Franchise request format.

(This format may send by tssrcouncil@gmail.com)

To
The Chairman
TSSR COUNCIL
Central Administrative Office
Kozhikkode - Kerala.

Sub: Franchise Request Proforma

| Name of the Institution | |
|----------------------------|--|
| Full Address | |
| | |
| | |
| | |
| District & State | |
| Contact Number | |
| Name of Director/Principal | |
| Mobile Nos. | |
| Email ID | |
| Course Details | |
| | |
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