



ACCURACY

COMPUTER ACADEMY

Regd. Under the Companies Act. 2013 Ministry of Corporate Affairs, Govt. of India.

An ISO 9001:2015 Certified Company



Franchise Form

Full Name of the Authorized Person: (IN BLOCK LETTERS)

Name of the Organization: (IN BLOCK LETTERS)

Age:	Marital Status:
------	-----------------

Highest Academic / Professional Qualification attained:

Full Address with Landmark																													
City:										State:										District:									
Postal Code:										Work Phone:										Cell Phone:									

Type of Locality:

State Capital ()	District ()	Sub-Division ()	Block ()
E-Mail:			
Types of Premises:	OWN ()	On Rent ()	On Leased ()
Attach supporting Document)			

Do you intend to have franchisee in group if so, please provide their details:

Name of Partner : (IN BLOCK LETTERS)

Age:	Marital Status:
------	-----------------

Highest Academic / Professional Qualification attained:

Work Phone:	Cell Phone
E-Mail:	

Name of Partner No. 02 : (IN BLOCK LETTERS)

Age:	Marital Status:
------	-----------------

Highest Academic / Professional Qualification attained:

Work Phone:	Cell Phone
-------------	------------

E-Mail:

Infrastructure Details:

Particular	No. & Seating Capacity	Area (in Sqr. Ft.)
Theory Class Room		
Practical Class Room/Lab		
Library		
Officer's Chamber/Office		
Refreshment Room/Cafeteria		
Other Amenities		

Equipment Held:

Particular	Nos.	Type
Computer		
Desktop		
Laptop		
Printer		
Dot Matrix Printer		
Laser Printer		
Ink Jet Printer		
UPS		
Inverter		
Internet		
Generator		

Equipment Held:

Sl. No.	Faculty Name	Designation	Age	Gender (M/F)	Qualification	Experience	Part Time/ Full Time

Date

Signature with Office Stamp

Place.....

.....

Recent
Passport Size
Photo
Owner

Recent
Passport Size
Photo
Partner -1

Recent
Passport Size
Photo
Partner -2

For Office Use Only

Organization Name:

Center Code:

Date of Agreement:

Verified By :

Date

Signature

Place.....

.....