



(An ISO : 9001 2015 Certified Company)

New Study Center / Franchise Form

Kachhari Station Road Chhapra Saran Bihar 841301

 www.i-Brain.co.in

 ibraincomputeracademy



Computer Academy Private Limited

(An ISO : 9001:2015 Certified Company)

Registered under the companies Act 2013, Ministry of corporate affairs,
Govt. Of India.

FOR OFFICE USE ONLY

Authorized Center Code :

Date of issue

| | | | | | | | |
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NEW STUDY CENTER/FRANCHISE FORM

Note : Please Fillup the Following form and attach supporting Documents along with this form.

To.

The Director

I Brain computer academy

Subject: Application for becoming New Study Center

Dear sir,

I..... wish to formalize my intrest & intense to pursue franchise Application form. My details are given below:-

1. Authorize Courses:

Fundamentals cou

Programming Language

All types Courses

2. Name of center Director

[illegible]

3. Name of the trust/Society/ Regd. Institute etc. (plz. attach deed)

[illegible]

4. Name of the study center

[illegible]

5. Address of study center

[illegible]

City:

| |
|--|
| |
|--|

State:

Pin Code:

| | | | | | |
|--|--|--|--|--|--|
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|-------|--|--|--|--|--------|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| City: | | | | | State: | | | | | Pin Code: | | | | | | | | | |

[illegible]

| | | |
|----|-------------------------|--|
| 9. | E-mail Address : | |
|----|-------------------------|--|

[illegible]

C. (I) Owned ☐ (ii) on lease ☐ (iii) ☐ nt

D. Total carpet area (please attach the layout plan)

11. How you reach us : Website ☐ Google ☐ social media ☐
Print media ☐

12. Mode of payment : Cash ☐ Cheque ☐ Dimomd draft ☐ Online Banking ☐

Amount Rs.(in words).....

Amount Rs (in figure).....

Cheque No./D D No.....Dated.....

Drawn on.....

If Online please give detail :

A/c No: Date:

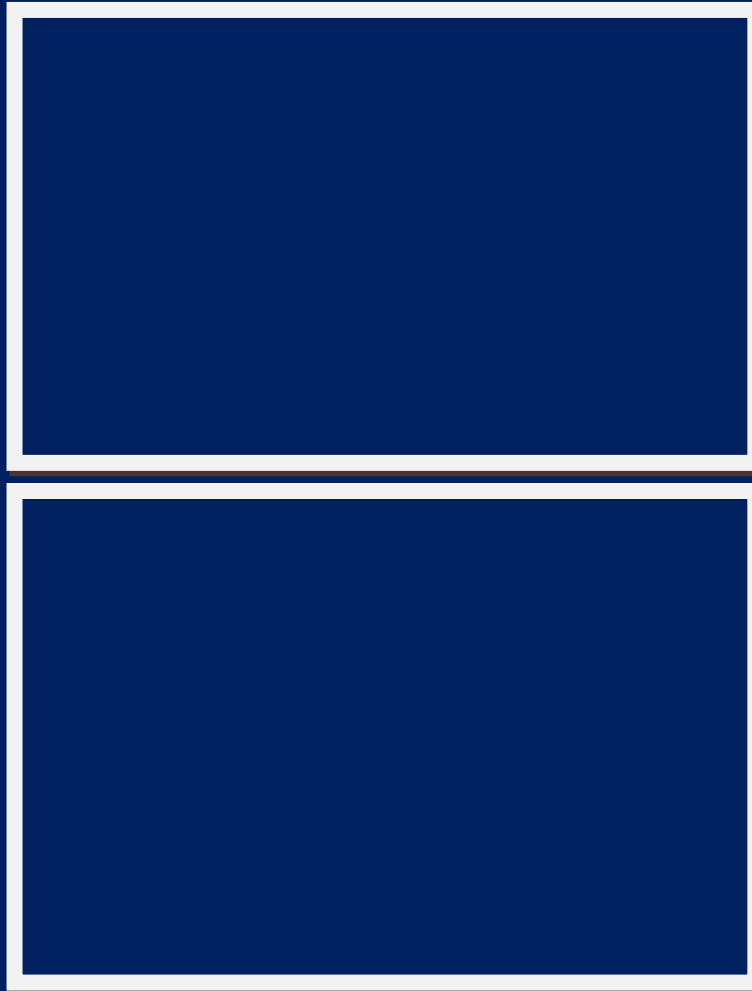
Bank Name.....

Payee.....

13. I/we in closed here with copies of following Documents for your Records & Reference.

| | | | | | | |
|-----------------------|-----------------|----------------------|----------|----------------------|----------|----------------------|
| A. Proof of residence | Aadhar | <input type="text"/> | Voter ID | <input type="text"/> | Passport | <input type="text"/> |
| | Driving License | <input type="text"/> | Pan Card | <input type="text"/> | | |

COLOURED PHOTO OF STABLE CENTER



Remarks

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DECLARATION

On he half of educational agency managing.....
.....S/o Mr. do hereby
that the particulars furnished above are correct to the best of my knowledge and belief
and that I am prepared to undergo any punishment imposed on me if any of the
particular furnished are found to be false & misleading. I also further declare that I shall
abide by the condition, rules and regulations measures imposed by I brain from time to
time for granting permission to established and run this institution.

Place :

Date :

Sign. Of Center
Director with seal