

FORM TO BE A FRANCHISE

Institute Name:

Name of person in
authority -

Qualification : -

Present Occupation: -

Full address: -

Detail of the previous teaching experience (If any): -

.....

Are you presently associated with any other organization?

 Yes No

If yes, give details

.....

Expected number of students: within 3 months

within one year

Number of faculty working presently: (If any)

Are you interested to be a Certified QMaths Facilitator?

 Yes No

I hereby declare that the above given information is true to the best of my knowledge and belief.

Signature

(Name)

Date: -

Note: - (i) In case you find shortage of space in any of the column, please use separate sheet.

(ii) Attach proof wherever possible to strengthen your claim.

Note: - ALL FIELDS TO BE MADE COMULPSORY