

MCIM

Malhotra College of IT & Management

An ISO 9001 – 2015 Certified Institute

Year : 20 - 20

Affiliation Center

Center Code_____

Receipt No._____

Amount_____ Date_____

Bank / Cash_____

Franchisee Application Form

1. Name of the Applicant_____

2. A. whether you are currently running institute Yes ☐ No ☐

B. If yes, then name of the institute_____

3. Address_____

Tehsil_____District_____State_____

Pin Code_____E-mail_____Mobile_____

4. Status of the institute

Computer Center ☐ Society ☐ Partnership ☐

5. Date of Establishment ____/____/____

Details of the Head of the Institute

S.No.	Name	Designation	Qualification	Experience
1				
2				
3				

Infrastructure Available

S.No.	Particulars	Size (in sq. ft)	Carpet Area (in sq. ft)	Number
1	Reception			
2	Class Room			
3	Computer Lab			
4	Open Space			
Total Area (in sq. ft)				

Computer Details

S.No.	Computer Type	Configuration	Quantity
1			
2			
3			
4			
5			

Printer :

Inkjet

☐

Laser

☐

All in one

☐

Internet Connectivity :

Broadband

☐

Wi-Fi

☐

Other

☐

PERSONAL INFORMATION OF THE CENTER INCHARGE

1. Name _____

2. Father's Name _____

3. Date of Birth ____/____/____

4. Residential Address _____

City/ Town/ Village _____ Dist. _____

State _____ Mobile _____ E-mail _____

5. Permanent Address _____

City/ Town/ Village _____ Dist. _____

State _____ Mobile _____ E-mail _____

Photograph
of the
Incharge of
the institute

6. Academic Qualification:

S.No.	Qualification	Board/ University	Year of Passing	Percentage
1				
2				
3				
4				

DOCUMENTS REQUIRED

1. Copy of address proof of the institution.
2. Copy of identity proof.
3. Copy of the academic qualification.
4. One passport size colored photograph of Owner/ Proprietor/ Partners.
5. If on rent/ lease then rent/ lease agreement.
6. Photograph of the institute.

INSTITUTE SNAPS

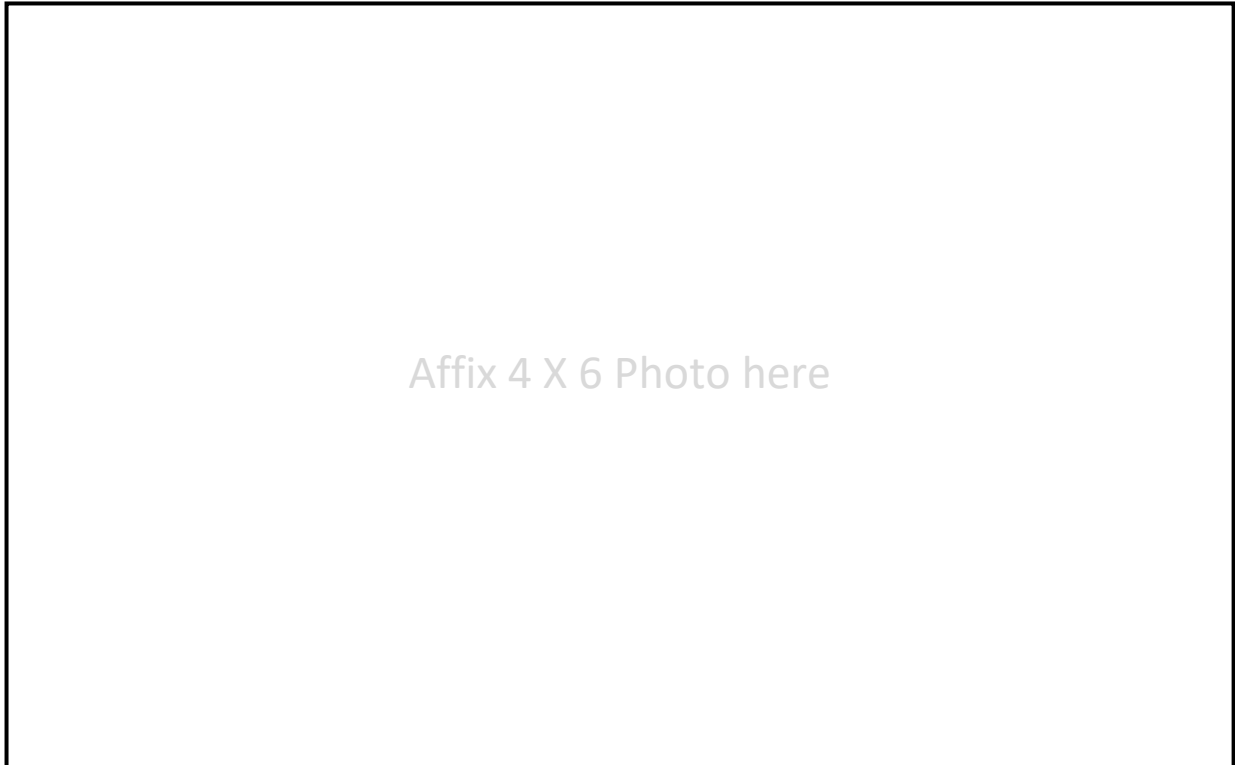
1. Paste Photograph of the Building (Front View) in below mention box.

Affix 4 X 6 Photo here

2. Paste Photograph of the Reception in below mention box.

Affix 4 X 6 Photo here

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



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



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

Affix 4 X 6 Photo here

DECLARATION BY THE APPLICANT

I hereby _____S/O_____declare that I have read & considered the condition of the eligibility for the study center & I fulfill the condition. I have furnished about the necessary information in this record. In the event of any information found incorrect or misleading my candidature shall be liable to cancelation any and I shall not be entitled to get refund any amount paid by me to the institute.

In the event of any dispute it shall be resolved through the mediation of the chairman or a committee constituted expenses.

Date:

signature of applicant

Head Office: Malhotra College of IT & Management, MohallaHindupatti, TilharShahjahanpur (U.P.) 242307

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