



**9. Building:**

| Owned/Rented /Leased | Carpet Area | Name of the Owner | Period of Agreement |
|----------------------|-------------|-------------------|---------------------|
|                      |             |                   |                     |

**9. Infrastructure Details**

| No. of Class Room | No. of Computer System | Office Equipment | No. of faculty | No. of Non Teaching Staff |
|-------------------|------------------------|------------------|----------------|---------------------------|
|                   |                        |                  |                |                           |

**11. Do you have any other franchisee (please tick)** Yes ( ) No ( )

(If Yes) Name of franchisee provider -----

Please write in details what else you desire from us -----

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**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 franchisee.

Name (Head of the Organization):

Designation & Signature with seal:

Date & Place: