



FRANCHISE APPLICATION FORM

TO,

Date: ____/____/____

The Board Of Directors,

G.D.PROFESSIONAL COLLEGE

KOTBA (CHHATTISGARH)

Attach
Photo

Sir,

I wish to become a franchise of your Group. Enclosed, please find my particular which are Correct to my knowledge.

Name of Town for which interested

Category (please) State Capital ☐ Dist. Headquarters ☐ Sub – Division ☐ Others ☐

Name of the Applicant

Date of BirthSex. Male ☐ Female ☐ Marital Status ☐ Unmarried ☐

ID Card No. Type of ID

Name of Father/Husband:

Present Address:

Permanent Address:

District State Pin.....

Ph No:/ Mob:

Qualification

Computer Literate [Y/N] if yes Course Institute

Current job/Occupation

Work Experience (if any):

Is the Institute already in existence? Yes ☐ No ☐

If yes, What is the Name of the Institute

institute Address

Bank A/C No

Your Bank Name Branch

.....

(Signature of Applicant)