



## **Franchise Application Form**

To enable us both assess the business potential of quality Nursery Education in your territory, please provide information on following:

### **A. PERSONAL**

Name & Address

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Contact Number

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Mobile :

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Land Line :

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Educational

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Background

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(Self & Partners)

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Experience / current occupation

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Computer & Nursery Course

Skills

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Investment Capacity

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### **A TERRITORIAL**

a) City/Cities (Where you  
Wish to start)

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b) City Population (As per  
Census Report)

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c) Existing Business &

Industries (for each City)

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E) How many People  
doing their jobs in  
Govt. & Private Sector

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F) If you wish to add any  
Other information/ data  
Which you consider  
Important, please mention .

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**IN DETAILS**

1. Whether individual / Pvt. Ltd. /  
Public Ltd. / H.U.F. / Partnership

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2. Period of Existence (on no. Of  
Years)

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3. Any subsidiary / sister concerns

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4. If yes, names & address of  
each such concern

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5. Existing Loans - Types, Sources

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6. Funds available for this venture  
And sources thereof.

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7. Prior Experience of activity with  
Financials for last three years

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8. Why did you decide to go in for  
Education Business

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9. Property to be used for this  
venture

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a) Whether Selected already? If yes, Ownership-Title, Pledge, Hypothecated, Lien, Charges etc.

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b) Rental-period of Lease, Rentals

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c) Whether well connected by Normal Means of Transport

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d) Whether situated in commercial Area

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e) Area in Sq.Mts./Sq.Ft.

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10. Ability to pump in additional funds If necessary If yes, proposed sources of funds

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11. Time required to set up Kid Nursery Centre after signing of Agreement

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12. Whether study conducted about Prospective Kids regarding;

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a. Number of Kids expected To Enroll

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b. Spoken English & Nursery Courses offered by other Institutes

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c. Educational Level/Background of Parents expected to enroll their children.

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d. Name Nursery Training Institution your area. in the City.

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e. Price Levels / Per Capita Income

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13. Whether full time attention / Involvement will be ensured by

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Self

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Today's Date : \_\_\_/\_\_\_/\_\_\_

Place : \_\_\_\_\_

Full Signature

### **Note**

Please send **20%** of the Franchisee Fee (which is negotiated ) for Centre Inspection through DD in favour of “ **Shine Institute of Management and Information Technology Pvt. Ltd.**” Payable at “ **Balasore** ” which will be adjusted in your Franchisee Fee. After receiving the DD & the Franchise Application Form , then our inspection team will visit to your Centre for further progress.