____ Mobile _____ Email _____

Name of Business / Occupation

Sole Proprietor Partnership

Society/Trust Private Limited

Address of Location Available (If any) _____

Phone _____

Landmark _____

Owned Rented

Would you devote full time to business? Yes No

Have you applied for any other franchisee in the last two years? Yes No

If Yes _____

IDENTIFICATION PROOF

Driving License Passport Pan Card Voter ID Card Ration Card

REFERENCES

I/we Hereby Declare That the Information Provided above Is True To the Best Of My/our Knowledge

Date: _____

Place: _____

Signature