



EXILENT TRAINING



EXILENT EDUCATION



EXILENT JOB

SCCI GROUP OF EDUCATION

FRANCHISEE APPLICATION FORM

A Complete Future Oriented Computer Program.

SCCI GROUP OF EDUCATION

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SCCI GROUP OF EDUCATION

FRANCHISE APPLICATION FORM

DISTRIC CO-ORDINATOR

AUTHORIZED TRAINING CENTER

1. Name of the Applicant/Applicants _____

2. A. Whether you are currently running a institute Yes No

B. If yes, then name of the institute _____

3. Address : _____

Tehsil: _____ Distric: _____ State: _____

Pin Code: _____ Email ID: _____ Web Site: _____

4. Area : Urban Semi Urban Rural Backward

Mobile No.: _____ Land Line No.(With STD Code): _____ Residence _____

5. Status of the Institute:

a. Trust b. Society c. Partnership d. Pvt. Ltd

6. Date of Incorporation/Commencement of Institute :

D	D	M	M	Y	Y	Y	Y

7. Whether your Institute is currently Associated/Franchise/Partner of organization (If yes, Please specify the Brand): _____

8. Advertisement Expenses budget for One Year: _____

9. Business turnover of previous financial year (In INR) : _____

10. Courses currently being conducted at your Institute : Attach list of such courses.

Detail of the Head of the Institute

S.No.	Name	Designation	Qualification	Experience
1				
2				
3				

Detail of the Faculty Staff

S. No.	Name	Designation	Specialization	Qualification	Experience	Experience	Full Time /Part Time
1.							
2.							
3.							
4.							
5.							

Infrastructure available

S. No.	Particulars	Size (In sq. ft)	Carpet Area (In sq. ft)	Number
1.	Reception / Counselling Room			
2.	Theory Class Room			
3.	Computer Lab			
4.	Library			
5.	Visiting Zone/Open Space			
	Total Area (in sq. ft)			

Detail of the Furniture & Fixture available

Sr. No.	Particulars	Quantity (Nos.)
1.	Computer Tables	
2.	Computer Chairs	
3.	Classroom Chairs	
4.	White Board/ Black Board	
5.	Projector	
6.	Others (Specify)	

Books available in Library

Sr. No	Name of Books	Author's Name	Syllabus Covered	No. of Copies
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Computers & Peripherals

Sr. No.	Computer Type	Configuration of System	Quantity
1.			
2.			
3.			
4.			
5.			

Printer: Dot Matrix Inkjet Laser All in One

Internet Connectivity: Broadband Cable Wi-Fi Other

Software Available

Sr. No.	Name of Software	Version
1.		
2.		
3.		
4.		
5.		

PERSONAL FACT SHEET OF THE CENTER INCHARGE

1. Name : _____

2. Father's Name : _____

3. Date of Birth :

4. Residential Address : _____

City: _____ Distric: _____ State : _____

Pin Code: _____ Email ID: _____

Land line no. (with STD Code) : _____ Mobile No.: _____

5. Permanent Address: _____

City: _____ Distric: _____ State : _____

6. Nationality : _____ Marital Status : Married Unmarried

7. Academic Qualification :

Sr. No.	Standard	Stream	Board/University	Year of Passing	Percentage
1.	Higher Secondary				
2.	Graduation				
3.	Post Graduation				
4.	Others (Specify)				

8. Investment Capacity (In INR) : _____ (In Word) _____

Photograph of
the Incharge of
the Institute (Self
Attested)

DOCUMENT REQUIRED

Kindly Attached the following document along with the Application Form:

1. Copy of Address proof (Telephone Bill/Electricity Bill/Rasan Card) of the Institution.
2. Copy of Identity proof (PAN Card/Election Card/Driving License/Bank Pass Book/Aadhar Card).
3. Copy of Academic Qualifications.
4. Two passport size coloured photograph of Owner/Proprietor/Partners.
5. If on rent/lease then rent/lease agreement photocopy.
6. Photograph of the Institute.

INSTITUTE SNAPS

1. Paste photograph of the Building (Front View) in below mention box.

Affix 4X6 Photo here.

2. Paste Photograph of the Reception/Counsellor's Room in below mention box.

Affix 4X6 Photo here.

3. Paste Photograph of the Theory Class Room in below mention box.

Affix 4X6 Photo here.

4. Paste Photograph of Computer Lab in below mention box.

Affix 4X6 Photo here.

5. Paste Photograph of Library Photo in below mention box.

Affix 4X6 Photo here.

6. Paste Photograph of Center Head Cabin in below mention box.

Affix 4X6 Photo here.

UNDERTAKING

1. _____

(Name & Designation)

Partner/Proprietor/Owner of _____

(Name & Address of the Institute)

Understood the RULES & REGULATION as of now & amended in future applicable to the Institute SCCI Group of Education &/ or its Collaborative Partners Courses explained in the Franchise Proposal for Affiliation and agreed to abide by the same.

2. I certify that I am the competent authority by virtue of the administrative and financial power vested in me of the above mentioned Institute / Organization to furnish the above information and to undertake the above stated commitment on behalf of my / our institution.
3. I am aware that in case any information given by me is false or misleading, SCCI may in its sole discretion can take whatever actions or measure it deems necessary and appropriate and the institute would be debarred from the Affiliation.
4. I agree to abide by the rules & regulations and the decisions taken by the management of SCCI from time to time.
5. I further understand that, I have to register each and every trainees/Students my/our center at SCCI Head Office by paying the prescribed fee, failing which SCCI will have all the rights to take action.
6. In case any dispute arising between SCCI & its Franchisee for all legal purposes will be Rewari, Haryana India only.



Seal & Signature of Center Head